

# Public Document Pack



CYNGOR SIR  
YNYS MÔN  
ISLE OF ANGLESEY  
COUNTY COUNCIL

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<b>RHYBUDD O GYFARFOD</b>	<b>NOTICE OF MEETING</b>
<b>PWYLLGOR ARCHWILIO A LLYWODRAETHU</b>	<b>AUDIT AND GOVERNANCE COMMITTEE</b>
<b>DYDD IAU, 9 CHWEFROR, 2017 am 2 y.p.</b>	<b>THURSDAY, 9 FEBRUARY 2017 at 2.00 pm.</b>
<b>YSTAFELL BWYLLGOR 1, SWYDDFEYDD Y CYNGOR, LLANGFNI</b>	<b>COMMITTEE ROOM 1, COUNCIL OFFICES, LLANGFNI</b>
<b>Swyddog Pwyllgor</b>	<b>Ann Holmes 01248 752518 Committee Officer</b>

## **AELODAU / MEMBERS**

Cynghorwyr / Councillors:-

### **Annibynnol / Independent**

Jim Evans, Dafydd Rhys Thomas and Richard Owain Jones

### **Plaid Cymru / The Party of Wales**

John Griffith (Is-Gadeirydd/Vice-Chair), Alun W Mummery and Nicola Roberts

### **Grwp Chwyldroad/Revolutionist Group**

Peter S. Rogers

### **Heb Ymaelodi / Unaffiliated**

R Ll Jones (Cadeirydd/Chair)

## **AELODAU LLEYG/LAY MEMBERS**

Mr Richard Barker and Mrs Sharon Warnes

## **A G E N D A**

**1     DECLARATION OF INTEREST**

To receive any declaration of interest by any member or officer in respect of any item of business.

**2     MINUTES 6TH DECEMBER, 2016 MEETING** (Pages 1 - 8)

To present the minutes of the previous meeting of the Audit and Governance Committee held on 6<sup>th</sup> December, 2016.

**3     FOOD STANDARDS AGENCY AUDIT** (Pages 9 - 12)

To present the report of the Chief Public Protection Officer on the follow up to the Food Standards Agency audit of the Food and Feed Law Enforcement Service on the Isle of Anglesey.

**4     INTERNAL AUDIT PROGRESS REPORT** (Pages 13 - 66)

To present the report of the Internal Audit Manager.

**5     INTERNAL AUDIT FOLLOW UP REPORTS** (Pages 67 - 72)

To present the report of the Internal Audit Manager.

**6     FORWARD WORK PROGRAMME** (Pages 73 - 76)

To present the Committee's Forward Work Programme (as presented to the previous meeting).

## AUDIT AND GOVERNANCE COMMITTEE

### Minutes of the meeting held on 6 December, 2016

- PRESENT:** Councillor R. Llewelyn Jones (Chair)  
Councillor John Griffith (Vice-Chair)
- Councillors Alun Mummery, Nicola Roberts, Dafydd Rhys Thomas
- Lay Member: Mrs Sharon Warnes
- IN ATTENDANCE:** Head of Function (Resources) and Section 151 Officer  
Internal Audit Manager (SP)  
Risk and Insurance Manager (JJ) (for item 9)  
Committee Officer (ATH)
- APOLOGIES:** Councillors Jim Evans, Peter Rogers, Mr Richard Barker (Lay Member)
- ALSO PRESENT:** Councillor Ieuan Williams (Leader), Councillor H. Eifion Jones (Portfolio Member for Finance), Councillor Llinos Medi Huws (Shadow Portfolio Member for Finance), Clare Edge (Financial Audit Manager – Deloitte), Mr Gwilym Bury (Performance Audit Lead - Wales Audit Office)
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#### 1 DECLARATION OF INTEREST

No declaration of interest was received.

#### 2 MINUTES 21 SEPTEMBER, 2016 MEETING

The minutes of the previous meeting of the Audit and Governance Committee held on 21 September, 2016 were presented and confirmed as correct.

Arising thereon –

- The Head of Function and Section 151 Officer referred to the outstanding issue on the 2015/16 Statement of Accounts which had delayed approval of the Financial Statements by the Audit Committee at its meeting held on 21 September, 2016; the Officer confirmed that following the meeting, the Finance Service was able to provide the auditors with the necessary supporting evidence for the item in question on the accounts and the auditors were satisfied with the assurance provided. The Statement of Accounts was subsequently approved by the Chair of the Audit Committee in line with the authority delegated to him by the Committee at its 21 September meeting and was thereafter approved by the County Council on the 29<sup>th</sup> September, 2016. The Auditors issued an unqualified opinion on the accounting statements on 30<sup>th</sup> September, 2016.
- The Head of Function and Section 151 Officer reported that the issue of Corporate Safeguarding which the Audit Committee at its 21<sup>st</sup> September meeting resolved to refer to the Corporate Scrutiny Committee on the basis of the findings of an internal audit review of this area, has been the subject of examination by a scrutiny outcome panel of the Corporate Scrutiny Committee. The panel formally reported on its conclusions and recommendations to the Executive on 17<sup>th</sup> October, 2016.

#### 3 PUBLIC SECTOR INTERNAL AUDIT STANDARDS – COMPLIANCE

The report of the Head of Internal Audit regarding the Anglesey Internal Audit Service's conformance with the Public Sector Internal Audit Standards (PSIAS) was presented for the Committee's consideration.

The Internal Audit Manager reported that it is a statutory requirement for Internal Audit to work in compliance with proper audit practices. The Public Sector Internal Audit Standards and the CIPFA Local Government Application Note came into force on 1<sup>st</sup> April, 2013 and superseded the 2006 CIPFA Code of Practice for Internal Audit in Local Government. The new standards have been produced by the Relevant Internal Audit Standard Setters (RIASS), including the Chartered Institute of Public Finance and Accountancy, are mandatory in nature and apply to various parts of the UK public sector, including Local Government. They are intended to promote further improvement in the professionalism, quality and effectiveness of internal audit across the public sector.

The Officer said that the RIASS have developed a checklist to satisfy the requirements set out in PSIAS 1311 and 1312 for periodic self-assessments and externally validated self-assessments as part of the Quality Assurance and Improvement Programme. Each requirement on the checklist must be ticked to indicate full, partial or non-conformance with the Standards and evidence provided for each response, along with the reasons for any partial conformance or non-conformance and a statement of the compensating measures put in place or actions in progress to address this. The best practice checklist (Appendix 1 to the report) has been completed to provide an annual assessment for 2016/17 and shows that Anglesey's Internal Audit Service is fully compliant against 97% of the 334 individual requirements. A summary of the checklist results is provided in the table at paragraph 3.5 of the report. The Officer elaborated on the six areas identified as being non-compliant as well as the 5 areas assessed as being partially compliant as per paragraph 3.6 of the report. The Officer also drew attention to Standards 1100, 1110 and 1130 in relation to independence and objectivity to which the Internal Audit Service currently conforms. At present, the Chief Audit Executive (CAE) has no operational responsibilities other than Internal Audit. The advertisement of the post of Head of Audit and Risk combining the responsibilities for audit, risk and insurance renders the service non-compliant with the Standards and means that in future, the CAE will need to declare to the Audit and Governance Committee a conflict of interest and non-compliance with Standard 1100 (Independence and Objectivity).

The Officer referred to the Improvement Plan attached as Appendix 2 to the report which sets out the recommendations made to address the areas of non-conformance, the actions proposed and the completion timescale. Progress against the proposed actions will be reported in the Annual Report 2016/17. In accordance with the Standards, an external assessment must take place at least every five years by a qualified, independent assessor or assessment team from outside the organisation. Anglesey's Internal Audit Service's peer assessment is scheduled to be performed in early 2017 by Denbighshire County Council's Head of Internal Audit; the results of the assessment will be reported to this Committee in May, 2017.

The Head of Function and Section 151 Officer said that he was satisfied with the results of the checklist and confident that the areas of non-conformance do not have implications for the Service's operational abilities or its ability to meet the greater part of the Standards.

The Committee noted the information presented by the Internal Audit Manager and was satisfied both with the overall outcome of the self-assessment and with the evidence provided to show that the areas of partial and non-compliance are either being addressed or have plans in place to address them.

**It was resolved –**

- **To accept the self-assessment as presented and agree that the current areas of partial or non-compliance do not significantly impact on the Service's ability to demonstrate overall compliance.**
- **To approve the Improvement Plan 2016/17.**

**NO FURTHER ACTION ENSUING**

**4 EXTERNAL AUDIT – ANNUAL AUDIT LETTER 2015/16**

The Annual Audit Letter summarising the key messages from the external audit of the Authority's financial statements for 2015/16 was presented for the Committee's information **and was noted by the Committee**. The Letter confirmed the following –

- That the Council complied with its responsibilities relating to financial reporting and use of resources.
- That the Council has appropriate arrangements in place to secure economy, efficiency and effectiveness in its use of resources.
- That a certificate confirming the completion of the audit of accounts on 30 September, 2016 was issued.
- That work to date on certification of grant claims and returns has not identified significant issues that would impact on the 2016/17 accounts or key financial systems.

The Committee sought clarification of the additional work which the Letter noted was needed to complete the audit and due to which the audit fee is currently the subject of discussion. The Head of (Function) Resources and Section 151 said that as the Council's new financial auditors, Deloitte was not immediately familiar with the Council's financial processes, systems and procedures and some further work was required as regards agreeing the documentation and methodology for the audit. Resolution of the outstanding item on the accounts as previously reported also necessitated some additional work. The basic audit is covered by a standard fee and it is the fee for the element of additional work that is currently the subject of negotiation.

#### **NO FURTHER ACTION ENSUING**

### **5 EXTERNAL AUDIT – CERTIFICATE OF COMPLIANCE**

The Wales Audit Office Certificate of Compliance confirming that the Isle of Anglesey County Council has discharged its duties under the Local Government (Wales) Measure 2009 to publish an assessment of its 2015/16 performance before 31 October in the financial year following that to which the information relates i.e. before 31 October, 2016, was presented **and was noted by the Committee.**

#### **NO FURTHER ACTION ARISING**

### **6 TREASURY MANAGEMENT**

6.1 The Treasury Management Strategy Statement for 2017/18 was presented for the Committee's consideration. The Statement incorporated the Annual Investment Strategy, the annual Minimum Revenue Provision (MRP) Policy Statement, the annual Treasury Management Policy Statement and the Treasury Management Scheme of Delegation.

The Head of Function (Resources) and Section 151 Officer reported as follows –

- That the Treasury Management Statement remains fundamentally the same as that adopted for 2016/17. The situation with regard to the economy has not changed essentially with interest rates still at a low level thereby limiting the options in terms of the strategy.
- The Council's capital expenditure plans are the key driver of treasury management activity. The overall programmes (as per the table in section 2 of the report) will be limited to what is affordable, both as regards actual capital spend and the revenue implications i.e. the revenue costs that flow from capital financing decisions.
- Over the last few years, the Council has implemented a policy of avoiding new borrowing by running down spare cash balances. This needs to be carefully reviewed to avoid incurring higher borrowing costs in later times when the Authority will not be able to avoid new borrowing to finance capital expenditure e.g. to fund the Council's contribution towards the 21st Century Schools programme and/or to refinance maturing debt.
- The Council is currently maintaining an under-borrowed position. This means that the capital borrowing need (the Capital Financing Requirement) has not been fully funded with loan debt as cash supporting the Council's reserves, balances and cash flow has been used as a temporary measure. The approach is prudent as investment returns are low and counterparty risk is high, and will continue to be followed where appropriate.
- Current conditions indicate a need for a flexible approach to the choice between internal and external borrowing. The merits and demerits of both internalisation and externalisation are set out in section 3.3.1 of the report. The Section 151 Officer will monitor the interest rate market and adopt a pragmatic approach to changing circumstances, reporting any decision to the appropriate decision making body at the earliest opportunity.

- The Council will not borrow more than, or in advance of its needs, solely in order to profit from the investment of the extra sums borrowed.
- As short term borrowing rates will be considerably cheaper than longer term fixed rates, there may be potential opportunities to generate savings by switching from long term debt to short term debt. All debt rescheduling will be reported to the Audit Committee. However, a recent review of this highlighted that it would cost the Council more to reschedule debt than it would save in interest due to significant early premiums imposed by the PWLB.
- The Council's investment strategy and consequently its priorities are based on security first, liquidity second and then return. The Section 151 Officer will maintain a counterparty list in compliance with the criteria set out in Appendix 6 of the report and will revise the criteria and submit them to the Council for approval as necessary. The creditworthiness policy is set out in section 4.2 of the report.
- Due to the prospect that investment returns are likely to remain low during 2017/18 and beyond, the only proposed amendment to the core principles and policies of the previous year's TM Strategy is to include Money Market Funds as an additional investment option to the Counterparty Criteria in order to create additional secure options for the Council's investments.

The Committee considered the report and made the following points –

- The Committee noted and it supported the Authority's adoption of a generally conservative approach to treasury management particularly given the range of uncertainties within the economic environment.
- The Committee noted that the anticipated cost of borrowing for 2016/17 is £6m for both the General Fund (£4m) and the Housing Revenue Account (£2m). The Committee sought clarification whether in the context of so much uncertainties in relation to the prospects for interest rates as documented in section 3.2 of the report, it was wise to be thinking about taking on further borrowing. The Head of Function (Resources) and Section 151 said that the Council will likely have to commit to borrowing to fund its part of the 21<sup>st</sup> Century Schools Programme. While borrowing is favourable at present because of the low interest rates, the Authority will not borrow simply for the purpose of reinvestment to take advantage of low interest rates because the returns would probably be less than the cost of borrowing. Should the indications be that interest rates are going to rise the Authority will possibly consider borrowing at that point to make the most of the low interest rates. However, the Council's advisors do not foresee a rise in interest rates in the medium term so the strategy will remain unchanged.
- The Committee noted that the Council's external borrowing stood at £110.7m as at 10 November which is considerably higher than its position a few years previously of around £89m. The Committee sought assurance that the Council will be able to repay the debt in the event that interest rates rise. The Head of Function (Resources) and Section 151 Officer said that most of the Authority's loans at present are on a fixed rate so it knows what the level of repayment is – fixing at a low rate is advantageous and affords the Council some protection against future rate rises; were the interest rates high then consideration would be given to moving to a variable rate. The increase in the Council's net borrowing is largely due to the HRA buy-out (approximately £21m). As the Council invests in its assets via the capital programme, then the need to borrow will arise because that is how the capital programme is partly funded. The Executive's strategy for next year is to restrict the capital budget to what is sustainable through supported borrowing i.e. borrowing that is financed through the settlement (apart from the 21<sup>st</sup> Century Schools project which will require a level of unsupported borrowing). The Officer confirmed that any HRA related borrowing is funded from HRA monies i.e. the rents raised.
- The Committee sought clarification of the Authority's borrowing history relative to that of other authorities. The Head of Function (Resources) said that the Authority in Anglesey has been relatively conservative in its approach to borrowing. Additionally, it did not inherit any debt from the authority pre local government re-organisation in 1996.

**It was resolved –**

- **To note the contents of the covering report.**
- **To endorse the Treasury Management Strategy Statement (including the Prudential and Treasury Management Indicators as at Annex A) for 2017/18 and**
- **To forward the TM strategy Statement to the Executive without additional comment.**

## **NO FURTHER ACTION ENSUING**

6.2 The Treasury Management Mid-Year Review report was presented for the Committee's consideration. The report provided an economic update for the first part of the 2016/17 financial year; it reviewed the main TM, borrowing and investment strategies at mid-point as well as activity since Quarter 2, and it cast a look at the year ahead.

The Head of Function (Resources) and Section 151 reported that the report shows that the Authority has borrowed slightly less than that profiled in the strategy at the beginning of the year. This can be attributed to some projects not having started, capital grant monies not spent and some slippage on HRA expenditure. The capital expenditure has therefore been less and no additional borrowing has been undertaken, with the Authority instead utilising funds internally; it is not foreseen that any additional borrowing will be undertaken from now until the end of the year. The Authority has to date complied with all the relevant prudential indicators within the 2016/17 TM strategy. The report also provides at Appendix 5 a summary of investment activity so far this year. The Officer confirmed that he was happy with the position as presented.

The Committee noted the information and was satisfied that treasury management activity is delivering in accordance with the strategy at mid-point in the 2016/17 financial year.

**It was resolved to accept the report and to forward it to the Executive without additional comment.**

## **NO FURTHER ACTION ENSUING**

6.3 The report of the Head of Function (Resources) and Section 151 Officer incorporating the Authority's Treasury Management Practices was presented for the Committee's consideration. The report was presented to the Committee to ensure that the Council is implementing best practice in accordance with the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice for Treasury Management which recommends that the Council formally documents its treasury management procedures as Treasury Management Practices (TMPs), and that those are subsequently monitored.

**It was resolved –**

- **To note the contents of the report.**
- **To endorse the Treasury Management Practices as set out in Appendix 1 to the report.**

## **NO FURTHER ACTION ENSUING**

## **7 INTERNAL AUDIT FORWARD WORK PROGRAMME**

The report of the Head of Internal Audit incorporating a Forward Work Programme for the Audit and Governance Committee for the remainder of 2016/17 and for 2017/18 was presented for the Committee's consideration.

The Internal Audit Manager said that the Forward Work Programme is intended to act as a record of the ongoing concerns of the Audit Committee and to ensure that progress to address those concerns are considered on a regular basis in a planned way by the Committee.

The Committee acknowledged the forward work programme as providing a good framework for moving forwards both on issues which it has highlighted previously and on any new concerns which it would like to keep track of until they can be satisfactorily closed.

**It was resolved -**

- **To approve the proposed forward work programme for the remainder of 2016/17 and 2017/18 as set out in Appendix A to the report.**
- **That any amendments to the programme are reported as a standard item on the agenda of each meeting of the Audit and Governance Committee.**

## **NO FURTHER ACTION ENSUING**

## **8 EXCLUSION OF PRESS AND PUBLIC**

It was resolved under Section 100 (A) (4) of the Local Government Act 1972, to exclude the press and the public from meeting during the discussion on the following item on the grounds that it involved the disclosure of exempt information as defined in Schedule 12 of the said Act and in the Public Interest Test presented.

## **9 CORPORATE RISK REGISTER**

The report of the Head of Function (Resources) and Section 151 Officer incorporating the Corporate Risk Register updated to the end of Quarter 1 2016/17 was presented for the Committee's consideration.

The Risk and Insurance Manager reported on the following considerations –

- Those risks considered the top risks to the Council.
- Risks which have either been escalated or de-escalated in the period since the last report to the Committee in May, 2016.
- Any risks newly identified to the Corporate Risk Register and the reasons for their inclusion therein.

The Committee noted the information presented and made the following points:

- The Committee noted that it would be helpful if the presentation of the Corporate Risk Register could be better synchronised with the Committee's meetings schedule.
- The Committee noted that while some risks are capable of being addressed within a specified timeframe, others are ongoing and need to be managed over time. The Committee sought clarification of how long those risks presenting as red on the schedule had been designated as such; whether they were capable of being treated and the time frame for so doing. The Committee was informed that any slippage on actions required to address a specific risk is reported to the Senior Leadership Team which will then follow the matter up. This is not formally recorded on the register in an endeavour to make the reporting process as clear as possible – a previous criticism of the register was that it was too "busy" to be easily understood.
- The Committee sought clarification of service risks. The Committee was informed that service risks categorised as amber or red are referred for consideration by the Senior Leadership Team for possible escalation to the Corporate Risk Register.

**It was resolved to accept the report, to note its contents and to take assurance that the risks to the Council's aims and objectives are being recognised and managed by the Senior Leadership Team.**

**NO FURTHER ACTION ENSUING**

**Councillor R. Llewelyn Jones  
Chair**



<b>ISLE OF ANGLESEY COUNTY COUNCIL</b>	
<b>REPORT TO</b>	<b>AUDIT AND GOVERNANCE COMMITTEE</b>
<b>DATE</b>	<b>9<sup>th</sup> February 2017</b>
<b>SUBJECT</b>	<b>UPDATE ON THE FOOD STANDARDS AGENCY REPORT ON THE FOOD AND FEED LAW ENFORCEMENT SERVICE ON THE ISLE OF ANGLESEY</b>
<b>LEAD OFFICER</b>	<b>CHIEF PUBLIC PROTECTION OFFICER – DAVID RILEY</b>
<b>CONTACT OFFICER</b>	<b>CHIEF PUBLIC PROTECTION OFFICER – DAVID RILEY</b>
<p><b>Nature and reason for reporting – The Food Standards Agency Report on the Food and Feed Law Enforcement Service on the Isle of Anglesey followed an audit that took place in July 2014. A number of findings were reported upon which gave rise to a number of recommendations by the Food Standards Agency audit team. These recommendations were responded to by way of an Action Plan detailing how each recommendation would be addressed. The Food Standards Agency returned on 15<sup>th</sup> and 16<sup>th</sup> September 2016 to assess the progress of the service against the agreed Action Plan. This report introduces the FSA Revisit report and updated Action Plan.</b></p>	

## **1. INTRODUCTION**

- 1.1 The Food Standards Agency (FSA) have the power to set standards, monitor and audit local authority food and feed law enforcement services by virtue of the Food Standards Act 1999 and the Official Feed and Food Controls (Wales) Regulations 2009. The audit of the food and feed service at Isle of Anglesey County Council was undertaken under section 12(4) of the Act and Regulation 7 of the Regulations.
- 1.2 The audit was carried out by the FSA during the week beginning 14<sup>th</sup> July 2014 and lasted 5 days. The FSA assessed the authority's conformance against "The Standard". The Standard forms part of the FSA's Framework Agreement with local authorities. The Framework Agreement can be found on the FSA's website at:  
[www.food.gov.uk/enforcement/enforcework/frameagree](http://www.food.gov.uk/enforcement/enforcework/frameagree)
- 1.3 The audit covered the Isle of Anglesey's arrangements for the delivery of food hygiene, food standards and feed law enforcement services. These functions were delivered by the Public Protection section of the Planning and Public Protection Division at that time. Work was delivered by officers in the Environmental Health and Trading Standards teams.
- 1.4 The authority received the formal report on 21<sup>st</sup> July 2015 including the approved Action Plan.  
<https://www.food.gov.uk/sites/default/files/angleseyaudit2014.pdf>
- 1.5 The FSA audit team revisited the authority on 15<sup>th</sup> and 16<sup>th</sup> September 2016 in order to Assess progress made against the recommendations and Action Plan agreed to in July 2015.

## **2. AUTHORITY'S ACTION PLAN**

- 2.1 The main findings of the original audit are summarised as follows:
  - The authority had recently undertaken a review of its management structure to

address the forecast budget reduction target for Public Protection for 2013-16.

- The authority had developed a Food Service Plan for 2014/15. The plan did not fully address the significant number of businesses overdue food hygiene, standards and feed interventions. There is a need to provide a comparison of the staff resources against the staff resources available to the authority to ensure sufficient resource is identified and available to deliver an appropriate level of service.
- Checks confirmed that the food establishment databases were generally accurate and the authority had been able to provide an electronic Local authority Enforcement Monitoring System (LAEMS) return to the FSA.
- The arrangements set out in the Service Plan for the delivery of programmed interventions for food hygiene, food standards and feed fell short of those required by the Food and Feed Law Codes of Practice. At the time of the audit there were a significant number of overdue interventions.
- In respect of food standards and feed official controls, it was not always possible for auditors to establish whether businesses had been subject to interventions at the correct frequencies, as the risk rating scheme which had been used was not equivalent to those set out in the Food and Feed Law Codes of Practice. A significant number of feed establishments had been awarded a risk rating without an inspection, effectively rendering a significant number of establishments overdue for an intervention.
- Generally, food hygiene records had been adequately maintained. Food Standards and feed records were not being adequately maintained and many frequently incomplete. This made effective internal monitoring difficult and can impact on the ability of officers to adopt a graduated approach to enforcement.
- The authority had been proactive in providing advice and guidance to food and feed businesses and in promoting food safety using a variety of media and public events.
- There was some evidence of internal monitoring for food hygiene, standards and feed services, however it required further development to enable the authority to verify its conformance with all elements of the Standard, the relevant Codes of Practice, centrally issued guidance and the authority's own documented policies and procedures.

- 2.2 As a result of the findings the service submitted an Action Plan addressing all the detailed recommendations contained in the FSA report. Work began to address the recommendations following the informal feedback session delivered by the FSA auditors on 18<sup>th</sup> July 2014. The Action Plan has been a "live" document and has been updated on a regular basis as the agreed actions have been completed.
- 2.3 The majority of recommendations were of a procedural nature. However, the need to have sufficient staff resources to carry out all the necessary Food Hygiene, Food Standards and Feed Hygiene inspections remains a concern. Current analysis of the workload shows a staff resource gap of 1.5 FTE officers. 1 FTE officer to carry out Food Hygiene inspections and 0.5 FTE to carry out Food Standards. Feed Hygiene inspections are now delivered collaboratively across north Wales and no longer covered by the terms of the original audit.
- 2.4 The service has been in the process of transformation and a significant restructure of the teams within Public Protection took place in April 2016 in order to address such challenges. The changes that took place are still bedding in and although an additional resource is being made available to the new Food team there is still a backlog of inspections that need to be addressed in order to get back on an even keel.
- 2.5 The backlog has occurred due to historic staff absences which the service has been unable to mitigate by bringing in temporary cover. Attempts to bring in temporary staff, or even agency cover, has proved impossible over the last 18 months. The service is, however still proposing to bring in an additional officer resource to be funded from the service budget for a 12 month period to deal with the backlog. The assessment is that during this period the inspections will be back on target and staff within the team will be able to cope in future years with the demand as long as that demand does not increase in the meantime.
- 2.6 In an environment of reducing service budgets this has been the inevitable consequence. When an increase in demand for inspections occur the routine work falls behind and a

backlog builds up and the current staff resource has no built in resilience to recover. The mitigation is to ensure well evidenced and informed prioritisation of the use of staff resource and to have a flexible workforce able to be redeployed to areas of greatest demand. It is important to justify what we do and just as importantly what we are unable to do to the public and businesses on Anglesey as well as those bodies who scrutinise our work.

### **3. FSA AUDIT REVISIT**

- 3.1 The FSA revisit to formally assess progress against the full report took place on 15<sup>th</sup> and 16<sup>th</sup> September 2016. This involved an on-site visit and they produced a subsequent report which has taken the form of an updated Action Plan. This can be viewed at : <https://www.food.gov.uk/sites/default/files/isle-of-anglesey-updated-action-plan-2014.pdf>
- 3.2 The report shows that good progress had been made on the majority of actions agreed. Most being “completed”, 22 or “good progress made”, 10. Only 4 have been designated “limited progress” and none with “no action”. 4 items were untested as no activity in that area of work had taken place.
- 3.3 The 4 items which require the most attention are as follows:
- (i) Ensure that the Service Delivery Plan is further developed in accordance with the Service Planning Guidance.
  - (ii) During inspections ensure that officers document their assessment of imported food checks.
  - (iii) Ensure that a food standards intervention risk rating scheme which is in accordance with the scheme established under annex V of the Food Law Code of Practice is implemented.
  - (iv) Ensure that food inspection reports are in accordance with Annex 6 of the Food Law Code of Practice and include the following; Areas inspected, person seen, name of the FBO, senior officer details, LA address, designation of inspecting officer and timescales for compliance.
- 3.4 The items outstanding are being addressed in particular the format of the Service Plan. This will have been addressed by the time the next Food Plan is published in April 2017. The other items are relating to additional items of information that needs to be recorded during inspections and has been addressed already.
- 3.5 All remaining items are being addressed and will be completed by April 2017. The FSA stated they had no plans to return to the authority to specifically check on the remaining actions, they will be picked up in the course of any visits they may make to the authority in future.

### **4. CONCLUSION**

- 4.1 The FSA Report on the Food and Feed Law Enforcement Service on the Isle of Anglesey conducted in July 2014 highlighted the areas of improvement required by the authority in order to meet the requirements of the Standard for Official Feed and Food Controls required of local authorities.
- 4.2 The authority produced and Action Plan to progress these improvements and this was approved by the FSA in July 2015.
- 4.3 The updated Action Plan following the revisit in September 2016 shows good progress has been achieved to date and the service anticipates being able to meet all the actions by April 2017.
- 4.4 The enforcement of Feed Controls is now being delivered collaboratively across North Wales and meets the recommendations identified by the FSA Report.
- 4.5 The lack of staffing resources to meet the target numbers of Food Hygiene and Food Standards inspections remains a concern against the decreasing Public Protection service budget. However steps are being taken to bring the backlog of inspections back on track through the employment of a temporary Food Hygiene inspector.

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<b>ISLE OF ANGLESEY COUNTY COUNCIL</b>	
<b>REPORT TO</b>	<b>AUDIT AND GOVERNANCE COMMITTEE</b>
<b>DATE</b>	<b>9 FEBRUARY 2017</b>
<b>SUBJECT</b>	<b>PROGRESS REPORT ON INTERNAL AUDIT 1 APRIL 2016 TO 31 DECEMBER 2016</b>
<b>LEAD OFFICER</b>	<b>HEAD OF INTERNAL AUDIT – MIKE HALSTEAD</b>
<b>CONTACT OFFICER</b>	<b>AUDIT MANAGER - SIONED PARRY</b>
<p><b>Nature and reason for reporting</b> - To comply with the requirements of the UK Public Sector Internal Audit Standards and the CIPFA UK Standards which came into force on 1 April 2013, whereby the Head of Audit is required to report periodically to the Audit &amp; Governance Committee on the Internal Audit Service's performance relative to the 2016/17 Audit Plan and consider Internal Audit performance measures on a quarterly basis.</p>	

## 1. INTRODUCTION

- 1.1 This report is produced in compliance with the Terms of Reference of the Audit and Governance Committee, whereby the Committee should review progress in delivering the Internal Audit Plan and Internal Audit Strategy through the receipt and consideration of quarterly progress reports.
- 1.2 The report analyses the performance of the Internal Audit Service for the period 1 April 2016 to 31st December 2016 and is supported by **Appendices A to G** detailing progress against performance targets for 2016/17 and the work undertaken by the Service during this period.
- 1.3 A revised Strategic Plan for the three-year period 2016/17 to 2018/19 was submitted and approved by the Audit and Governance Committee at a meeting on the 15 March 2016. The resulting 2016/17 Operational Plan provides a balanced plan; which spreads audit coverage widely and enables the examination of a number of areas, which have not been subject to audit review in recent years.

## 2. RECOMMENDATION

- 2.1 Members are asked to consider and provide comment on the assurance provided to the Audit and Governance Committee in this report regarding the internal control, risk management and corporate governance processes that are in place to manage the achievement of the Authority's objectives.

## 3. BACKGROUND INFORMATION

### 3.1 Internal Audit Performance 1 April 2016 to 31 December 2016

- 3.1.1 An analysis of the work and performance of the Internal Audit Service has been undertaken for the period 1 April 2016 to 31 December 2016. There were 6 audit projects of varying complexity in respect of 2015/16 that were not completed or issued by 31 March 2016 and constitute work in progress as follows:

- DLO Stock Check
- Corporate Safeguarding
- Child Court Orders
- Primary Schools Follow Up
- Housing Benefit Key Controls
- Sundry Debtors Follow Up

3.1.2 The amount of work allocated to work in progress during 2016/17 to the end of December accounts for **111.55 days** and will be met from closure of previous year's work contingency.

3.1.3 A schedule of performance targets for the period ending 31 December 2016 is attached in **Appendix A**.

### **3.2 Additional Unplanned Work**

3.2.1 There were 2 additional unplanned audits performed during the period 1 April 2016 to 31 December 2016. This amounts to **10.36 days** work and is documented on the attached schedule at **Appendix B**.

### **3.3 Statement of Assurance**

3.3.1 The Head of Audit is required to provide the Audit and Governance Committee with an opinion on the overall adequacy and effectiveness of the Authority's governance, risk management systems and internal control environment to comply with the requirements of the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note. The overall opinion is one of the assurances used by the Authority in preparing the Annual Governance Statement required under the Accounts and Audit Regulations.

3.3.2 The audit opinions on the assignments performed during the year to date have been categorised as follows:

- Substantial Assurance
- Reasonable Assurance
- Limited Assurance
- Minimal Assurance

3.3.3. In support of the audit opinions, the Internal Audit recommendation risk ratings have now been aligned with the Authority's Risk Management Matrix further embedding the risk management process in the Authority. The Risk Matrix and definitions of the audit opinions are attached in **Appendix C**.

3.3.4 A summary of all audit assignments completed during the year to date including work in progress from 2015/16 is attached in **Appendix D**. The schedule summarises the audit opinions and recommendations in respect of each area reviewed and will form the basis of the opinion contained in the Annual Statement of Assurance of the overall adequacy and effectiveness of the Authority's governance, risk management and internal control framework for 2016/17. Since the 1 April 2016, 6 final reports have been issued from the 2015/16 Internal Audit Operational Plan and 12 from the 2016/17 Operational Plan.

3.3.5 Two of the planned audits completed since 1 September 2016 are assessed as not providing positive levels of assurance. During the period 1 September 2016 to 31 December 2016 the Child Care Court Orders Under the Public Law and the Extra Chare Housing – Commissioning Arrangements were both assessed as providing Limited Assurance. Details of the audits are summarised in **Appendix D**.

### 3.4 Audit Follow Ups and Recommendation Tracking

3.4.1 The UK Internal Audit Standards require Internal Audit to follow up management actions arising from its assignments. The implementation of agreed audit recommendations is the responsibility of management not Internal Audit. Internal Audit’s responsibility is to report the position.

3.4.2 The Follow Up and Monitoring Process outlined in a report to the Audit and Governance Committee on 8 December 2015 has been introduced to improve the monitoring and reporting of progress in implementing agreed recommendations.

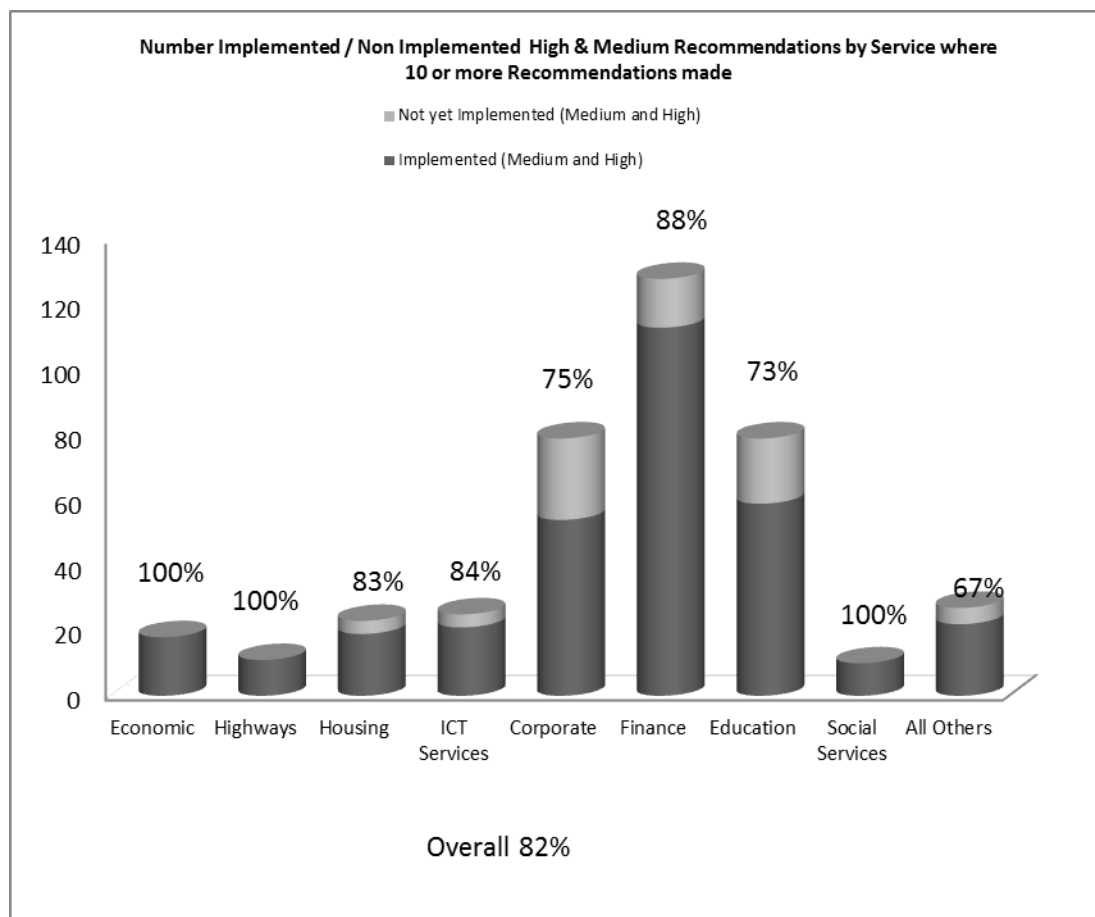
3.4.3 **Table 1** below summarises the implementation of recommendations as at 31 December 2016:

<b>Table 1 - Status of agreed recommendations as at 31 December 2016</b>				
<b>Status</b>	<b>High</b>	<b>Medium</b>	<b>Total</b>	<b>%</b>
Complete	65	257	327	82%
Outstanding	20	58	73	18%
Total	85	315	400	100%

3.4.4 Recommendations are currently rated as red, amber, yellow or green according to the perceived risk as outlined in **Appendix C**. Those rated green are not subject to formal follow up by Internal Audit and are not included in this analysis. The percentage implementation rate as at 31 December 2016 was **82%** of recommendations having been recorded as implemented.

3.4.5 A graph showing the breakdown of recommendation implementation by Service is provided in **Table 2** below:

**Table 2**



- 3.4.6 A copy of all outstanding recommendations is included in **Appendix E**.
- 3.4.7 A schedule of the 10 follow up audits conducted during the period 1 April 2016 to 31 December 2016 is attached at **Appendix F**. It demonstrates the number of recommendations accepted and subsequently implemented by management in each area, together with a revised audit opinion regarding the adequacy of the internal control environment.

### 3.5 Referrals

- 3.5.1 In addition to the assurance services agreed with and provided to assist management in meeting the objectives of the Authority, Internal Audit also undertake a range of referrals/ consultancy services which include:
- Advice and guidance to management in respect of a range of issues, including system implementation, compliance with policies regulations and procedures and internal control requirements;
  - Training;
  - Special investigations including fraud related work.
- 3.5.2 The number of planned days for referrals/consultancy during the year amounts to 150 days **with 182.35 days** spent on this work up to the end of December 2016.
- 3.5.3 A summary of special investigations undertaken by Internal Audit during the period 1 April 2016 to 31 December 2016 is included in **Appendix G** and amounts **141.08 days**.

### 3.6 Sickness Absence

- 3.6.1 The Service manages sickness absence in compliance with the Authority's Sickness Absence Policy. Sickness accounted for **5 days** absence up to the period ending 31 December 2016 against an annual target of 45 days.

## 4. INTERNAL AUDIT FORWARD WORK PROGRAMME

Scheduled Review Title	Service Area	Current Status
Ethical Culture	Corporate	Work in Progress
Corporate Procurement Compliance	Corporate	Work in Progress
Energy Island	Regulation & Economic Development	Work in Progress
Main Accounting	Resources	Work in Progress
Sundry Debtors	Resources	Work in Progress
Housing Maintenance Unit	Housing	Work in Progress

## 5. CONCLUSION

- 5.1 An analysis of the Internal Audit Service's performance for the period 1 April 2016 to 31 December 2016 demonstrates that performance levels are on target. However, the ability of the Service to achieve the 2016/17 Operational Plan will be dependent on the level of demand for audit resources in respect of referrals, unplanned work prior to the year end and sickness absence levels.



**INTERNAL AUDIT PERFORMANCE TARGETS 2016-17**

**APPENDIX A**

Description	IOAC Actual 2013/14	IOAC Actual at 31/3/15	IOAC Actual at 31/3/16	IOAC 2016/17 Target	IOAC Actual at 31/12/16	Wales Average 2015/16
1. % Planned Audits Completed	81%	92%	60.32%	80%	56.06%	85%
2. Number of Audits	51	46	38	60	38	97
3. % Clients responses 'Satisfied'	100%	100%	100%	100%	100%	99%
4. % Recommendations accepted	100%	100%	98%	100%	100%	99%
5. % Implementation of High & Medium Recommendations at Follow up audits	46%	49%	74%	85%	82%	N/A
6. % Audits completed within planned time	N/A	N/A	78.95%	90%	89.91%	68%
7. % Directly chargeable time against total available	N/A	N/A	59.74%	70%	59.92%	67%
8. Average days from closing meeting to issue of draft report	N/A	N/A	6.61 days	7 days	4.19 days	7.2 days
9. Average days between response to draft and final report issue	N/A	N/A	2.41 days	2 days	2.12 days	3.4 days
10. Average actual cost per directly chargeable audit day	£245	£238	£318	£250	£280	£227
11. No. Audit Staff	5.5	5.6	5.68	5	5.68	8.1
12. % staff leaving	0	0	0	0	0	10%

**ANGLESEY COUNCIL  
INTERNAL AUDIT**

**ANALYSIS OF ADDITIONAL UNPLANNED WORK PERFORMED DURING  
1 APRIL 2016 TO 31 DECEMBER 2016**

	<b>AREA</b>	<b>NATURE OF THE WORK</b>	<b>AUDIT DAYS</b>
<b>1</b>	Corporate/Lifelong Learning	Review of Education Timesheet Procedure - HR request	3.04
<b>2</b>	Rent Smart Wales	Internal Audit was informed in April 2016 that the Rent Smart Wales Grant Certificate and an Internal Audit Report had to be submitted to WG by 31 October 2016.	7.32
	<b>TOTAL DAYS</b>		<b>10.36</b>

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**RISK MATRIX and ASSURANCE RATINGS**

**APPENDIX C**

<b>LIKELIHOOD</b>	Event is almost certain to occur in most circumstances	>70%	Almost Certain	A					
	Event likely to occur in most circumstances	30-70%	Likely	B					
	Event will possibly occur at some time	10-30%	Moderate	C					
	Event unlikely and may occur at some time	1-10%	Unlikely	D					
	Event rare and may occur only in exceptional circumstances	<1%	Rare	E					
					5	4	3	2	1
					Insignificant	Minor	Moderate	Major	Catastrophic
Service					No impact to service quality, limited disruption to operations	Minor impact on service quality, minor service standards are not met, short term disruption to operations	Significant fall in service quality, serious disruption to service standards	Significant impact on service quality, multiple service standards not met, long term disruption to operations	Catastrophic fall in service quality and key service standards are not met, long term catastrophic interruption to operations
Reputation					Public concern restricted to local complaints	Minor adverse local / public / media attention and complaints	Serious adverse local or minor adverse regional or national media attention	Serious negative regional or national criticism	Prolonged regional & national condemnation
Financial Cost (£)					< £50k	£50k - £250k	£250k - £750k	£750k - £3m	>£3m
<b>IMPACT</b>									

<b>LEVELS OF ASSURANCE</b>	<b>DEFINITION</b>	<b>MANAGEMENT INTERVENTION</b>
<b>SUBSTANTIAL ASSURANCE</b>	Arrangements for governance, risk management and internal control are good. <b>No significant or material errors were found.</b>	No or only low impact management action is required. Findings, which are easily addressed by line management.
<b>REASONABLE ASSURANCE</b>	Arrangements for governance, risk management and/or internal control are reasonable. <b>Some inconsistency in application and opportunities still exist to mitigate against further risks.</b>	Management action of moderate to low impact is required. Findings are containable at service level.
<b>LIMITED ASSURANCE</b>	Arrangements for governance, risk management and internal control are limited. <b>There are gaps in the process that leave the service exposed to risks. Objectives are not being met or met without achieving value for money.</b>	Management action of high to moderate impact is required. Findings that need to be resolved by heads of service and SLT may need to be informed.
<b>MINIMAL ASSURANCE</b>	Arrangements for governance, risk management and internal control are significantly flawed. <b>Key controls are considered insufficient with the absence of at least one critical control mechanism. There is also a need to improve compliance with existing controls and errors and omissions have been detected.</b>	High impact management action is required in a number of areas. Weaknesses in control that require the immediate attention of SLT with possible Cabinet intervention.



## Summary of Recommendations and Assurance Levels 1-4-16 to 31-12-16

## APPENDIX D

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
1	DLO Stock Check WIP 2015/16	May 2016	Housing	N/A	<p>An annual stock check was undertaken by the Authority's Internal Audit Service at the BMU Depot on the 28 March 2016. The total closing stock value identified was £134,515.08</p> <p><b>Opinion:</b> Stock records maintained at the Depot were sufficiently accurate and provide a reliable record of the stock levels as at the year-end.</p>	Substantial
2	Housing Benefit Key Controls WIP 2015/16	June 2016	Housing	12	<p>The key findings from the review of Housing Benefit Key Controls are as follows:</p> <ul style="list-style-type: none"> <li>▪ Procedural updates are circulated by e-mail to Housing Benefit staff as appropriate. Relevant forums and various regional meetings are also used to share good practice.</li> <li>▪ The Authority's guidance needs to be updated to ensure it is in-line with DWP's Housing Benefit Overpayment Guidelines issued during February 2015 and subsequently reviewed in July 2015.</li> <li>▪ Evidence was not always found to be kept on claimants' files as expected.</li> <li>▪ A record of decisions made regarding recovery method of overpayment was not kept on file. It is expected that an</li> </ul>	Limited

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>Overpaid Housing Benefit and Excess Council Tax Reduction Recovery form is completed as a record of the trail of decisions taken during the recovery process.</p> <ul style="list-style-type: none"> <li>▪ There are problems when reconciling the amounts authorised to be written off and the actual amount written off on the Northgate SX3 system. There was one instance where the amount written off for an individual claimant was greater than that authorised by the Section 151 Officer.</li> <li>▪ Regular meetings are held to discuss monitoring performance with positive action taken to ensure that accuracy is improved.</li> <li>▪ Further action has been taken to improve overpayment recovery with the equivalent to one full time officer spending their time on overpayments.</li> </ul> <p><b>Opinion:</b> Arrangements for governance, risk management and internal control are limited. An overall Limited Assurance audit opinion resulted from the review with one High category, five Medium category and six Low category recommendations being agreed with management.</p>	
3	Corporate Safeguarding WIP 2015/16	Aug 2016	Corporate	32	<p>In 2014/15 the Wales Audit Office examined the extent to which Councils have put in place, and are operating, effective management and assurance processes and controls for safeguarding.</p> <p>The review recommended 'Internal Audit to include Safeguarding within its annual programme to provide assurance on the</p>	Limited

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>effectiveness of the Council's Corporate Safeguarding Arrangements'.</p> <p>During 2013/14 the Council brought together responsibility for safeguarding children and adults under one Head of Service (Children). In 2014/15 a Corporate Safeguarding Board was established to ensure that the Council's key duties in relation to safeguarding children, young people and vulnerable adults are being adequately discharged.</p> <p>An audit of the Corporate Safeguarding was undertaken as part of the approved Internal Audit plan for 2016/17.</p> <p>Findings of the review identified:</p> <ul style="list-style-type: none"> <li>• The Corporate Safeguarding Children and Vulnerable adults Policy and Procedure had not been updated to reflect recent statutory guidance including the Social Services and Well-being (Wales) Act 2014, coming into force April 2016, and Keeping Learners Safe guidance (2015);</li> <li>• There was limited evidence of dissemination of information on corporate appointments in relation to safeguarding and identification of senior officers performing designated safeguarding roles within the Council;</li> <li>• Limited use also of the Council's intranet to publicise and promote safeguarding both internally and externally, including reporting on the work of the Corporate Safeguarding Board, linking to relevant policies and action plans, and reinforcing the Council's commitment to</li> </ul>	

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>safeguarding and promoting the wellbeing of children, young people and vulnerable adults;</p> <ul style="list-style-type: none"> <li>• Although safeguarding objectives were reflected within the service development plans in most cases, it was identified that there was not always alignment with risk registers in terms of accordingly recording safeguarding risk;</li> <li>• Although assurances were received that staff with direct safeguarding duty had undertaken relevant safeguarding training/ refresher training as appropriate, there is a gap in terms of staff in general attending awareness training and specific training for evidence checkers (ID verification for DBS process) designated safeguarding officers outside of Social Services and Schools; safer recruiting training for managers is currently not a mandatory requirement;</li> <li>▪ Limited compliance was evident in relation to the obtaining and checking of references for regulated activity posts pre-interview, and limited in relation to the maintenance of complete records to evidence safeguarding pre-employment checks including references and DBS checks;</li> <li>▪ Some issues identified in relation to the identification of posts requiring DBS disclosure as assessed against DBS eligibility criteria; exceptions identified when assessing compliance with Council DBS policy including DBS for new starters, risk assessment and renewal of check every three years;</li> <li>▪ No corporate policy on the secure handling of information provided by DBS is made available to individuals at the point of requesting them to complete a DBS application form or asking consent to use their information to access any service DBS provides;</li> <li>▪ Some exceptions identified in relation to safeguarding</li> </ul>	



	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>standards within contract arrangements including the absence of specific terms and conditions covering:</p> <ul style="list-style-type: none"> <li>- the requirement for agencies / organisations to have and to comply with safeguarding policies and procedures; and</li> <li>- performance management to ensure compliance with safeguarding policies and procedures as appropriate.</li> </ul> <ul style="list-style-type: none"> <li>▪ No routine review by Internal Audit at present of safeguarding standards in relation to establishment reviews and new/current contracts.</li> </ul> <p><b>Opinion:</b> Arrangements for governance, risk management and internal control are limited. Some services in the Council are slow to embed safeguarding objectives into the business planning processes and embrace safeguarding as a fundamental part of all aspects of work involving children, young people and vulnerable adults.</p>	
4	Child Care Court Orders under the Public Law Outline WIP 2015/16	Dec 2016	Children's Services	29	<p>Section 17 of the Children Act 1989 states that it is the general duty of the local authority to safeguard and promote the welfare of children within the authority's area and to promote the upbringing of those children by their families.</p> <p>The removal of a child from its parent is in some cases essential to ensure the safety and wellbeing of a child. The Public Law Outline (PLO) is a protocol attempting to reduce unwarranted delays in family court cases.</p> <p>Key findings from the review are summarised below:</p>	Limited

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<ul style="list-style-type: none"> <li>• The information held on RAISE (the health and social care electronic record system) is unreliable due to:               <ul style="list-style-type: none"> <li>— delays in the uploading of documents</li> <li>— Instances where documents are only uploaded onto the file of one sibling on RAISE when they are relevant to all siblings.</li> <li>— Lack of evidence on RAISE files showing pre-proceedings meetings have been held or of the official letters sent to those with parental responsibility informing them of decisions made in Legal Gatekeeping Meeting and listing the Local Authority's concerns.</li> </ul> </li> <li>• Timescales for actions necessary by parents to avoid court proceedings are not recorded in the Letter Before Proceedings</li> <li>• Support worker visits were not always conducted in accordance with the plans to ensure the welfare of the child(ren) whilst remaining in the care of their parents during court proceedings</li> <li>• Not all employees within Children's Services have attended Data Protection Training</li> <li>• The Service has identified the requirement for further training on court skills and have organised an Advanced Competency Based training workshop during the year, which included two days on the topic of "Law, Evidence, Procedure and Best Practice" and a further two days covering court skills and report writing. Managers reported</li> </ul>	

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>a positive feedback from those who attended the course</p> <ul style="list-style-type: none"> <li>• Further attempts have been made during the year to improve report writing and evidence gathering skills by advertising for the post of Consultant Social Worker – PLO / Court Specialist who will assist in promoting high quality social work practice and support staff and managers to improve practice in relation to care proceedings. At the time of the audit, the post had been advertised twice, but no one had been appointed.</li> </ul> <p><b>Opinion:</b> Arrangements for governance, risk management and internal controls are limited. There are gaps in the process that leave the Service exposed to risks. Management action of high to moderate impact is required.</p>	
	Ysgol Llanerchymedd	May 2016	Lifelong Learning	12	<p>Key findings of an audit of Ysgol Llanerchymedd undertaken as part of the approved Internal Audit periodic Plan for 2016/17 were as follows:</p> <ul style="list-style-type: none"> <li>• Tests conducted on a sample of school meals income, school breakfasts and general income records found them to be accurate and maintained to a satisfactory standard</li> <li>• The school budget is adopted annually by the governing body and financial issues are discussed on a regular basis</li> <li>• The school did not always complete a requisition form in advance of purchase of goods and/or services</li> </ul>	Reasonable

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<ul style="list-style-type: none"> <li>The 2015/16 teachers' pay review form had not been returned to the Education Department prior to 1 September 2015</li> <li>The school has not registered with the Information Commissioner in accordance with the Data Protection Act 1988</li> </ul> <p><b>Opinion:</b> An overall Reasonable Assurance audit opinion resulted from the review with two medium category and three low category recommendations being agreed with the head teacher.</p>	
	Ysgol Tywyn	June 2016	Lifelong Learning	4	<p>Key findings of an audit of Ysgol Tywyn undertaken as part of the approved Internal Audit Plan for 2016/17 were as follows:</p> <ul style="list-style-type: none"> <li>The schools meals record was maintained to a high standard at the school but the level of arrears were not effectively monitored in accordance with the Education Department's Guidelines</li> <li>The school budget is discussed on a regular basis and adopted annually by the Governing Body</li> <li>The school fund account is maintained to an appropriate standard and independently audited on an annual basis. The "School Fund Audit Record" document is presented to the Board of Governors on an annual basis.</li> </ul> <p><b>Opinion:</b> Arrangements for the governance, risk management and internal control are good.</p>	Substantial

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
7	Ysgol Llandegfan	June 2016	Lifelong Learning	1	<p>Key findings of an audit of Ysgol Llandegfan undertaken as part of the approved Internal Audit Plan for 2016/17 were as follows:</p> <ul style="list-style-type: none"> <li>• The schools meals record was maintained to a high standard</li> <li>• The school budget is discussed on a regular basis with the Governors and adopted annually by the Governing Body</li> <li>• The school fund account is maintained to an appropriate standard and independently audited on an annual basis. The "School Fund Audit Record" document is presented to the Board of Governors on an annual basis.</li> </ul> <p><b>Opinion:</b> Arrangements for the governance, risk management and internal control are good.</p>	Substantial
8	Ysgol Y Graig	June 2016	Lifelong Learning	5	<p>Key findings of an audit of Ysgol Y Graig undertaken as part of the approved Internal Audit Plan for 2016/17 were as follows:</p> <ul style="list-style-type: none"> <li>• The school budget is discussed on a regular basis with the Governors and adopted annually by the Governing Body</li> <li>• General income records and music tuition fees were accurate and maintained to a satisfactory standard</li> <li>• School meals were not always correctly recorded and the level of arrears should be effectively monitored in</li> </ul>	Substantial

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>accordance with the Education Department's Guidelines.</p> <p><b>Opinion:</b> An overall Reasonable Assurance audit opinion resulted from the review with one Medium category and four Low category recommendations being agreed with the head teacher.</p>	
9	Ysgol Llanfair PG	June 2016	Lifelong Learning	5	<p>An audit Ysgol Llanfair PG was undertaken as part of the approved Internal Audit Plan for 2016/17.</p> <p>The key findings from the review are as follows:</p> <ul style="list-style-type: none"> <li>• The schools meals record was maintained to a high standard at the school</li> <li>• The school budget is discussed on a regular basis with the Governors and adopted annually by the Governing Body.</li> </ul> <p><b>KEY ACTIONS AGREED</b></p> <ul style="list-style-type: none"> <li>• Order requisitions should be completed before receiving goods</li> <li>• School letting fees should be reviewed on an annual basis</li> <li>• The school to register with the Information Commissioner in accordance with the Data Protection Act 1988.</li> </ul> <p><b>Opinion:</b> An overall Reasonable Assurance audit opinion resulted from the review with two Medium category and three</p>	Reasonable

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					Low category recommendations being agreed with the head teacher.	
10	Ysgol Esceifiog	June 2016	Lifelong Learning	4	<p>An audit of Ysgol Esceifiog was undertaken as part of the approved Internal Audit Plan for 2016/17.</p> <p>Key Findings from the review are:</p> <ul style="list-style-type: none"> <li>• The schools meals record was maintained to a high standard at the school</li> <li>• The school budget is discussed on a regular basis with the Governors and adopted annually by the Governing Body</li> <li>• The school fund account is maintained to an appropriate standard and independently audited on an annual basis. The “School Fund Audit Record” document is presented to the Board of Governors on an annual basis.</li> </ul> <p><b>Opinion:</b> Arrangements for the governance, risk management and internal control are good.</p>	Substantial
11	Building Regulation Fees – Inspection & Enforcement Regimes	June 2016	Regulation & Economic Development	8	<p>The key findings from this review are as follows:</p> <ul style="list-style-type: none"> <li>▪ Building Regulation Charges are not reviewed on an annual basis</li> <li>▪ There are no procedures in place regarding identifying and how to deal with breaches / potential breach of Building Regulations or Procedures regarding the recording of inspection/s</li> </ul>	Limited

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<ul style="list-style-type: none"> <li>▪ No procedures exist outlining the administration of refunds</li> <li>▪ Site visits cannot be recorded within the CIVICA system</li> <li>▪ No formal declaration of interest forms have been completed by officers within the Building Control section</li> <li>▪ No reconciliation is undertaken of invoicing and collection of income to the CIVICA system.</li> </ul> <p><b>Opinion:</b> Arrangements for governance, risk management and internal control are limited. An overall Limited Assurance audit opinion resulted from the review with eight Medium category recommendations being agreed with management.</p>	
12	Planning Application Fees and Charges	Aug 2016	Economic Investment & Regeneration	4	<p>Approximately 1,400 Planning Applications were made during 2015/16 resulting in fee income of £528,386.44.</p> <p>An audit undertaken as part of the Internal Audit plan for 2016/17 identified that the Planning Department has appropriate governance arrangements for managing its Planning Applications.</p> <p>Decisions regarding Planning applications are not always made within the statutory 8-week deadline and there is no public register of all planning applications on the Authority's internet.</p> <p><b>Opinion:</b> Arrangements for governance, risk management and internal control are good.</p>	Substantial
13	Payment Card Industry Data Security Standards	Aug 2016	Resources	18	<p>The Authority processed 8,200 online transactions and a further 12,400 CHIP and PIN transactions where the cardholder was not</p>	Limited



	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
	Compliance				<p>present during 2015/16. Between April and July 2016, 6,682 transactions were processed by the Authority to the value of £1,238,250.22.</p> <p>The portability and ease of use makes card payments vulnerable to misuse and the Authority should conform to the Payment and Data Security Standards (PCI DSS).</p> <p>Key findings from the review are summarised below:</p> <ul style="list-style-type: none"> <li>• There is no compliance programme to outline how the Authority will meet PCI DSS requirements</li> <li>• The Authority does not produce an annual PCI DSS compliance statement or have defined indicators to measure compliance</li> <li>• The ICT Security and Information Security Policies do not reflect PCI DSS compliance</li> <li>• Formal training is currently not provided to employees within 6 months of commencing in a post responsible for processing card payments</li> <li>• The Authority has not identified and mapped the credit card environment</li> <li>• The Authority has not developed a security control framework in compliance with PCI DSS</li> <li>• Annual self-assessments are not performed</li> </ul> <p><b>Opinion:</b> Arrangements for governance, risk management and internal control are limited. There are gaps in the process that</p>	

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					leave the Service exposed to risks. Management action of high to moderate impact is required.	
14	Insurance Arrangements	Nov 2016	Resources	2	<p>The Authority's total insurance settlement for the period 1 April 2016 to 30 September 2016 was £142,442.65 (from claims raised within this period).</p> <p>An audit undertaken as part of the Internal Audit plan for 2016/17 identified that the Resources Department has appropriate governance arrangements for managing the Insurance Service.</p> <p>There is currently no policy documenting procedures regarding returns, timescales and legislation of insurance claims.</p> <p><b>Opinion:</b> Arrangement for the governance, risk management and internal control are good. No significant or material errors were found.</p>	Substantial
15	Out of Hours Standby Arrangements	Dec 2016	Corporate	10	<p>The Council provides a wide range of services to the people of Anglesey. Some services are required to provide cover outside normal office hours to carry out normal duties or respond to emergencies. In some cases, this may be meet legal or statutory responsibilities.</p> <p>Payments made to individual officers in relation to the operation of standby schemes total £96,795.60 for 2015/16 and £47,024.47 in 2016/17 to period 6.</p> <p>Key findings form the review are summarised below:</p>	Reasonable

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<ul style="list-style-type: none"> <li>The payment scheme for standby duty on the Intranet had not been updated to reflect the latest pay award</li> <li>Despite the expectation that all employees undertaking standby duty should receive payment on the same basis following Job Evaluation process, a number of inconsistencies were identified with some individuals continuing to receive proportional standby payment based on historical agreements although working a full rota.</li> <li>Most of the services reviewed maintained and retained sufficiently detailed records to support claims for standby allowances made; it was found however that no records were maintained within one service for out of hours calls received; the Council does not currently utilise call tracking or call recording facilities.</li> <li>Monitoring was not undertaken consistently across all services to assess the degree of value for money in relation to the operation of standby schemes. Effectiveness and efficiency of the standby schemes operated was not routinely reviewed at senior management level.</li> </ul> <p><b>Opinion:</b> Arrangements for governance, risk management and internal controls are reasonable. There is some inconsistency in the application and opportunities still exist to mitigate against further risks.</p>	
16	Extra Care Housing – Commissioning Arrangements	Dec 2016	Adult Services	6	<p>The Extra Care Housing Project is part of a wider programme, the Older Adults Social Care Transformation Programme, which is one of the eight priorities in the Corporate Plan 2013-17.</p> <p>Key findings from the review are summarised below:</p>	Limited

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<ul style="list-style-type: none"> <li>▪ Whilst many of the project documents had been completed as expected, the documentation of the 'lessons learnt' could be improved</li> <li>▪ The procurement process was the weakest element of the controls tested. The Procurement Team were not involved in the process until after the invitation to tender had been sent to the Housing Associations. This resulted in non-compliance with regulations and failure to select the most suitable tendering process (negotiated procedure) for the type of project.</li> <li>▪ Early liaison and negotiations with relevant departments, such as Housing Benefits, could have resulted in a stronger planning process and a more robust tender document, providing as much information as possible to potential bidders. This may have prevented some of the problems faced during 2015, in particular the matter over the maximum rent available through Housing Benefit which resulted in the Project Team negotiating with the bidder, which is a breach of procurement regulations of being fair and transparent .</li> <li>▪ Procurement training for project management officers will provide a better understanding of the whole procurement process.</li> <li>▪ Safeguarding element was not included in the agreements for the provision of service at the Extra Care facility.</li> <li>▪ Adult Services experienced a high turnover of staff during the lifetime of the project with the Service being unable to recruit to the post of Transformation Manager for some time. This may have had a detrimental impact on the management of the project.</li> </ul>	

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p><b>Opinion:</b> Arrangements for the governance, risk management and internal control are limited. There are gaps in the process that leave the service exposed to risks. Objectives are not being met or met without achieving value for money.</p>	

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
<b>Corporate</b>						
1	System Controls - Logical Access and Segregation of Duties 1961 2014/15	2.3 A procedure should be put in place that ensures new starters requiring access to the Council's network, systems and data are not granted such access until such time as ICT is provided with evidence the user has confirmed that they have access to, read, understood and agreed to abide by the Council's key ICT Security and Data Security policies. Where users have been granted access but then fail to provide such evidence as required above their access should be removed until such time as evidence is provided.	08/09/14	30/12/15 – changed from 31/03/15	Corporate Information Officer	<p>ICT - Once policy compliance software is in place a grace period of two weeks is given to new starters to approve the policies.</p> <p>Upon the implementation of policy compliance software it is proposed that the system is set to open on all PC's when the user logs in – this will continue every time they login until the policies have been accepted. ICT would also investigate the possibility in the longer term that Internet access is removed by default for new users and is only granted upon evidence of approval of key ICT policies.</p> <p>SIRO &amp; S.151 Officer Review – Investigate the introduction of a log-in screen which includes declaration on having read, understood and agreed to abide by key ICT Policies to be acknowledged by all users prior to log in.</p> <p>Upon implementation of the policy compliance software new starters will be given a grace period of two weeks to approve policies and will appear on their PC's until policies have been accepted and internet usage will be removed if key policies have not been accepted. However implementation of the policy compliance software is currently under review by a corporate group that is chaired by the SIRO – please see above.</p> <p>A project lead by the SIRO/Monitoring Officer has been charged with implemented a policy management/ acceptance system - this is still ongoing.</p> <p>Once a solution is in place this will provide the tool for ICT to meet this recommendation.</p> <p>Update 25/08/16 – The policy compliance system is in the process of being implemented with a view of becoming live during October. It is currently live for the system administrators within each Service. The next</p>

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
						element is to revise the starters and leavers process which is being undertaken the Transformation Service. Once the process has been established and the system has been implemented it will be possible to put the recommendation into practice.
2	System Controls - Logical Access and Segregation of Duties 1961 2014/15	<p>8.3 In line with best practice and the Council's Financial Procedure Rules the following segregation of duties should be applied in the following Council systems:</p> <p>Debtors &amp; Ledger – Cashier's access levels to the debtor system and ledger should be reviewed to ensure that appropriate segregation of duties is maintained between those receiving income and those recording income.</p> <p>Reconciliations, including debtor system, cash receipting and bank reconciliation should be reviewed by an independent employee to ensure accuracy.</p> <p>Adjustments/credit notes/write offs to debtors should be reviewed and approved by an employee who does not have responsibility for recording these transactions.</p> <p>Creditors – The Supplier amendments report should be reviewed by a supervisory level employee who does not have access to perform changes to supplier details, recording of invoices, approving invoices and authorising payments.</p> <p>Payroll / HR Establishment – functions should be restricted to officers who do not have access to process payroll or those establishment records set up by payroll must be reviewed by an independent employee to ensure integrity. The officer responsible for executing the payroll run should be independent from processing payroll to ensure to ensure integrity is maintained. Exception reports should be run and checked by a supervisory level (independent) employee back to source</p>	08/09/14	31/12/15 – changed from 31/12/14	Head of Resources.	<p>Officer Review – For the financial systems the responsibility to ensure adequate segregation of duties will be included in appropriate job descriptions following the scheduled restructuring of the Finance Service.</p> <p>Debtors / Ledger / Creditors – The implementation concerning the financial system will be part of the CIVICA relaunch.</p> <p>Payroll – Establishment and Payroll duties to be segregated within Payroll system following liaison between S151 Officer and Head of Profession – HR.</p> <p>Asset Register has been completed.</p>

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
		documents. The variance reports should be checked by a supervisory level employee (independent) to ensure accuracy. Access rights of all HR / Payroll system users should be reviewed to ensure appropriateness, in particular the officer responsible for reconciling payroll and reviewing.				
3	Corporate Policies 1761 2011/12	Review and implement the Corporate Policies Report 1761 2011/12.	07/10/14	29/04/16 – changed from 31/12/14	Head of Democratic Services	<p>Update 23/02/16 – Work progressing following decision in October 2015 to allocate funding. Negotiations ongoing with provider regarding contract.</p> <p>Update 30/06/16 - Contract signed with supplier 01/03/16. Training for systems administrators to be delivered in July 2016. Progress reports submitted to SLT in May 2016 and 7 key policies identified by SLT for policy acceptance during first 12 months. Implementation of policy acceptance process to commence in September 2016.</p> <p>Quarterly reports on policy acceptance levels to be submitted to SLT (dates to be agreed) and also annual report to Audit &amp; Governance Committee.</p> <p>Update 02/09/16 – The Authority has conducted an appropriate tendering exercise for a policy management solution. Contract was signed 1<sup>st</sup> of March. 3 policies on Information Governance were recognised to be of priority for the first phase of implementation of the system – 1 will be introduced per month. The SLT has received a further report and have decided to prioritise 7 policies to be accepted in the first 12 months (September 2016 onwards) – the first 3 will be in relation to Data Protection, 2 will be in relation to Health &amp; Safety, 1 on Absence Management and 1 on Language Standards. SLT will review priorities annually. Administrators for the system have been recognised and have received training on 12 July 2016. The system is now available to the administrators who are in the process of loading policies on the system. The intention is to present the system to staff as a library of corporate policies which is an useful resource of information before introducing</p>



Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
						<p>the need to accept policies (testing) on the small number of areas recognised by the SLT.</p> <p>Update 31/10/16 – Information to be circulated via Y Ddolen to explain Policy Portal.</p>
4	Corporate Safeguarding Arrangements 053 2016/17	2.5b Heads of Service should ensure risk registers are aligned to the business plan and safeguarding risk identified accordingly within all service risk registers with mitigating actions recorded and monitoring of progress undertaken in accordance with the Corporate Planning Performance Management Framework. Schools should develop risk registers to formally identify and record safeguarding risk and the mitigating controls applied to manage this risk.	09/09/16	30/09/16	Business Planning and Programme Manager	<p>*Schools external regulators ensure that appropriate procedures for safeguarding are in place across all sectors – primary, secondary and special education. Indeed, schools with exceptional educational standards would be subject to special measures immediately should the procedures for safeguarding be, in any way, defective.</p> <p>Schools complete self-assessments for Estyn Inspection purposes and annual self-assessments on safeguarding arrangements are required to be submitted annually to the Education Department; no requirement for schools to formulate safeguarding risk registers has ever arisen from any Inspection and there is currently no regional or national requirement for this.</p> <p>To be co-ordinated by Business Planning and Programme Manager.</p> <p>Update 04/11/16 – In line with the CPPMF service delivery plans for 16/17 have been drafted to include responsibilities surrounding safeguarding. Risk registers for those services are being monitored quarterly to gain assurances associated risks are also managed.</p>
5	Corporate Safeguarding Arrangements 053 2016/17	4.3f The Council should develop a corporate policy on the secure handling of information provided by DBS and ensure that a copy of the written policy is made available to individuals at the point of requesting them to complete a DBS application form or asking consent to use their information to access any service DBS provides. The policy should be communicated to relevant staff as appropriate.	09/09/16	31/12/16	Corporate Information Governance Manager	HR to collaborate with the Corporate Information Governance Manager in developing the policy on the handling of information provided by DBS and to consult with Penaethiaid. Responsibility of implementing the agreed policy lies within the individual services. Responsibility for sharing information about the policy with staff to be part of Corporate Safeguarding Board.

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
6	Corporate Safeguarding Arrangements 053 2016/17	4.4 In accordance with the Safer Recruitment Policy, any decision to authorise an individual to commence work without a DBS disclosure in place should only be in exceptional circumstances and supported by a formal risk assessment and other appropriate safeguards approved by the Head of Service. A request for the DBS should be made simultaneously and when the DBS check is confirmed the risk assessment becomes obsolete.	09/09/16	31/12/16	Assistant Chief Executive	Assistant Chief Executive to instruct Heads of Service.
<b>Finance</b>						
7	Main Accounting 1892 13/14	5.5 ICT Services should continue to proceed towards SAN to SAN backup of the Finance server to a suitable off site location as per previous recommendations . Finance Services should take ownership of their systems and data and should ensure that their financial systems are being appropriately backed up and that regularly restores of system and data are conducted.	26/11/13	30/12/16 changed from 30/11/13	IT Service & Performance Manager	<p>Emergency generator has been commissioned to provide power in disaster scenario and also UPS is currently being looked at to provide power while the generator goes on. They are also working on a technical specification for backups on an offsite location and will gather supplier responses before the end of July 2014 - in progress. Unsure of an where the offsite location will be based. Previous discussions had suggested David Hughes Leisure Centre but this has not yet been confirmed.</p> <p>Update 30/09/14 – Project for SAN to SAN still ongoing but expenditure has been approved – delays due to different opinions on the appropriate framework to use for procuring – issues now being resolved.</p> <p>Update 16/10/14 – A specification for the backup has been produces and we are currently speaking to Procurement about the best way to go out for tenders. We are still awaiting a Corporate decision on the required location of the server.</p> <p>Update 17/02/16 – Suitable location has been identifies. New backup hardware has been procures but has not yet been installed. Room cannot be used until after the elections. IT Service will install a new, offsite backup system at a nearby location as soon as another service has vacated the identified room.</p>
8	Affordable	6.2a Interest accrued from the payments of interest	16/12/15	31/07/16	Revenues &	Re-iterated from Affordable Housing Report 025

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	Housing, Houses into Homes, Bridging Loan Scheme 025 2015/16	owing and the accrued interest on the borrowing from the Bridging Loan Scheme should be recovered under the terms and conditions stated in the Plot 22, Nant Y Pandy, Llangefni facility agreement.		changed from 31/12/15	Benefits Manager	2015/16 (14/12/15). Original target date: 31//12/15.
9	Solar Panels – Penhesgyn IVC Facility 071 2016/17	1.3 The Head of Service should be reminded that the Authority's Contract Procedure Rules must be followed, specifically that no expenditure can be committed unless provision for it has been made in the revenue or capital budgets, so protecting the Authority's reputation and ensuring that the Council cannot be deemed liable for financial loss of a third party in relation to implied / actual financial commitment relating to contract arrangements.	04/10/16	31/12/16	Head of Resources	
<b>Housing</b>						
10	Affordable Housing, Houses into Homes, Bridging Loan Scheme Follow Up 079 2016/17	6.2d Further payment advances should be scrutinised by Housing to ensure that there are no breaches to the terms and conditions of the Loan prior to the payment release.	07/12/16	31/12/16	Head of Housing	Re-iterated from Affordable Housing Report 025 2015/16 (14/12/15). Original target date: 31/12/15.
11	Out of Hours Standby Arrangement 073 2016/17	1.2a Services should ensure that standby schemes are operated in accordance with the Council's 'Standby, On call and Call out' policy and that rates claimed for standby duty reflect the current payment scheme rates.	15/12/16	31/12/16	Head of Housing	
<b>ICT Services</b>						
12	PCI DSS Compliance 066 2016/17	3.3 A process to assess and record the impact of change to ICT infrastructure on PCI DSS components should be developed as part of the approval and acceptance of change management.	21/09/16	31/10/16	IT Service and Performance Management Manager	
13	PCI DSS Compliance 066	3.4 The Authority should test PCI DSS compliance of any new software as part of the development	21/09/16	30/09/16	IT Service and Performance	

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	2016/17	and acceptance regimes.			Management Manager	
14	PCI DSS Compliance 066 2016/17	3.6 Network scans should be undertaken on a quarterly basis by an approved scanning vendor in accordance with PCI Security Standards Council PCI Quick Reference Guide 11.2.	21/09/16	30/09/16	IT Service and Performance Management Manager	
<b>Adult Services</b>						
15	Out of Hours Standby Arrangement 073 2016/17	1.2a Services should ensure that standby schemes are operated in accordance with the Council's 'Standby, On call and Call out' policy and that rates claimed for standby duty reflect the current payment scheme rates.	15/12/16	31/12/16	Head of Adult Services	
16	Out of Hours Standby Arrangement 073 2016/17	3.2 In accordance with the Council's Smarter Working programme, services should review current arrangements for the operation of standby schemes to ascertain whether arrangements employed continue to be effective and provide value for money.  A regular standby system should only operate where there is a consistent and sustained requirement to provide services / response outside of core hours.	15/12/16	31/12/16	Head of Adult Services	
<b>Corporate Services</b>						
17	Out of Hours Standby Arrangement 073 2016/17	1.2b Appendix A of the 'Standby, On call and Call out' policy should be updated to reflect the April 2016 pay award and updated promptly in line with future pay awards.	15/12/16	31/12/16	Head of Profession - HR	

**Medium Rated Internal Audit Recommendations Outstanding as at 31/12/2016**

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
<b>Corporate</b>						
18	Information Governance 009 2015/16	1.2b Managers should review running contracts involving a third party contractor processing personal data on behalf of the Council to determine whether a Data Processing Agreement should be imposed on the contract.	21/10/15	30/09/15	Corporate Information Officer	<p>Update 10/02/16 – Work has commenced on this issue, however recommendations from the Information Commissioner's Office in respect of procurement of services will require a wider review of the data protection safeguards required in the procurement of services involving personal data. The review required by the ICO is time sensitive- this needs to be done before the recommendation can be completed. The target date should be amended.</p> <p>Update 15/06/16 - No progress as efforts are currently directed towards ensuring DPA is included in all relevant new/ future contracts. However, the Corporate Information Officer has been in meetings with the Procurement section and is hoping to present a report to the SLT regarding a checklist for contracts in the near future.</p> <p>Update 25/08/16 – The Corporate Information Officer has sought advice from the Procurement Solicitor whether the DPA is adequate or requires revision.</p>
19	Information Governance 009 2015/16	1.2c SIRO should ensure that all 'Category 1' contracts operated by the Council are covered by DP Agreements in accordance with ICO recommendations.	21/10/15	30/09/15	Corporate Information Officer	<p>Update 15/06/16 - This recommendation is the responsibility of the Information Asset Owners/ Penaethiaid. The SLT have received a report to raise awareness of this issue. A checklist is in the process of being completed as a tool to ensure important elements are not missed when drawing a contract.</p> <p>Update 25/08/16 – The Corporate Information Officer has sought advice from the Procurement Solicitor whether the DPA is adequate or requires revision.</p> <p>Update 21/10/16 – Work on revising the DPA has commenced.</p>
20	Information Governance 009	1.4a IAOs responsible for remote sites (leisure centres, social services establishments etc.) should	21/10/15	30/06/16 – changed	Corporate Information	10/2/16 – Progress with this recommendation has been delayed because capacity has been diverted to

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	2015/16	review personal data management systems and on site storage facilities to be able to provide assurance on the appropriateness of the measures in place for the secure storage, movement, retention and disposal of such records.		from 31/01/16	Officer	implementing the ICO's Enforcement Notice. This item will be picked up by the Corporate Information Governance Board in due course.
21	Corporate Safeguarding Arrangements 053 2016/17	1.1a The Safeguarding Children and Vulnerable Adults Policy and Procedure should be updated to reflect recent changes enacted under the Social Services and Well-being (Wales) Act 2014, and clearer, more prominent and up to date links established to the Wales Interim Policy and procedure for the Protection of Vulnerable Adults and the All Wales Child Protection Procedures to ensure consistent and correct practice.	09/09/16	30/09/16	Service Manager Safeguarding and Quality Assurance	
22	Corporate Safeguarding Arrangements 053 2016/17	1.1c The Lifelong Learning Child Protection Policy and Recruitment Policy should be updated to reflect the 'Keeping Learners Safe' guidance published in January 2015; implications of the Social Services and Well-being (Wales) Act 2014 should be incorporated into the policy once guidance from the Welsh Government is published.  References to Council policies on Safe Recruitment should also be updated.	09/09/16	31/10/16	Head of Learning	
23	Corporate Safeguarding Arrangements 053 2016/17	1.1d Revised Safeguarding policies to be publicised, promoted and distributed widely.	09/09/16	30/09/16	Service Manager Safeguarding and Quality Assurance	
24	Corporate Safeguarding Arrangements 053 2016/17	2.1a The Council should regularly disseminate and update information on corporate appointments (lead member / senior lead officer) in relation to safeguarding to all staff and stakeholders.  Details should also be disseminated of the Safeguarding and Quality Assurance Manager , the Vulnerable Adults Co-ordinator and Designated Safeguarding Officers within each service.	09/09/16	31/07/16	Service Manager Safeguarding and Quality Assurance	

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
		This information should be included on the intranet and external website.				
25	Corporate Safeguarding Arrangements 053 2016/17	2.1b A Corporate Safeguarding site should be developed on the Council's intranet to accommodate the corporate policy / Action Plan for Corporate Safeguarding Arrangements / details of the remit and work of the CSB.	09/09/16	30/09/16	Service Manager Safeguarding and Quality Assurance	
26	Corporate Safeguarding Arrangements 053 2016/17	2.1c The Council's public website pages (safeguarding children and adults respectively) should be updated to reflect the new regional governance arrangements for safeguarding children and adults and additional information included regarding duties to report to the Local Authority and to make explicit the Council's commitment to safeguarding.	09/09/16	30/06/16	Service Manager Safeguarding and Quality Assurance	
27	Corporate Safeguarding Arrangements 053 2016/17	4.3a The Council should compile a definitive list of posts that should be subject to Disclosure and Barring Service (DBS) checks.	09/09/16	31/12/16	Assistant Chief Executive	Current practice is that managers ensure that DBS requirements are included in the Job Description and this information is input by HR into a central database of posts requiring DBS checks - dependent upon information contained in job description from services.
28	Corporate Safeguarding Arrangements 053 2016/17	4.3d The Council DBS policy should be reviewed to ensure that guidance in relation to which job roles require a criminal record check is compatible with current legal provisions.	09/09/16	31/12/16	Head of Profession - HR	
29	Corporate Safeguarding Arrangements 053 2016/17	4.3e Heads of Service should ensure that evidence checkers (ID verification for DBS application processing) receive formal training to ensure awareness and correct application of current DBS guidelines.	09/09/16	31/12/16	Service Manager Safeguarding and Quality Assurance	To be addressed through Safeguarding Leads Working Group
30	Corporate Safeguarding Arrangements 053 2016/17	5.1b The integrated database should be reviewed periodically by the Corporate Safeguarding Board to ensure continued compliance with safe recruitment policies across all services.	09/09/16	31/12/16	Assistant Chief Executive	
31	Corporate Safeguarding	7.1a The corporate scorecard should include the obtaining and checking of references in relation to	09/09/16	31/12/16	Business Planning and	

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	Arrangements 053 2016/17	<p>regulated activity posts and take up of safeguarding training to further enhance monitoring of the Council's compliance with safe recruitment policies.</p> <p>The corporate scorecard should also be extended to include whether formal risk assessments are completed and measures in place before an employee starts work in exceptional circumstances where a DBS disclosure is not to hand.</p>			Programme Manager	
<b>Finance</b>						
32	Creditors Follow Up 042 2015/16	<p>1.1a Finance should ensure that procedures for creating payment requests are documented and communicated to the Heads of Service to ensure that procedures are followed and consistently applied to avoid misappropriation of payments.</p> <p>Consideration should be given to developing an appropriate SLA to be agreed between the Services and the Creditors Section to ensure that Services are aware of their responsibilities and the responsibilities of the Creditors Section in relation to Payment Requests on CIVICA. The SLA should also specify the use and restrictions of issuing PRQs, the creation of supplier records on the system, adjustments and any exemption agreements e.g. permission to exempt invoices or orders being processed on CIVICA.</p>	24/02/16	31/12/16 – changed from 30/09/16	Finance Manager	Re-iterated from Creditors 1981 2014/15 Original target date: 30/09/15
33	Creditors Follow Up 042 2015/16	1.1b The Council's FPRs should be reviewed to ensure that they remain accurate and in line with current financial procedures following the adoption of the CIVICA system.	24/02/16	31/12/16 – changed from 30/09/16	Finance Manager	Re-iterated from Creditors 1981 2014/15 Original target date: 30/09/15
34	Creditors Follow Up 042 2015/16	3.1 Procedure notes should be established for the function of Creditors, processing invoices, payments, unpaid items (BACS rejections & returned / unpaid cheques) and storage of invoices /documentation. Procedure notes should be established for Services to ensure responsibilities	24/02/16	31/12/16 – changed from 30/09/16	Finance Manager	Re-iterated from Creditors 1981 2014/15 Original target date: 30/09/15



Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
		<p>are clearly outlined and appropriate segregations of duties exist between the role of Creditors staff and Services staff and within the Creditors Section.</p> <p>Procedures for input of new creditor details and amending existing details should be formalised and included in the developing policies and procedures for the Creditors Section. Procedures for dealing with amended purchase orders should be formally documented and communicated to relevant management within the authority.</p>				
35	Creditors Follow Up 042 2015/16	4.3 Finance should request a restore from backups to be tested to ensure that backups are successful and complete for the purpose required.	24/02/16	31/12/16 – changed from 30/09/16	Finance Manager	Re-iterated from Creditors 1981 2014/15 Original target date: 30/09/15
36	Council Tax 036 2015/16	3.2c Forms for notification of single occupancy status and changes in circumstances should be made available on the Council's website / should include a declaration that the information provided is correct.	30/03/16	24/12/16 – changed from 30/06/16	Revenues & Benefits Manager	Integrating e-Forms to Northgate systems identified as priority within SDP - Victoria forms developed and intended to be fully functional by June 2016. The above summary to be addressed as part of a wider project of placing numerous electronic forms on our web-site. This has become more of an urgent requirement in light of the impending opening of Cyswllt Môn, whose staff may eventually direct customers to complete the appropriate forms on-line. We aim to have a comprehensive suite of forms on our web-site which will hopefully reduce the time that staff have to spend with customers, and also empower those customers to take control of providing information or applying for services, discounts, exemptions etc. themselves.
37	Sundry Debtors Follow Up 051 2015/16	3.1a Recovery action should be taken in line with the Council's Sundry Debtor Billing, Collection and Recovery Policy.	20/06/16	31/12/16	Revenues & Benefits Manager	Re-iterated from Sundry Debtors 1982 2014/15 Original target date: 30/04/15
38	Sundry Debtors Follow Up 051 2015/16	3.1b Sundry debtor accounts subject to recovery suspension should be reviewed on a regular basis and a time limit set for services to answer customer queries before the income is removed from service income codes.	20/06/16	31/12/16	Revenues & Benefits Manager	Re-iterated from Sundry Debtors 1982 2014/15 Original target date: 30/06/15

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
39	Sundry Debtors Follow Up 051 2015/16	3.2a Aged invoice reports should be run on a regular basis in order to identify any trends and also to evaluate the effectiveness of the collection and recovery of outstanding debts within the Authority.	20/06/16	31/12/16	Revenues & Benefits Manager	Re-iterated from Sundry Debtors 1982 2014/15 Original target date: 30/09/15
40	Sundry Debtors Follow Up 051 2015/16	3.2b Outstanding invoices remaining on the old Sundry Debtor system should be fully progressed to final outcome.	20/06/16	16/12/16	Revenues & Benefits Manager	Re-iterated from Sundry Debtors 1982 2014/15 Original target date: 31/10/15
41	Sundry Debtors Follow Up 051 2015/16	3.4 The following procedures should be introduced in order to provide additional controls over account suppressions:  The CIVICA facility to set appropriate time limits on suppressions should be used in all cases.  Reason for suppression of recovery action should be appropriately recorded within the system notes facility.  A report of all suppressions should be reviewed by a relevant officer on a regular basis in order to ensure that all reasons for suppressions are on-going.  Documentation in support of suppressions should be retained on file giving reason for suppression including the name and signature of the officer authorising the suppression.	20/06/16	31/12/16	Revenues & Benefits Manager	Re-iterated from Sundry Debtors 1982 2014/15 Original target date: 30/06/15
42	Sundry Debtors Follow Up 051 2015/16	4.1 The Sundry Debtors system and the General Ledger should be reconciled on a monthly basis promptly from period end.	20/06/16	31/12/16	Revenues & Benefits Manager	Re-iterated from Sundry Debtors 1982 2014/15 Original target date: 30/04/15
43	Insurance Arrangements 074 2016/17	3.1.7 It should be ensured that insurance recharge premiums are raised promptly in accordance with the leasing agreement.	15/11/16	31/12/16	Revenues & Benefits Manager	
<b>Housing</b>						
44	Homelessness 1868 2014/15	3.1 The key duties of the post of Accommodation Officer including arranging annual inspections of	23/12/14	30/10/15 – changed	Principal Housing	As part of Licencing Conditions B&Bs are inspected by Environmental Health.

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
		premises used to provide Bed & Breakfast or emergency accommodation for homeless applicants should be formally re-allocated.		from 31/03/15	Officer	<p>This action was put on hold until the new Housing Options Team were appointed, commencement date 10/08/15 – this action falls within the remit of the Solutions Officers (1 post still needs to be allocated). Officers currently in training.</p> <p>Use of B&amp;Bs will also now be influenced by the 'suitability' criteria as referred to in the Housing Wales Act 2014, which became effective 27/04/15.</p> <p>Procedures to be implemented with Housing Options Manager to ensure compliance include:</p> <ul style="list-style-type: none"> <li>• formalise inspection procedure (both annual &amp; routine inspections)</li> <li>• create database of all B&amp;Bs used to include property &amp; room description, amenities &amp; facilities available within each of the premises.</li> </ul> <p>Update 08/08/16 – B&amp;Bs still in use have been inspected by respective Local Authorities (some are located out of County).</p> <p>Due to staffing capacity within the Housing Options Team and the absence of an officer in the post of Private Landlord Liaison Officer this action has not been carried out. However officers are familiar with the premises and facilities within the premises in use. Additional resource will be available from September 2016 allowing focused attention to be targeted on this area.</p>
45	Homelessness 1868 2014/15	6.5 Management should re-introduce formal checks to verify that Bed and Breakfast accommodation paid for continues to be occupied to ensure that only valid payments are made.	23/12/14	30/10/15 – changed from 31/01/15	Principal Housing Officer	<p>Involves routine checks of B+B premises.</p> <p>This aspect of management of the B+B accommodation has not been addressed due to staffing pressures within the homelessness team (as was) and the preparation for the implementation of the Housing (Wales) Act 2014.</p> <p>This action forms part of the role of the newly restructured Housing Options Team and these duties</p>

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
						will be tasked to the Solutions Officers within the team.  Update 08/08/16 - Use of B+B's has been significantly reduced. Due to staffing capacity within the Housing Options Team and the absence of an officer in the post of Private Landlord Liaison Officer this action has not been carried out. However, officers are familiar with the premises and facilities within the premises in use. Additional resource will be available from September 2016 allowing focused attention to be targeted on this area.
<b>ICT Services</b>						
46	Main Accounting 040 2015/16	2.2.2 Password control should reflect the Authority's ICT policy on the logical access control where possible for non-network users.	18/04/16	31/12/16	ICT Business Transformation Manager	
<b>Planning</b>						
47	Planning Application Fees & Charges 063 2016/17	2.1b It should be ensured that a decision is made on each Planning Application within the statutory determination period of receiving them (unless there is a legitimate reason to obtain an extension).  (The National target is 80% within 8 weeks. In addition certain categories of applications have a statutory 16 week period).	12/08/16	30/09/16	Planning Development Manager	
48	Building Regulations Fees – Inspection & Enforcement 061 2016/17	1.4a Procedures regarding identifying and dealing with breaches / potential breach of Building Regulations should be developed in order to ensure compliance with Building Regulations and to maintain standards of construction.	31/08/16	31/12/16	Building Regulations Team Leader	
49	Building Regulations Fees – Inspection & Enforcement 061 2016/17	1.4b The service should explore the viability of electronic forms for notification of alleged breaches online.	31/08/16	31/12/16	Building Regulations Team Leader	
50	Building Regulations Fees	2.9 A periodic check should be undertaken to ensure Building Control income coded to the ledger	31/08/16	31/12/16	Building Regulations	

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	– Inspection & Enforcement 061 2016/17	is in accordance with the level of income recorded as collected and / invoiced as per the Building Control (CIVICA) system.			Team Leader	
<b>Education</b>						
51	Cash – Ysgol Llanfairpwll 032 2015/16	1 If the system of cash collection via lockable post boxes within each classroom at Llanfairpwll Primary School proves successful then consideration should be given to adopting this system as best practice in all primary schools on the Island to ensure that school monies can be deposited securely.	24/02/16	30/09/16	Education Officer	<p>Education Officer (Primary Schools) and Head teacher to consider bringing this matter to the attention of other Head teachers via Strategic Group to raise awareness / share lessons learned from this experience.</p> <p>Update 31/10/16 – Education Officer to share Ysgol Llanfairpwll's experiences with the Strategic Group and then to all schools on the basis onf Ysgol Llanfairpwll's feedback, which are:</p> <ol style="list-style-type: none"> <li>1. Are there lockable post boxes in the classes? Yes</li> <li>2. If yes, are they effective? ~YES VERY EFFECTIVE</li> <li>3. Should we promote them to all schools? YES</li> </ol> <p>If not, for what reason? You need to buy good quality ones, which comes at a cost to the school.</p>
52	Ysgol Gynradd Bodedern 029 2015/16	5.4.1 Each parent/guardian should sign the form to confirm agreement with the terms and conditions of receiving with music lessons.	29/02/16	31/10/16	Head Teacher	
53	Ysgol Gynradd Bodedern 029 2015/16	5.5.1 The teachers' review of pay forms should be forwarded promptly to the Contract and Pensions Team.	29/02/16	31/03/16	Head Teacher	
54	Ysgol Gynradd Bodedern 029 2015/16	5.6.1 The School's Governing Body should formally appoint a School Fund auditor and recorded in the meeting minutes.	29/02/16	31/10/16	Head Teacher	
55	Ysgol Gynradd Bodedern 029	5.7.1 The school should register with the Information Commissioner in accordance with the	29/02/16	31/03/16	Head Teacher	

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	2015/16	Data Protection Act 1988.				
56	Ysgol Gynradd Bodedern 029 2015/16	5.8.1 A CCTV Policy should be drawn up in accordance with statutory requirements. The requirement for an annual assessment of the equipment should be included in the policy.	29/02/16	31/03/16	Head Teacher	
57	Ysgol Gynradd Bodedern 029 2015/16	5.10.1 The Governing Body's Constitution should comply with the statutory requirements of the School Governing Regulations (Wales) 2005 for schools with over 100 registered pupils.	29/02/16	31/07/16	Head Teacher	
58	Ysgol Talwrn 029 2015/16	4.6.1 A risk assessment should be undertaken to identify risks associated with responding to the security alarm.	15/03/16	31/03/16	Head Teacher	
59	Ysgol Llanerchymedd 058 2016/17	4.1.1 Ordering requisitions should be completed before receipt of an invoice or goods. In cases of an emergency, a verbal order may be raised and relevant documentation completed the next working day.	10/05/16	30/09/16	Head Teacher	
60	Ysgol Llanerchymedd 058 2016/17	4.5.1 The Internet Policy should be approved annually by the Governing Body in accordance with the Authority's guidelines.	10/05/16	30/09/16	Head Teacher	
61	Ysgol y Graig 056 2016/17	4.1.1 The Head Teacher should ensure that the Education Service procedures for dealing with school meal arrears are complied with in order to ensure that arrears are effectively managed and not allowed to escalate to a problematic level.	14/06/16	30/09/16	Head Teacher	The implementation of the online payments system in September 2016 should lessen the amount of arrears.  The School will employ a school's maintenance officer from September 2016 to assist with the monitoring of arrears.
62	Ysgol Llanfair PG 057 2016/17	4.5.1 Driver records should be updated annually and every member of staff required to complete the Declaration for Drivers of Council or Private vehicles form.	15/06/16	30/06/16	Head Teacher	
63	Follow-up of School Audits	3.1.2 The Head Teacher should ensure that the school meals clerk administers the school meals	15/06/16	31/07/16	Head Teacher	Re-iterated from recommendation 2.1.2 in the 2013/14 audit report (1918 2013/14). Original target date

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	(Ysgol Bodorgan) 050 2015/16	income appropriately and in accordance with the guidelines and receive training if required.				31/12/13.
64	Follow-up of School Audits (Ysgol Bodorgan) 050 2015/16	3.1.6 The monthly CT182a register should be accurately completed and certified by the Head Teacher as a true and accurate record after the final banking.	15/06/16	30/06/16	Head Teacher	Re-iterated from recommendation 4.1.6 in the 2013/14 audit report (1918 2013/14). Original target date 31/12/13.
65	Follow-up of School Audits (Ysgol Bodorgan) 050 2015/16	3.1.9 The Head Teacher should complete weekly, monthly and unannounced supervisory checks on school meals income in accordance with the Education Department guidance.	15/06/16	30/06/16	Head Teacher	Re-iterated from recommendation 4.1.9 in the 2013/14 audit report (1918 2013/14). Original target date 31/12/13.
66	Follow-up of School Audits (Ysgol Bodorgan) 050 2015/16	3.1.10 Budgetary matters should be regularly discussed by the governing body. It is recommended that Finance is included on the agenda of every meeting to ensure there is an opportunity for discussion and the Finance Sub-Committee report to the governing body on a regular basis.	15/06/16	31/07/16	Head Teacher	New recommendation.
67	Follow-up of School Audits (Ysgol Bodorgan) 050 2015/16	3.1.18 The Governing Body's Constitution should comply with the relevant statutory requirements.	15/06/16	30/06/16	Head Teacher	Re-iterated from recommendation 4.7.1 in the 2013/14 audit report (1918 2013/14). Original target date 31/01/14.
68	Follow-up of School Audits (Ysgol Henblas) 050 2015/16	3.2.2 The supply teachers register should be complete, up to date and reconciled to the Authority's budgetary reports to ensure accuracy of the accounts.	15/06/16	31/07/16	Head Teacher	Re-iterated from recommendation 4.2.1 in the 2014/15 audit report (1959 2014/15). Original target date 31/10/14.
69	Follow-up of School Audits (Ysgol Henblas) 050 2015/16	3.2.5 The school should ensure compliance with the Authority's Fleet Management and Driver procedures.	15/06/16	31/07/16	Head Teacher	Re-iterated from recommendation 4.5.1 in the 2014/15 audit report (1959 2014/15). Original target date 30/09/14.
70	Follow Up of School Audits 050 2015/16	3.3.10 The Education Service should monitor the governing body membership returns and ensure that each category of governor is represented and that the level of representation is consistent with	15/06/16	31/12/16	Head of Learning	New recommendation.

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
		guiding principles; any variance should be should be followed up to ensure that there are appropriate governing arrangement in each school.				
71	Follow Up Ysgol Cemaes 065 2016/17	4.1.3 The Head Teacher should ensure that the Education Service procedures for dealing with school meal arrears are complied with in order to ensure that arrears are effectively managed and not allowed to escalate to a problematic level.	19/09/16	23/09/16	Head teacher	Re-iterated from the Ysgol Cemaes audit report 028 2015/16 Original target date: 31/01/2016.
72	Follow Up Ysgol Cemaes 065 2016/17	4.2.1 Ordering requisitions should be completed before receipt of an invoice or goods. In cases of an emergency, a verbal order may be raised and relevant documentation completed the next working day.	19/09/16	19/09/16	Head teacher	Re-iterated from the Ysgol Cemaes audit report 028 2015/16 Original target date: 31/01/2016.
73	Follow Up Ysgol Cemaes 065 2016/17	4.2.2 All relevant boxes on the requisitions form should be completed before any invoice is paid in accordance with the specified procedures to ensure appropriate certification and a complete audit trail. In cases of an emergency a verbal order may be raised and relevant documentation completed the next working day.	19/09/16	19/09/16	Head teacher	Re-iterated from the Ysgol Cemaes audit report 028 2015/16 Original target date: 31/01/2016.



## SCHEDULE OF FOLLOW UP AUDITS 2016/2017

	Description	Audit Date	Follow up Date	No. Recs	Recs Outstanding & WIP	High	Medium	Low	Original Audit Opinion	Revised Audit Opinion
1	Schools Recommendations – Ysgol Pentraeth Follow Up	Mar 15	June 16	11	6 (3 WIP)	0	6	0	Reasonable	Reasonable
2	Schools Recommendations – Ysgol Henblas Follow Up	Sept 14	June 16	5	2 (2 WIP)	0	1	1	Substantial	Substantial
3	Schools Recommendations – Ysgol Bodorgan Follow Up	Aug 15	June 16	19	7	0	6	1	Reasonable	Reasonable
4	Risk Management Framework – Follow Up	Sept 15	June 16	3	1	0	1	0	Reasonable	Reasonable
5	Sundry Debtors Follow Up	April 15	June 16	18	9 (3 WIP)	0	6	3	Limited	Limited
6	Ysgol Cemaes – Follow Up	October 15	July 16	14	5 (1 WIP)	0	3	2	Limited	Reasonable
7	Partnerships – Follow Up	February 16	Dec 16	6	4 (2 WIP)	3	1	0	Limited	Reasonable
8	Affordable Housing, Houses into Homes & Bridging Loan Scheme – Follow Up	Dec 15	Dec 16	18	9 (6 WIP)	3	3	3	Limited	Reasonable
9	ICT Disaster Recovery Arrangements – Second Follow Up	March 16	Dec 16	8	7 (6 WIP)	4	3	0	Reasonable	Reasonable
10	Business Continuity – Second Follow Up	March 16	Dec 16	5	2 WIP	1	1	0	Reasonable	Substantial

**SUMMARY OF SPECIAL INVESTIGATIONS - 1 APRIL 2016 TO 31 DECEMBER 2016**

Job No.	Type of Incident	No. of Days	Comment / Result
055.16/15	Theft of cash, Ysgol Llanerchymedd	7.36	Keys to the community hall and Mudiad Meithrin classroom were stolen from the home of one of the Mudiad's organisers. No loss of cash to the authority, but cash in excess of £500 was stolen from the Mudiad. Police have concluded their enquiries and no suspect was identified. Advice given to the headteacher regarding safeguarding the school and contents. Keys to the community part of the school are now held by the caretaker, headteacher and official key holder only.
052. 5/16	Mon Community Transport Time Sheet (MCT) referral	4.73	Referral from Highways and Property regarding the possibility of a member of MCT staff falsifying his time sheets for financial gain. Enquiries have shown that whilst the staff member may have maximised his hours he did not exceed his contracted hours for which he was paid regardless therefore there was no criminal financial loss the Authority. There may be management issues and these are in the process of being dealt with by Highways and Property. There is also a separate enquiry regarding staff relationships, which are being dealt with by the department and HR. The matter referred to Audit has been addressed.
	Receipting of Planning Applications	2.43	Concern raised that compliment slips were being issued in lieu of receipts at the Planning Department. Enquiries have confirmed that the monies received following the issue of such slips had been recorded and banked correctly. Advice given that in future an official receipt form should be issued. Matter Closed.
	Primary School Crime Prevention report	13.65	Following a number of incidents of theft/loss of cash at Primary Schools a crime prevention and best practice appraisal is being carried out, with the view of producing a report for the Education Department outlining improvements and best practice that could be considered by the Primary Schools within the Authority.
071.16/17	Solar Panels – Penhesgyn IVC Facility	12.77	Referral from the Section 151 Officer relating to a schedule of costs and losses submitted to the Council by a company in respect of a project to install solar photovoltaic systems at Penhesgyn.
084.16/17	Heating Engineers	5.14	Concerns raised that external heating engineer may have invoiced for work not carried out. Ongoing.
088.16/17	Smallholdings Contracts	20.47	Concerns raised regarding the allocation of contracts to one contractor. Ongoing.

**SUMMARY OF SPECIAL INVESTIGATIONS - 1 APRIL 2016 TO 31 DECEMBER 2016**

8, 9, 10	Others ongoing/continuous. HB/CTR, RIPA, NFI	74.53	Various HB checks prior to referring to DWP for investigation. RIPA consultation with other authorising officers and policy reviews into non-RIPA authorisation, i.e. the policy regarding surveillance and observations into matters that are not core functions such as disciplinary matters and minor criminal matters, which do not fall within the meaning of the act. This is ongoing in consultation with the Council Data Control Officer. Ongoing 2014/15 NFI exercise updating results. Also preparing for 2016/17 exercise, checking data sets and Fair Processing Notices.
<b>TOTAL DAYS</b>		<b>141.08</b>	

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<b>ISLE OF ANGLESEY COUNTY COUNCIL</b>	
<b>REPORT TO</b>	<b>AUDIT AND GOVERNANCE COMMITTEE</b>
<b>DATE</b>	<b>9 FEBRUARY 2016</b>
<b>SUBJECT</b>	<b>INTERNAL AUDIT FOLLOW UP REPORTS</b>
<b>LEAD OFFICER</b>	<b>HEAD OF INTERNAL AUDIT – MIKE HALSTEAD</b>
<b>CONTACT OFFICER</b>	<b>AUDIT MANAGER - SIONED PARRY</b>
<p><b>Nature and reason for reporting</b> – To present updates on Business Continuity and ICT Disaster Recovery Follow Up Audits to provide assurance of progress on the issues identified and completion of actions being taken.</p>	

## 1. INTRODUCTION

- 1.1 The UK Internal Audit Standards require Internal Audit to follow up management actions arising from its assignments. The implementation of agreed audit recommendations is the responsibility of management not Internal Audit. Internal Audit’s responsibility is to report the status position.
- 1.2 The Audit and Governance Committee (15/03/16) requested that a further update report on Business Continuity and ICT Disaster Recovery Audits be provided later in the year to provide assurance of progress on the issues identified and completion of actions being taken. Details of the Business Continuity and ICT Disaster Recovery Second Follow Up Audits are summarised in **Appendices A** and **B**, respectively.

## 2. RECOMMENDATION

- 2.1 Members are asked to consider and provide comment on the assurance provided to the Audit and Governance Committee in this report regarding the actions being taken.

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## BUSINESS CONTINUITY ARRANGEMENTS SECOND FOLLOW UP

### 1. INTRODUCTION

- 1.1 A review of Business Continuity Management was undertaken in 2015/16, which resulted in a LIMITED ASSURANCE rating.
- 1.2 Follow up work was conducted earlier this year in relation to the progress made in implementing the recommendations made in the original Internal Audit Report. At the time of the last review there were 3 high and 2 medium recommendations outstanding.

The high rated recommendations concerned the need to:

- Finalise the Draft Interim Corporate Business Continuity Plan and circulate to members of the Business Continuity Team and management as appropriate;
  - Maintain a copy of the Corporate Business Continuity Plan in a secure accessible off site location and make available as a web link on an off site hosting server to ensure it can be accessed even if the Council's information systems have been affected;
  - Ensure that the Corporate Business Continuity Plan incorporates building recovery management arrangements.
- 1.3 Medium rated recommendations made related to training requirements to support implementation of the Business Continuity Plan and the need for Services to ensure that business continuity and emergency planning arrangements are up to date and operational, and included within Service Delivery Plans.

### 2. FINDINGS

- 2.1 The second follow up review identified that 2 high rated recommendations outstanding at the time of the last review have been implemented in full, as follows:
- The Corporate Business Continuity Plan has been finalised and was approved as a live document by SLT on 03/10/16.
  - The Corporate Business Continuity Plan has been uploaded on Resilience Direct, a secure web-based information-sharing platform that allows documentation to be shared securely amongst nominated individuals and provides instant access to real-time information, facilitating a coordinated response and recovery during emergency situations.
- 2.2 The remaining high rated recommendation, relating to the need for building recovery management arrangements to be included in the Corporate Business Continuity Plan, is assessed as partly implemented. A draft Building Recovery Plan has been developed by Property Services; once the Plan is finalised and approved, it will be circulated as appropriate and a copy deposited on the Resilience Direct platform. As not yet fully implemented, the recommendation has been reiterated.

- 2.3 Medium rated recommendations made related to training requirements to support implementation of the Business Continuity Plan and the need for Services to ensure that business continuity and emergency planning arrangements are up to date and operational, and included within Service Delivery Plans.
- 2.4 The medium rated recommendation relating to training requirements is assessed as fully implemented.
- 2.5 In relation to the remaining medium rated recommendation, services were seen to have developed Service Business Continuity Plans to document business continuity and emergency planning arrangements at service level and identified key staff with responsibility for implementing business continuity arrangements. Not all services however had included business continuity within Service Delivery Plans to ensure that arrangements are maintained and kept under review and accordingly, linked to the associated risk on the Service Risk Register. This part of the recommendation is therefore reiterated.
- 2.6 It is assessed that the Council has demonstrated ‘**Good progress**’ in implementing actions agreed to address the audit recommendations.

Level of Assurance	Definition	Management Intervention
<b>SUBSTANTIAL ASSURANCE</b>	<p>Arrangements for governance, risk management and internal control are good.</p> <p>No significant or material errors were found.</p>	<p>No or only low impact management action is required.</p>

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## ICT DISASTER RECOVERY SECOND FOLLOW UP

### 1. INTRODUCTION

- 1.1 A review of the Council's ICT Disaster Recovery arrangements was conducted in 2015/16 which resulted in a MINIMAL ASSURANCE rating.
- 1.2 Follow up work was conducted earlier this year in relation to the progress made in implementing the recommendations made in the original Internal Audit Report. At the time of the last review there were 4 high and 4 medium rated recommendations outstanding.
- 1.3 Since the last report, investment has been made to ensure backup and recovery arrangements for ICT systems and data is robust, resilient and reliable in any event. A state of the art tiered storage system is now in place and software systems, comprising some of the most advanced technologies currently on the market for virtual infrastructure, installed to provide an integrated backup solution. A dedicated infrastructure for storage, including dual active data storage with dedicated UPS, means that high volume capacity and resiliency is now realised to ensure the continuous operation of the Council's business and information systems.
- 1.4 Re-location of the 'duplicate' storage system to the new off-site datacentre has been delayed by design, the focus being on getting the design and fabric right. However, it is envisaged that the re-location will be completed by the year-end.
- 1.5 A proposal has been made by the ICT Business Transformation Manager to set up an IT Governance Arrangements Board that will, as well as making decision making corporate and ensuring that IT resources can be deployed in accordance with the identified priorities for the Council, assist in the process of rendering ICT disaster recovery part of business as usual. Such a forum would ensure that the ICT Service can be fully informed of the Council's main business critical systems and any developments in relation to these, to ensure that ICT can prioritise support for these systems, as well as being informed of other, less prominent systems. Participation in the 'IT Governance Arrangements Board' would ensure the role of services in relation to the recovery of business systems could be developed and would encourage their active involvement in regular testing of the workings of proprietary systems and recovered data to validate successful recovery, demonstrating compliance with, and ownership of, disaster recovery / business continuity plans relating to individual services.

### 2. FINDINGS

- 2.1 One high rated recommendation related to the need to produce, adopt and implement a comprehensive ICT Disaster Recovery Plan; whilst it is acknowledged that the plan will develop and mature, a plan is in place, and the recommendation therefore assessed as implemented for the purposes of this review.



- 2.2 One other high rated recommendation is deemed to have been implemented in the main part as follows:
- Ad hoc file, folder and system restores have been undertaken as part of user testing of the backup system.
- 2.3 The third high rated recommendation relates to the need for test restore of system and data backups by services to take place in a live, as well as test environment, and to be tested externally, off-site, as well as internally. There remains a need to incorporate this testing into the ICT Disaster Recovery Plan and for scheduled test restore to occur regularly to ensure resiliency and reliability of recovery media.
- 2.4 The remaining high rated recommendation relates to the need for the responsibility for maintenance and monitoring of the environmental control and fire suppression systems within the datacentres to be formally documented; a new recommendation has been made to the effect that responsibility for managing and maintenance of the UPS and air conditioning systems within ICT datacentres (alongside maintenance of power generators and fire suppression systems) is transferred to Property Services to be incorporated into the Building Management System. Business continuity issues will then be addressed via the 'Building Recovery Plan.
- 2.5 It is assessed that the Council has demonstrated '**Reasonable progress**' in implementing actions agreed to address the audit recommendations.

Level of Assurance	Definition	Management Intervention
REASONABLE ASSURANCE	Arrangements for governance, risk management and/or internal control are reasonable.	Management action of moderate to low impact is required.

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**AUDIT & GOVERNANCE COMMITTEE**  
**FORWARD WORK PROGRAMME**

6 DECEMBER 2016

Contact Officer:	Sioned Parry
	Audit Manager
E-Mail:	SionedParry@anglesey.gov.uk
Telephone:	01248 756211

Date	Subject	Responsible Officer (including e-mail address)
<p>9 Feb 2017</p> <p>25 July 2017</p> <p>21 Sep 2017</p> <p>5 Dec 2017</p> <p>13 Feb 2018</p>	<p><b>Progress made on External Regulatory Reports</b> To consider the progress made on External Regulatory Reports which are directly related to the issues of governance or the management of risk within the Council.</p>	<p><b>Programme, Business Planning &amp; Performance Manager</b> GethinMorgan@anglesey.gov.uk</p>
<p>9 Feb 2017</p> <p>21 Sep 2017</p>	<p><b>Housing Benefit and Council Tax Benefit Investigations</b> The report will set out the details of the claims successfully investigated by the Benefits Investigation Team.</p>	<p><b>Head of Function (Resources)</b> MarcJones@anglesey.gov.uk</p>
<p>9 Feb 2017</p> <p>28 June 2017</p> <p>25 July 2017</p> <p>5 Dec 2017</p> <p>13 Feb 2018</p>	<p><b>Internal Audit Performance against the Annual Audit Plan</b> To review the Internal Audit Service's performance against the Annual Audit Plan on a quarterly basis.</p>	<p><b>Audit Manager</b> SionedParry@anglesey.gov.uk</p>
<p>28 June 2017</p>	<p><b>Draft Report of the Head of Function (Resources) regarding the Annual Finance and Governance Report 2016/2017</b></p>	<p><b>Head of Function (Resources)</b> MarcJones@anglesey.gov.uk</p>
<p>21 Sep 2017</p>	<p><b>Half Yearly Report on Treasury Management for 2017/2018</b> The report will detail the Council's position as regards compliance with its Treasury Management Strategy and Investment Strategy, and to note the current position on both investments and borrowing.</p>	<p><b>Head of Function (Resources)</b> MarcJones@anglesey.gov.uk</p>

Date	Subject	Responsible Officer (including e-mail address)
21 Sep 2017	<p><b>Treasury Management Activity and Actual Prudential Indicators for 2017/2018</b></p> <p>The annual treasury report is a requirement of the Council's reporting procedures and covers the treasury activity for 2017/2018. The report also covers the actual Prudential Indicators for 2017/2018 in accordance with the requirements of the Prudential Code.</p>	<p><b>Head of Function (Resources)</b> MarcJones@anglesey.gov.uk</p>
21 Sep 2017	<p><b>Report of the Head of Function (Resources) regarding the Annual Finance and Governance Report 2016/2017</b></p> <p>The Audit Committee is charged with approving the accounts on behalf of the Council, and is also charged with governance. The Audit Committee is therefore required to approve the Annual Finance and Governance Report 2016/2017, including the Statement of Accounts 2016/2017, to receive the Appointed Auditor's report on the accounts and the ISA 260, which also requires the Committee to approve the Final Letter of Representation.</p>	<p><b>Head of Function (Resources)</b> MarcJones@anglesey.gov.uk</p>
<p>6 Dec 2016</p> <p>28 Jun 2017</p> <p>5 Dec 2017</p>	<p><b>Corporate Risk Register</b></p> <p>To consider the corporate risks detailed in the Register.</p>	<p><b>Insurance &amp; Risk Manager</b> JulieJones@anglesey.gov.uk</p>
March 2017	<p><b>Internal Audit Strategy and Annual Plan 2017 to 2018</b></p> <p>To comply with the Public Sector Internal Audit Standards 2013, whereby the Internal Audit Strategy and Annual Plan are presented to the Audit &amp; Governance Committee for approval.</p>	<p><b>Audit Manager</b> SionedParry@anglesey.gov.uk</p>

Date	Subject	Responsible Officer (including e-mail address)
6 Dec 2016 9 Feb 2017	<b>Investment Strategy/Minimum Revenue Policy (MRP)</b> To advise Members of the Investment Strategy and Minimum Revenue Policy for the forthcoming year.	<b>Head of Function (Resources)</b> MarcJones@anglesey.gov.uk
<b>Future Items</b>		
28 Jun 2017	<b>Annual Governance Statement Action Plan 2016/2017</b> To report on the progress made in relation to the recommendations contained within the Annual Governance Statement Action Plan 2015/2016.	<b>Programme, Business Planning &amp; Performance Manager</b> GethinMorgan@anglesey.gov.uk
28 Jun 2017	<b>Internal Audit Annual Report 2016/2017</b> Under the terms of the Accounts and Audit Regulations, the Council is required annually to conduct a review of the effectiveness of its system of internal control and to review the Internal Audit Service's performance against the Annual Audit Plan for 2016/2017.	<b>Audit Manager</b> SionedParry@anglesey.gov.uk
25 July 2017	<b>Annual Governance Statement</b> Audit & Governance Committee are requested to comment on the content of the draft Annual Governance Statement 2016/2017 and contribute to the evaluations, conclusions and recommendations proposed to further develop or strengthen elements of the Council's governance arrangements during 2017/2018.	<b>Programme, Business Planning &amp; Performance Manager</b> GethinMorgan@anglesey.gov.uk
9 February 2017	<b>Internal Audits Updates:</b> Business Continuity ICT Disaster Recovery	<b>Audit Manager</b> SionedParry@anglesey.gov.uk
28 Jun 2017	<b>Internal Audit Update:</b> Corporate Safeguarding	<b>Audit Manager</b> SionedParry@anglesey.gov.uk