

ISLE OF ANGLESEY COUNTY COUNCIL	
REPORT TO	AUDIT AND GOVERNANCE COMMITTEE
DATE	21 SEPTEMBER 2016
SUBJECT	PROGRESS REPORT ON INTERNAL AUDIT 1 APRIL 2016 TO 31 AUGUST 2016
LEAD OFFICER	HEAD OF INTERNAL AUDIT – MIKE HALSTEAD
CONTACT OFFICER	AUDIT MANAGER - SIONED PARRY
<p>Nature and reason for reporting - 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 & 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 August 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 August 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 August 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 August accounts for **101.86 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 August 2016 is attached in **Appendix A**.

3.2 Additional Unplanned Work

3.2.1 There was 1 additional unplanned audit performed during the period 1 April 2016 to 31 August 2016. This amounts to **3.04 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, 5 final reports have been issued from the 2015/16 Internal Audit Operational Plan and 11 from the 2016/17 Operational Plan.

3.3.5 Two of the planned audits completed since 1 July 2016 are assessed as not providing positive levels of assurance. During the period 1 April 2016 to 31 August 2016 the Corporate Safeguarding and the Payment Card Industry Data Security Standards (PCI DSS) Compliance 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.

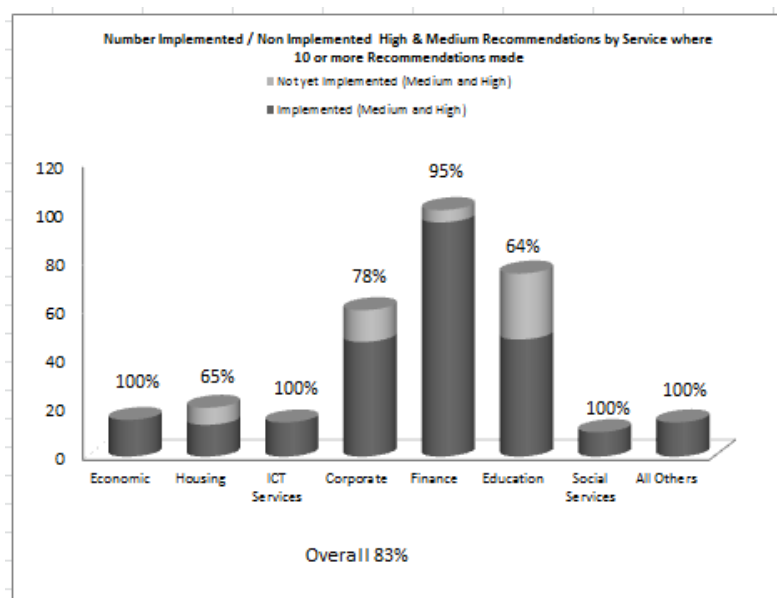
3.4.3 **Table 1** below summarises the implementation of recommendations as at 31 August 2016:

Table 1 - Status of agreed recommendations as at 31 August 2016				
Status	High	Medium	Total	%
Complete	46	211	257	83%
Outstanding	9	43	52	17%
Total	55	254	309	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 August 2016 was **83%** 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 6 follow up audits conducted during the period 1 April 2016 to 31 August 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 **98.53 days** spent on this work up to the end of August 2016.

3.5.3 A summary of special investigations undertaken by Internal Audit during the period 1 April 2016 to 31 August 2016 is included in **Appendix G** and amounts to **66.21 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 August 2016 against an annual target of 45 days.

4. INTERNAL AUDIT FORWARD WORK PROGRAMME

Scheduled Review Title	Service Area	Current Status
Child Care Court Orders WIP 2015/16	Children's Services	Work in Progress
Extra Care Housing – Commissioning Procedures	Adult Services	Work in Progress
Ethical Culture	Corporate	Work in Progress
Corporate Procurement Compliance	Corporate	Work in Progress
Insurance	Resources	Work in Progress

5. CONCLUSION

5.1 An analysis of the Internal Audit Service's performance for the period 1 April 2016 to 31 August 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 31/8/16	Wales Average 2014/15
1. % Planned Audits Completed	81%	92%	60.32%	80%	38.71%	83%
2. Number of Audits	51	46	38	60	25	106
3. % Clients responses 'Satisfied'	100%	100%	100%	100%	100%	98%
4. % Recommendations accepted	100%	100%	98%	100%	100%	99%
5. % Implementation of High & Medium Recommendations at Follow up audits	46%	49%	74%	85%	83%	N/A
6. % Audits completed within planned time	N/A	N/A	78.95%	90%	91.67%	69%
7. % Directly chargeable time against total available	N/A	N/A	59.74%	70%	59.92%	65%
8. Average days from closing meeting to issue of draft report	N/A	N/A	6.61 days	7 days	5.7 days	7.6 days
9. Average days between response to draft and final report issue	N/A	N/A	2.41 days	2 days	3.11 days	1.8 days
10. Average actual cost per directly chargeable audit day	£245	£238	£318	£250	£280	£249
11. No. Audit Staff	5.5	5.6	5.68	5	5.68	8.2
12. % staff leaving	0	0	0	0	0	12%

AUGUST 2016

ANGLESEY COUNCIL
INTERNAL AUDIT**ANALYSIS OF ADDITIONAL UNPLANNED WORK PERFORMED DURING
1 APRIL 2016 TO 31 AUGUST 2016**

	AREA	NATURE OF THE WORK	AUDIT DAYS
1	Corporate/Lifelong Learning	Review of Education Timesheet Procedure - HR request	3.04
	TOTAL DAYS		3.04

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RISK MATRIX and ASSURANCE RATINGS

APPENDIX C

LIKELIHOOD	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
IMPACT									

LEVELS OF ASSURANCE	DEFINITION	MANAGEMENT INTERVENTION
SUBSTANTIAL ASSURANCE	Arrangements for governance, risk management and internal control are good. No significant or material errors were found.	No or only low impact management action is required. Findings, which are easily addressed by line management.
REASONABLE ASSURANCE	Arrangements for governance, risk management and/or internal control are reasonable. Some inconsistency in application and opportunities still exist to mitigate against further risks.	Management action of moderate to low impact is required. Findings are containable at service level.
LIMITED ASSURANCE	Arrangements for 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.	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.
MINIMAL ASSURANCE	Arrangements for governance, risk management and internal control are significantly flawed. 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.	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 31-08-16

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>Opinion: 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"> ▪ 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. ▪ 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. ▪ Evidence was not always found to be kept on claimants' files as expected. ▪ A record of decisions made regarding recovery method of overpayment was not kept on file. It is expected that an Overpaid Housing Benefit and Excess Council Tax 	Limited

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>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"> ▪ 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. ▪ Regular meetings are held to discuss monitoring performance with positive action taken to ensure that accuracy is improved. ▪ Further action has been taken to improve overpayment recovery with the equivalent to one full time officer spending their time on overpayments. <p>Opinion: 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 effectiveness of the Council's Corporate Safeguarding</p>	Limited

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>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"> • 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); • 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; • 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 safeguarding and promoting the wellbeing of children, young 	

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>people and vulnerable adults;</p> <ul style="list-style-type: none"> • 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; • 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; ▪ 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; ▪ 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; ▪ 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; ▪ Some exceptions identified in relation to safeguarding standards within contract arrangements including the absence 	

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>of specific terms and conditions covering:</p> <ul style="list-style-type: none"> - the requirement for agencies / organisations to have and to comply with safeguarding policies and procedures; and - performance management to ensure compliance with safeguarding policies and procedures as appropriate. <ul style="list-style-type: none"> ▪ No routine review by Internal Audit at present of safeguarding standards in relation to establishment reviews and new/current contracts. <p>Opinion: 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	Ysgol Llanerchymedd	May 2016	Lifelong Learning	12	<p>Key findings of an audit of Ysgol Llanerymedd undertaken as part of the approved Internal Audit periodic Plan for 2016/17 were as follows:</p> <ul style="list-style-type: none"> • 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 • The school budget is adopted annually by the governing body and financial issues are discussed on a regular basis 	Reasonable

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<ul style="list-style-type: none"> The school did not always complete a requisition form in advance of purchase of goods and/or services The 2015/16 teachers' pay review form had not been returned to the Education Department prior to 1 September 2015 The school has not registered with the Information Commissioner in accordance with the Data Protection Act 1988 <p>Opinion: 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>	
5	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"> 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 The school budget is discussed on a regular basis and adopted annually by the Governing Body 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. 	Substantial

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					Opinion: Arrangements for the governance, risk management and internal control are good.	
6	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"> • The schools meals record was maintained to a high standard • The school budget is discussed on a regular basis with the Governors and adopted annually by the Governing Body • 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. <p>Opinion: Arrangements for the governance, risk management and internal control are good.</p>	Substantial
7	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"> • The school budget is discussed on a regular basis with the Governors and adopted annually by the Governing Body • General income records and music tuition fees were accurate and maintained to a satisfactory standard 	Substantial

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<ul style="list-style-type: none"> School meals were not always correctly recorded and the level of arrears should be effectively monitored in accordance with the Education Department's Guidelines. <p>Opinion: 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>	
8	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"> The schools meals record was maintained to a high standard at the school The school budget is discussed on a regular basis with the Governors and adopted annually by the Governing Body. <p>KEY ACTIONS AGREED</p> <ul style="list-style-type: none"> Order requisitions should be completed before receiving goods School letting fees should be reviewed on an annual basis The school to register with the Information Commissioner in accordance with the Data Protection Act 1988. 	Reasonable

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>Opinion: 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>	
9	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"> • The schools meals record was maintained to a high standard at the school • The school budget is discussed on a regular basis with the Governors and adopted annually by the Governing Body • 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. <p>Opinion: Arrangements for the governance, risk management and internal control are good.</p>	Substantial
10	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"> ▪ Building Regulation Charges are not reviewed on an annual basis ▪ There are no procedures in place regarding identifying and how to deal with breaches / potential breach of Building 	Limited

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>Regulations or Procedures regarding the recording of inspection/s</p> <ul style="list-style-type: none"> ▪ No procedures exist outlining the administration of refunds ▪ Site visits cannot be recorded within the CIVICA system ▪ No formal declaration of interest forms have been completed by officers within the Building Control section ▪ No reconciliation is undertaken of invoicing and collection of income to the CIVICA system. <p>Opinion: 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>	
11	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>Opinion: Arrangements for governance, risk management and internal control are good.</p>	Substantial

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
12	Payment Card Industry Data Security Standards Compliance	Aug 21016	Resources	18	<p>The Authority processed 8,200 online transactions and a further 12,400 CHIP and PIN transactions where the cardholder was not 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"> • There is no compliance programme to outline how the Authority will meet PCI DSS requirements • The Authority does not produce an annual PCI DSS compliance statement or have defined indicators to measure compliance • The ICT Security and Information Security Policies do not reflect PCI DSS compliance • Formal training is currently not provided to employees within 6 months of commencing in a post responsible for processing card payments • The Authority has not identified and mapped the credit card environment • The Authority has not developed a security control framework in compliance with PCI DSS • Annual self-assessments are not performed 	Limited

	Report Title	Date	Service	Total Audit Recommendations	Key Messages	Assurance Level
					<p>Opinion: Arrangements for governance, risk management and internal control 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>	

High Rated Internal Audit Recommendations Outstanding as at 31/08/2016

APPENDIX E

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
Corporate						
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 & 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 & 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 & Governance Committee.</p> <p>Update 02/09/16 – The Authority has conducted an appropriate tendering exercise for a policy management solution. Contract was signed 1st 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 & 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
						the need to accept policies (testing) on the small number of areas recognised by the SLT.
4	Partnerships – Governance Arrangements 003 2015/16	<p>1.2 A central register of partnerships should be established and maintained to record the partnerships the Council is involved with; the central register should identify:</p> <ul style="list-style-type: none"> • The partner organisation; • The main functions and aims of the partnerships; • Whether the partnership is strategic or operational; • The contact / lead officer; • Accountability and reporting procedures; • Date of renewal of partnership agreement. 	03/02/16	30/04/16	Assistant Chief Executive	<p>Draft Central Register prepared November 2015 as foundation for further development. Heads of Service to review 09/02/16; SLT to review Central Register by 29/02/16.</p> <p>A second draft of the register has been prepared on the basis of the recommendations from the Internal Audit Report. The Scrutiny Officer has been recognised as having responsibility for the register. A further draft to be prepared by the end of September 2016.</p>
5	Business Continuity Management Follow-up 049 2015/16	1.1a A comprehensive Business Continuity Plan should be completed and circulated to the members of the Business Continuity Team and management as appropriate.	08/03/16	30/06/16	Head of Democratic Services	<p>Re-iterated from Business Continuity Report 007 2015/16.</p> <p>A Draft Continuity Corporate Business Plan has been prepared. The plan is required to be tested for robustness and a scenario to test has been devised. The Penaethiaid forum has allocated part of their next meeting on 12/04/16 for this purpose. In addition a briefing session on BCM will be arranged for middle managers in November 2016. There are currently two work streams with outstanding progress and actions were discussed within the Working Group meeting 01/03/16. Work to co-ordinate with ICT Disaster Recovery plans on-going and arrangements for identification and access to alternate building locations is scheduled to be finalised by the end of May 2016. Next scheduled meeting of the Working Group is on 05/04/16 and will discuss the ICT Disaster Recovery Plan. Both the ICT Disaster Recovery Plan and Building Recovery Plan will be supporting documents for the Corporate Business Continuity Plan. Progress on the Corporate Business Continuity Plan to be reported to SLT in June.</p> <p>Update 30/06/16 - Progress report on BCM submitted to Working Group on 05/04/16 and 27/05/16 including</p>

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
						<p>Disaster Recovery and ICT. Presentation on BCM to Penaethiaid on 12/4/16. Work not yet completed on building recovery plan due to no. of alternative sites identified by services and need to consider ICT aspects. Work on Building Recovery Plan led by Property services and rescheduled to be completed by September 2016. Progress report not submitted to SLT in June as planned due to sickness absence of Lead officer in NWEF service. Revised date will need to be agreed to report in September 2016.</p> <p>Update 02/09/16 – Progress to be reported to SLT in September 2016 and BCM to be signed off.</p>
6	Business Continuity Management Follow-up 2015/16 049	1.1b A copy of Business Continuity Plan should also be kept in a secure accessible off site location and be made available as a web link maintained on an off site hosting server to ensure it can be accessed even if the Council's information systems have been affected.	08/03/16	30/06/16	Head of Democratic Services	<p>Re-iterated from Business Continuity Report 007 2015/16.</p> <p>Use of Resilience Direct will be made to deposit a copy of the Business Continuity Plan. Administrators for use of the Resilience Direct platform received training on the use of system on 07/03/16.</p> <p>Update 30/06/16 - Draft BCM plan deposited in April on Resilience Direct site. Access awareness sessions to administrators yet to be arranged across North Wales.</p> <p>Update 02/09/16 – Draft BCM Corporate Plan updated on resilience direct. Staff training scheduled for November 2016. Issue discussed at EP working group 27/07/16.</p>
7	Business Continuity Management Follow-up 2015/16 049	4.1 The comprehensive Corporate Business Continuity Plan should incorporate Building Recovery Management arrangements.	08/03/16	31/05/16	Head of Democratic Services	<p>Re-iterated from Business Continuity Report 007 2015/16.</p> <p>Arrangements for identification and access to alternate building locations are scheduled to be finalised by the end of May 2016.</p> <p>Update 30/06/16 – Work not yet completed on Building Recovery Plan due to number of alternative sites identified by services and need to consider ICT aspects. Work on Building Recovery Plan led by Property Services and rescheduled to be completed by</p>

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
						September 2016. Update 02/09/16 – Agreement by SLT on site identified – to be reported in September 2016. Use of building identified and agreement required. ICT disaster recovery plan will then need updating to reflect agreement on use of site identified.
Finance						
8	Affordable Housing, Houses into Bridging Scheme 2015/16 Houses Homes, Loan 025	6.2a Interest accrued from the payments of interest 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.	16/12/15	31/07/16 changed from 31/12/15	Revenues & Benefits Manager	Offer been made to recover from ongoing salary. Urgent requirement to agree this and at what rate by end of July 2016.
9	Affordable Housing, Houses into Bridging Scheme 2015/16 Houses Homes, Loan 025	6.2e Financial information for each Bridging Loan Scheme should be available to enable Housing to financially monitor and/or conduct reconciliations on a regular basis (monitoring the receipts of interest payments).Ensure this is in place by 31 July 2016.	16/12/15	31/07/16 changed from 31/12/15	Revenues & Benefits Manager	

Medium Rated Internal Audit Recommendations Outstanding as at 31/08/2016

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
Corporate						
10	Agency Staff 1940 2014/15	6.6 Any new use of agency workers should be in accordance with IOACC Agency Workers Policy and alternatives to use to be discussed with HR Officers. The revised Agency Workers Policy now requires that Appendix 1 – REASON FOR HIRING AN AGENCY WORKER - should be completed by Services and returned to HR prior to any agency workers being hired.	02/07/14	31/07/14	Chief Executive	Heads of Service to be requested to instruct relevant employees to comply with the revised Agency Workers Policy in terms of the requirement to complete the form at Appendix A and forward it to HR prior to employing any agency, contract, self-employed and consultancy staff.
11	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>
12	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	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.

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
						Update 25/08/16 – The Corporate Information Officer has sought advice from the Procurement Solicitor whether the DPA is adequate or requires revision.
13	Information Governance 009 2015/16	1.4a IAOs responsible for remote sites (leisure centres, social services establishments etc.) should 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.	21/10/15	30/06/16 – changed from 31/01/16	Corporate Information Officer	10/2/16 – Progress with this recommendation has been delayed because capacity has been diverted to implementing the ICO's Enforcement Notice. This item will be picked up by the Corporate Information Governance Board in due course.
14	Information Governance 009 2015/16	1.10 Compliance Officers should ensure that a review of all existing privacy notices is undertaken and updates and amendments actioned as appropriate; all privacy notices should be transferred to the privacy notice template and copies sent to the Corporate Information Officer to update the central log.	21/10/15	31/05/16 – changed from 30/09/15	Customer Care Officer	<p>Due to the Enforcement Notice received in October 2015 this work has been delayed but will be picked up again in the coming months. Target date changed to end of March 2016.</p> <p>There is now a monthly indicator to track all new Privacy Notices.19.4.16 - update. Target date changed to end of May - still some work to complete on the Enforcement Notice.</p> <p>Update 01/08/16 – work is still ongoing on this recommendation.</p>
15	Business Continuity Follow-up 049 2015/16	1.3 Services should ensure that Business Continuity Plan and Emergency Planning arrangements are up to date and operational; the Service Delivery Plans should contain Business Continuity and Emergency Planning arrangements.	08/03/16	30/04/16	Head of Democratic Services	<p>Re-iterated from Business Continuity Report 007 2015/16.</p> <p>Update 30/06/16 – Progress report to Penaethiaid in September 2016.</p> <p>Update 02/09/16 – Update on progress to SLT on BCM including building recovery plan. Services have identifies key staff and discussion held with property / ICT on 04/08/16 to progress and identify suitable site.</p>
Finance						
16	Treasury Management 1983 2014/15	1.9 Treasury Management processes and procedures should be fully, clearly documented and dated in order to set out who can approve, documentation required and segregation of duties.	06/05/14	30/09/15 – changed from 31/07/15	Capital & Treasury Management Accountant	Re-iterated from Treasury Management Report 1932 2013/14 (reference 1.8).

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
17	Main Accounting 040 2015/16	2.1.1 Year-end reconciliation of balances to the general ledger should be undertaken and carried forward to the next financial year as soon as possible after year end in order to avoid substantial problems within the Authority's accounts.	18/04/16	31/08/16	CIVICA Accountant	Update 17/08/16 - While it is clear that the process being undertaken to complete the bank reconciliation has not been updated / reviewed for many years. We still have a requirement to do complete one each month. The reconciliation is split into two main parts one being undertaken by the Accountancy Section and the other part by the Income Section which is located in the Revenues and Benefits Team. The Accountancy team have completed each month of 2016 and are currently up to date. (July 2016 as at 17/08/16) however no month for the financial year 2016 is complete and this is due to the fact that the part completed by the Income Section is not complete (this is not a reflection of the staff in the income section but more of a work load issue which needs to be addressed) This issue has been raised with the S151 Officer.
18	School Meals Arrears – Thematic Review (Ysgol Penysarn) 047 2015/16	2.3 The Income Section should ensure that discrepancies identified in reconciling school meals income recorded as banked on the CT182a monthly return to the financial ledger are fully investigated and resolved.	21/04/16	31/07/16	Income Officer	
Housing						
19	Homelessness 1868 2014/15	3.1 The key duties of the post of Accommodation Officer including arranging annual inspections of premises used to provide Bed & Breakfast or emergency accommodation for homeless applicants should be formally re-allocated.	23/12/14	30/10/15 – changed from 31/03/15	Principal Housing Officer	<p>As part of Licencing Conditions B&Bs are inspected by Environmental Health.</p> <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&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>

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
						<ul style="list-style-type: none"> formalise inspection procedure (both annual & routine inspections) create database of all B&Bs used to include property & room description, amenities & facilities available within each of the premises. <p>Update 08/08/16 – B&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>
20	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 will be tasked to the Solutions Officers within the team.</p> <p>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.</p>
21	Affordable	3.1b Housing should ensure that each prioritisation	16/12/15	31/12/15	Business	

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments	
	Housing, into Bridging Scheme 2015/16	Houses Homes, Loan 025	form can be backed up with the priority assessment to demonstrate that a fair assessment has been undertaken and decisions validated.			Manager	
22	Affordable Housing, into Bridging Scheme 2015/16	Houses Homes, Loan 025	4.2 Housing should ensure that the agreement with Grŵp Cynefin is reviewed and renewed to ensure that the agreement reflects current procedures and these are agreed upon by both parties.	16/12/15	31/03/16	Business Manager	Update 12/04/16 – Not reviewed as intended by the 31 st of March 2015/16, but will be reviewed during the first quarter of 2016/17.
23	Affordable Housing, into Bridging Scheme 2015/16	Houses Homes, Loan 025	6.1b Records for all future/new schemes should be maintained centrally to ensure that all relevant staff are able to access information to cover staff on sickness / leave.	16/12/15	31/03/16	Business Manager	
24	Affordable Housing, into Bridging Scheme 2015/16	Houses Homes, Loan 025	6.1c Financial information for each new scheme should be available to the Housing Department for financial monitoring and/or reconciliation on a regular basis.	16/12/15	31/03/16	Business Manager	
25	Housing Strategy 035 2015/16		1.2 Housing should ensure that changes influencing the Corporate Objectives from the Housing Strategy should be communicated to key internal stakeholders as well as external partners.	04/05/16	31/05/16	Housing Strategy & Development Officer	
Education							
26	Ysgol Cemaes 028 2015/16		4.1.3 The school should follow the Education Department's procedures for the administration and recovery of school meals arrears and steps taken to ensure that any arrears are dealt with promptly to prevent levels of arrears becoming	04/01/16	31/01/16	Head Teacher	

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
		difficult for parents to repay.				
27	Ysgol Cemaes 028 2015/16	4.2.1 Ordering requisitions should be completed before receiving goods. In cases of an emergency a verbal order may be raised and the relevant documentation completed the next working day.	04/01/16	31/01/16	Head Teacher	
28	Ysgol Cemaes 028 2015/16	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.	04/01/16	31/01/16	Head Teacher	
29	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	
30	Ysgol Gynradd Bodedern 029 2015/16	5.7.1 The school should register with the Information Commissioner in accordance with the Data Protection Act 1988.	29/02/16	31/03/16	Head Teacher	
31	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	
32	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	
33	Ysgol Talwrn 029 2015/16	4.3.1 A receipt should be accurately completed, signed by the member of staff in receipt of any income and issued to the payer on receipt of any income.	15/03/16	31/03/16	Head Teacher	
34	Ysgol Talwrn 029 2015/16	4.4.1 A contract should be signed by the parent of each child in receipt of music tuition.	15/03/16	31/07/16	Head Teacher	
35	Ysgol Talwrn 029	4.6.1 A risk assessment should be undertaken to	15/03/16	31/03/16	Head	

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	2015/16	identify risks associated with responding to the security alarm.			Teacher	
36	Ysgol Talwrn 029 2015/16	4.7.1 Weekly checks on the fire alarm system should be undertaken and recorded, including periods during the absence of the Head Teacher.	15/03/16	31/03/16	Head Teacher	
37	School Meals Arrears – Thematic Review (Ysgol Parch. Thomas Ellis) 047 2015/16	1.5 The Head Teacher should complete detailed supervisory checks of school meals records to ensure completeness and accuracy in accordance with Education Service guidance.	21/04/16	30/04/16	Head Teacher	
38	School Meals Arrears – Thematic Review (Ysgol Parch. Thomas Ellis) 047 2015/16	4.4 The Head Teacher should ensure that the school follows Education Service procedures for dealing with school meal arrears in order to ensure that arrears are effectively managed and not allowed to escalate to a problematic level.	21/04/16	30/04/16	Head Teacher	
39	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	
40	Follow-up of School Audits (Ysgol Bodorgan) 050 2015/16	3.1.2 The Head Teacher should ensure that the school meals clerk administers the school meals income appropriately and in accordance with the guidelines and receive training if required.	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 31/12/13.
41	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.
42	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.
43	Follow-up of School Audits	3.1.10 Budgetary matters should be regularly discussed by the governing body. It is	15/06/16	31/07/16	Head	New recommendation.

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	(Ysgol Bodorgan) 050 2015/16	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.			Teacher	
44	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.
45	Follow-up of School Audits (Ysgol Pentraeth) 050 2015/16	3.3.1 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	Argymhelliad newydd
46	Follow-up of School Audits (Ysgol Pentraeth) 050 2015/16	3.3.3 The Head Teacher should undertake weekly, monthly and unannounced supervisory checks on school meals income in accordance with Education Department guidance. The Head Teacher should sign the CT182a statement following the last banking for each month to certify that the appropriate checks have been undertaken and the information is accurate.	15/06/16	31/07/16	Head Teacher	Re-iterated from recommendation 4.2.2 in the 2014/15 audit report (1960 2014/15). Original target date 31/12/14.
47	Follow-up of School Audits (Ysgol Pentraeth) 050 2015/16	3.3.4 School meals income should be promptly and regularly banked in accordance with Education Department guidance.	15/06/16	31/07/16	Head Teacher	Re-iterated from recommendation 4.2.3 2014/15 audit report (1960 2014/15). Original target date 30/09/14.
48	Follow-up of School Audits (Ysgol Pentraeth) 050 2015/16	3.3.5 The date of banking should be recorded against the respective sum on the monthly CT182a statement to ensure an audit trail.	15/06/16	31/07/16	Head Teacher	Re-iterated from recommendation 4.2.4 2014/15 audit report (1960 2014/15). Original target date 31/12/14.
49	Follow-up of School Audits	3.3.6 Ordering requisitions should be completed before receipt of an invoice or goods. In cases of	15/06/16	31/07/16	Head Teacher	Re-iterated from recommendation 4.3.1 in the 2014/15 audit report (1960 2014/15). Original target date

Ref	Report	Recommendation	Date Raised	Agreed Target Date	Responsible Officer	Comments
	(Ysgol Pentraeth) 050 2015/16	an emergency, a verbal order may be raised and relevant documentation completed the next working day				01/09/15.
50	Follow-up of School Audits (Ysgol Pentraeth) 050 2015/16	3.3.10 The governing body should ensure that the clerk informs the Local Authority of any changes to members of the governing body to enable the Local Authority to meet its statutory requirements in providing information and training to all governors in the LEA.	15/06/16	31/07/16	Head Teacher	Argymhelliad newydd.
51	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.
52	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.

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

SUMMARY OF SPECIAL INVESTIGATIONS - 1 APRIL 2016 TO 31 AUGUST 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 £500.00 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. 15/16	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 file is still open pending the conclusion of this enquiry.
	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.
	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.
	Others ongoing/continuous. HB/CTR, RIPA, NFI	38.04	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.
TOTAL DAYS		66.21	