

Internal Audit Progress Report (As at 28 February 2022)

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Internal Audit Progress Report

1. Introduction

1.1 Background

The Internal Audit Progress Report sets out performance in relation to the Internal Audit Plan. It summarises the work performed, the priority recommendations raised, the critical findings, emerging trends, and relevant value for money findings.

The Audit Plan 2021/22 was approved on 23 March 2021. The Plan provides the framework for audit work each year and is aligned to the Council's corporate governance arrangements, whilst also being responsive to any changes to the risks faced by the Council during the year.

This progress report provides a summary account of the audit activities, findings and progress against the Audit Plan as at 28 February 2022.

1.2 Independence and objectivity

The Internal Audit section reports to the Audit Manager. In line with the provisions of the Public Sector Internal Audit Standards (1100), organisational independence is maintained, as the Audit Manager is not responsible for managing any functions beyond the Internal Audit and Investigation teams. The Audit Manager reports administratively to the Head of Finance and functionally to the Governance and Audit Committee for audit-related matters. There have been no impairments of independence or objectivity.

1.3 Continuing professional development

Auditors completed their year-end personal reviews and formalised their objectives for 2021/22 in accordance with corporate requirements. Prior to discussing performance, auditors updated their skills assessment in application of the IIA Professional Competencies Framework.

The results of personal reviews and skills assessments informed the year-end Audit Manager's review against the Quality Assurance and Improvement Programme (Standard 1300), from which a generally strong baseline of knowledge and skills was recognised across the audit team.

2. Summary of Work Performed

The following audit summary covers the work programme for 2021/22, and the associated activities, resources, findings and measures of performance as at 28 February 2022.

2.1 Current activities

During the year to date the priorities and approach of the audit team were to deliver a combination of management support through consultation and engagement in high-risk areas, and to progress targeted assurance engagements from the Audit Plan.

Schools control risk self-assessment (CRSA) action plans

Members will be aware of the Control Risk Self-Assessment (CRSA) exercise completed towards the end of the financial year 2020/21 through which all schools were required to respond to a detailed set of internal control statements, identify actions for improvement in the event of any gaps, and to provide a portfolio of evidence to support the assertions made within their returns.

Following this exercise and associated reporting to Headteacher and Chair of Governors forums, action plans containing recommendations for the schools sampled have been issued and a summary report has been issued to the Director of Education. As at the end of February 2022, nearly 85% of the action plans have been finalised with an agreed course of action in each respective school. Responses to the remaining action plans are being sought in order to conclude the exercise. Alongside individual school audits being completed this year, the implementation of recommendations through the CRSA exercise will be tracked, monitored and reported to support effective control environments across schools.

COVID-19 related consultancy services

The Internal Audit Team has continued to provide advice and guidance on the design and implementation of effective controls in the administration of Welsh Government COVID-19 grants schemes to achieve compliance and control, and arrangements for the effective prevention and detection of fraud.

In the financial year to date, audit and counter-fraud consultancy has been provided in respect of the following Welsh Government grant schemes:

- Financial Recognition for Social Workers Scheme

- Economic Resilience Fund
- Wales Culture Recovery Fund (round 2) – Freelancer Support.
- Economic Resilience Fund (Extension)
- Cardiff Growth Funds
- Winter Fuel Support Scheme
- Emergency Business Fund

Audits completed

A number of assurance audit engagements have commenced, and this work continues to be undertaken predominantly on a desktop basis.

The table below shows a list of audits and their reporting status as at 28 February 2022, whereby 47 new audit engagements were completed to at least draft output stage and 22 audit engagements from the prior year have been finalised. A summary of the audit outputs and opinions in the year to date is shown below.

Figure 1. Audit outputs and opinions (at 28 February 2022)

| Status | Number of completed audits | Opinion | | | | |
|--------------|----------------------------|------------------------------------------|--------------------------------------------|--------------------------------------------|----------------|------------------|
| | | Effective | Effective with opportunity for improvement | Insufficient with major improvement needed | Unsatisfactory | No opinion given |
| Draft | 11 | 2 | 7 | 1 | 0 | 1 |
| Final | 57 | 3 | 29 | 14 | 1 | 11 |
| TOTAL | 69 | 5 | 36 | 15 | 1 | 12 |
| | 47 | New Audit Engagements completed | | | | |
| | 22 | Finalised Audit Engagements from 2020/21 | | | | |

It is pleasing to report that since the last reporting period, all draft audit outputs issued have been allocated an opinion of effective or effective with opportunity for improvement.

Figure 2. 2021/22 Audit outputs and opinions (at 28 February 2022)

| No. | Assurance Audit Engagement | Audit Opinion |
|-----|--------------------------------------------------------------|--------------------------------------------|
| 1. | Fraud, Bribery and Corruption | Effective |
| 2. | Housing Rents | |
| 3. | Resources – Income and Debtors | |
| 4. | Main Accounting | |
| 5. | Homelessness - Temporary Accommodation | Effective with opportunity for improvement |
| 6. | Education - SOP - Review of Band B | |
| 7. | PTE – Income and Debtors | |
| 8. | Members' Remuneration and Allowances | |
| 9. | Marlborough Primary School | |
| 10. | Mary Immaculate High School | |
| 11. | Special Leave | |
| 12. | Treasury Management | |
| 13. | Governance and Legal Services - Pre-Contract Assurance | |
| 14. | Bilingual Cardiff | |
| 15. | City Deal 2020/21 | |
| 16. | Disciplinary Policy | |
| 17. | Purchasing Cards | |
| 18. | Cradle to grave audit | |
| 19. | Glamorgan Archives | |
| 20. | Adults, Housing & Communities - Pre-Contract Assurance | |
| 21. | Libraries | |
| 22. | British Council Grants - Follow up | |
| 23. | Concessionary Travel | |
| 24. | Performance Management | |
| 25. | Payroll & HR – In Year-Testing | |
| 26. | Social Services – Child Health and Disability (CHAD) | |
| 27. | Whistleblowing Processes | |
| 28. | Establishment Reviews | Insufficient with major improvement needed |
| 29. | Joint Equipment Service | |
| 30. | Payments to Care Leavers | |
| 31. | Economic Development - Pre-Contract Assurance | |
| 32. | Waste Collections | |
| 33. | Education and Lifelong Learning - Pre-Contract Assurance | |
| 34. | Planning, Transport and Environment - Pre-Contract Assurance | |
| 35. | Cardiff West Community High School | Unsatisfactory |

| Audit Work with 'No Opinion' | | |
|--------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|
| 36. | Joint Committees - Prosiect Gwyrdd | Consultancy, certification, advice and guidance |
| 37. | Joint Committees - Port Health Authority | |
| 38. | Joint Committees - Glamorgan Archives | |
| 39. | Service and Process Consultancy – Welsh Government Grants | |
| 40. | Rumourless Cities Grant | |
| 41. | Cardiff Further Education Trust Fund 20/21 | |
| 42. | Norwegian Church Preservation Trust 20/21 | |
| 43. | Education Improvement Grant 20/21 | |
| 44. | Creditor Payments CRSA 2021/22 | Control Risk Self-Assessments |
| 45. | Payroll CRSA 2021/22 | |
| 46. | National Fraud Initiative | Data matching counter-fraud exercise |
| 47. | Pre-Contract Assurance – People and Communities | Assurance via wider directorate engagements |
| Concluded Audits from the Prior Year | | |
| 48. | Risk Based Verification | Effective |
| 49. | Audit of scrutiny functions | Effective with opportunity for improvement |
| 50. | Wellbeing of Future Generations | |
| 51. | Follow-up audit - contracts in Waste Management | |
| 52. | Norwegian Church Preservation Trust 2019/20 | |
| 53. | Creditor Payments - In year testing 2020-21 | |
| 54. | Council Tax | |
| 55. | Housing Benefit / Local Housing Allowances / Council Tax Reduction | |
| 56. | IT Business Continuity | |
| 57. | Follow-up audit - St. Peter's | |
| 58. | Taxation | |
| 59. | Directorate Risk Management | |
| 60. | Programme and projects risk management | |
| 61. | Education Improvement Grant 2019/20 | |
| 62. | Gatehouse | Insufficient with major improvement needed |
| 63. | Follow-up audit - fly tipping | |
| 64. | Recycling in HWRCs | |
| 65. | St. Cuthbert's RC Primary School | |

| Concluded Audits from the Prior Year | | |
|--------------------------------------|------------------------------------------------------------|--|
| 66. | Payment Card Industry | |
| 67. | Cardiff Bus - governance relationship with Cardiff Council | |
| 68. | Contract Monitoring and Management | |
| 69. | Education - Asset Management | |

Further to the table above, the outputs that were not been given an assurance opinion and the reasons for this were as follows:

Figure 3. Completed audits without an assurance opinion (at 28 February 2022)

| Audit | Comments |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Joint Committees - Prosiect Gwyrdd | Work to support completion of Statement of Accounts. |
| Joint Committees - Port Health Authority | |
| Joint Committees - Glamorgan Archives | |
| Service and Process Consultancy – Welsh Government COVID-19 Grants | Compliance, control and counter-fraud guidance |
| Rumourless Cities Grant | Grant certification |
| Cardiff Further Education Trust Fund 2020/21 | |
| Norwegian Church Preservation Trust 2020/21 | |
| Education Improvement Grant 2020/21 | |
| Creditor Payments CRSA 2021/22 | Developing and coordinating a Control Risk |
| Payroll CRSA 2021/22 | Self-Assessment exercise |
| National Fraud Initiative | Data matching counter-fraud exercise |
| Pre-Contract Assurance – People and Communities | No recent contact awards to examine, so assurance to be achieved through a sample of contacts relating to Adults, Housing and Communities and Children’s Services (under portfolio of Corporate Director) |

The report status for the year to date is shown in **Appendix A**.

2.2 Resources

Committee has been advised of the reduced capacity in the Team during the year to date, most notably as a result of cases of long-term sickness. As the team is small, any reduction in staff resource has an impact on the delivery of the Audit Plan. At the time of

reporting there are no long-term staff sickness cases, although there are further matters will have an impact on the staff resources available in the short-term as detailed below.

It is with great sadness that we report the loss of a member of our Audit Team who passed away in recent weeks. Our thoughts are with the family of our dear friend and colleague at the current time. In due course, our Audit Management Team will reflect on the skill and grade composition of the Team, and an appropriate decision will be made on the use of the available budget for future staffing needs.

Our Principal Auditor has recently accepted a job outside of the Council and will be leaving the Team during March 2022. We wish him well in his new role, and a recruitment exercise is being initiated for a replacement officer to this important audit management role.

Committee will be aware that to support the delivery of the Audit Plan, two audit engagements have been commissioned with an external provider under the direction and control of the Audit Manager. The audits of information governance and cloud computing will be delivered by the end of the financial quarter to support the assurance work delivered by the in-house team.

Timesheet data contained 1,238 chargeable days across the team as at the end of February 2022, against a pro-rata plan of 1,499 days. The primary reasons for the difference were a vacant Principal Auditor post during much of quarter one, long-term sickness, nine weeks of work for accountancy by a CIPFA trainee as part of their development, and more time coded in respect of development activities and general meetings than anticipated across the team, some of which related to participation in wellbeing initiatives.

One auditor continues to have funding for study in place, for the Certified Information Systems Auditor (CISA) Qualification with ISACA.

2.3 Annual plan

The Committee approved the Audit Plan 2021/22 in its meeting in March 2021. The annual Audit Plan is designed to be of sufficient size to enable decisions on the timing and prioritisation of audit engagements to be made as each year progresses. Each year a proportion of the Audit Plan is targeted for delivery, and the target for 2021/22 is 70%.

Whilst set on an annual basis, the Audit Plan is adaptable and responsive and subject to ongoing risk assessment, prioritisation, and review throughout the year to maximise assurance and management support. In its meeting on 23 November 2021, the Governance and Audit Committee approved the deferral of 29 audit engagement from the Audit Plan 2021/22 and the addition of a corporate performance management audit. This action did not impact the performance target, indicated the strategic priorities, focussing on the delivery of all planned audits of fundamental systems, a high level of coverage in areas of core governance and a spread of directorate level systems. The revised Audit Plan contained 75% of the audits approved by Committee at the beginning of the year. The target remained to deliver 70% of the original plan.

As at 28 February, a number of audits are underway and at various stages of progression. It is intended to complete the majority of these audit to draft report stage by the end of March 2022, with the remaining audits to be completed early in the financial year 2022/23.

Figure 4. Status of audits targeted for completion by the financial year-end

| Audit | Status (28.02.22) |
|----------------------------------------------|-------------------|
| Resources – Pre-Contract Assurance | Report Drafting |
| Llanedeyrn Primary | |
| Ysgol Bro Edeyrn | |
| Section 106 Agreements | |
| Safeguarding | Audit Fieldwork |
| Waste Management Enforcement | |
| Information Governance | |
| NNDR In-Year Testing | |
| Directorate Recovery Plans | |
| Value for Money in Digital Initiatives | |
| Leisure Contract Governance | |
| Telecare | |
| Children’s Services - Pre-Contract Assurance | |
| Shared Regulatory Services in Cardiff | |
| Creditor payments in-year testing | |
| Cloud Computing | |
| Income and Debtors | |
| Schools Asset Management – Thematic | |
| Schools Health and Safety - Thematic | |

| Audit | Status (28.02.22) |
|---------------------------------------------|-------------------|
| Cantonian High School | |
| Payment Card Industry - Process Consultancy | Ongoing |
| Schools with Surplus Balances - Thematic | Audit Planning |
| Health and Safety | |
| ICF schemes (incl. Families First) | |
| Asset Management | |
| Get Me Home Service | |
| Business Continuity and Incident Management | |
| Welsh Government Grants - Assurance | |

The position against the full Audit Plan is contained in agenda item 7.2 (annex 6) and is therefore not included as an appendix to this report to avoid duplication. However the report status is shown in **Appendix A**.

2.4 Critical findings or emerging trends (Q4 (as at 28 February) 2021/22)

It is pleasing to report that all draft audit outputs issued in the reporting period had an opinion of effective or effective with opportunity for improvement.

An audit of Cardiff West Community High School has been finalised and accordingly the Executive Summary Report is included within **Appendix B** for the information of the Governance and Audit Committee. A follow up audit has been included within the draft Audit Plan 2022/23 for which Committee approval is sought as part of agenda item 7.2.

2.5 Value for Money findings (Q4 (as at 28 February) 2021/22)

There were no value for money themed audits completed within the reporting period, although an audit of value for money in digital initiatives is being progressed at the time of reporting.

The vast majority of audits undertaken by the Internal Audit Team have objectives which cover value for money assurances, from which a general satisfactory level of assurance can be provided for the reporting period.

3. Audit Performance and Added Value

3.1 Added value

Relationship Manager meetings were held with Directors and their representatives during the development of the Audit Plan in quarter four 2020/21. Further Relationship Management meetings have then been held on a quarterly basis this year, with particular focus given to understanding the priorities and risks within each management team, and the changes to systems or processes planned or underway, in order to direct audit advice and inform the planning of audit engagements.

Feedback from audit clients has been positive in the year to date, high satisfaction rates, although in three instances the client reported that their audit did not ‘add value’. The audits of pre-contract assurance in Governance and Legal Services, directorate risk management and project and programme risk management did not identify particular issues that management were not aware of.

Figure 5. Client Feedback

| | Excellent | Good | Satisfactory | Poor |
|---------------------|-----------|------|--------------|------|
| Communication | 19 | 7 | 4 | 0 |
| Advice | 12 | 14 | 5 | 0 |
| Report Value | 8 | 17 | 6 | 0 |
| Overall Performance | 15 | 11 | 3 | 0 |
| Percentages | 45% | 40% | 15% | 0% |

In the audit outputs issued to date (as at 28 February 2022), there have been 458 recommendations made, of which 353 have been agreed and 105 are being considered by audit clients through draft audit outputs. These are summarised below:

Figure 6. Recommendations raised and agreed

| Rating | Recommendations made | Recommendations agreed | Recommendations being considered |
|---------------|----------------------|------------------------|----------------------------------|
| Red | 13 | 12 | 1 |
| Red / amber | 170 | 131 | 39 |
| Amber / green | 247 | 188 | 59 |
| Green | 28 | 22 | 6 |
| TOTAL | 458 | 353 | 105 |

3.2 Performance

The priorities and approach of the audit team are outlined in section 2.1 (‘Current Activities’) which set the context against which performance is considered. The performance position in respect of quarter three was provided to the Governance and Audit Committee in January 2022, with relevant commentary, and it is provided below for

reference ahead of the quarter four statistics which will be collated following the financial year-end.

A core focus of the team during quarter four is to deliver the majority of the audit engagements listed in figure 4 to draft report stage. This will provide a strong level of coverage for the annual opinion from the Audit Manager on the Council's control environment.

Alongside this work, focus is being given to finalising audits on a timely basis and the delivery of audit recommendations within the required timescales. The Audit Manager attended a Senior Management Team meeting on 1 March 2022 to provide relevant analysis, to discuss performance, and to emphasise the importance of continued management attention in these areas.

Figure 7. Performance against targets for 2021-2022 (as at the end of Q3)

| Performance Indicator | 2020/21 Outcome | 2021/22 Target | Q1 Outcome | Q2 Outcome | Q3 Outcome |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|------------|------------|------------|
| The percentage of the Audit Plan completed | 55% | 70% | 13% | 24% | 36% |
| The average number of audit productive days per FTE | 145 | 150 | 32.56 | 64.29 | 104.46 |
| The average number of finalised audits per FTE | 8.51 | 9 | 1.64 | 3.4 | 5.74 |
| The percentage of draft audit outputs delivered within four weeks* *indicator changed from within 'six weeks' from 2021/22 | 97% | 90% | 100% | 100% | 90% |
| The percentage of audit recommendations implemented within the agreed timescale | 69% | 80% | 69% | 64% | 69% |

3.3 Audit Plan Delivery

In addition to monitoring and managing the numbers of audits delivered, audit engagements are allocated in order to ensure that there is a breadth of assurance by the financial year-end, upon which to provide a complete Audit Manager annual opinion. Sections 2.1 – Current Activities and 2.3 – Audit Plan set out relevant details.

3.4 Recommendations

To support Committee monitoring and review, Appendix C contains a summary of all open audit actions, Appendix D contains the detail of all red and red/amber open recommendations and includes the current management response. Appendix E contains the red and red/amber recommendations, which have been completed since the last Committee meeting. Amber / green and green recommendations are provided to Committee via a separate route.

The table below shows the instances where implementation dates have been revised typically by audit clients, for audits which are not recognised as fully addressed (as at 28.02.2022).

Figure 8. Revised recommendation implementation dates and status

| Directorate / Audit Category | Number of recommendations with revised dates | Actions now implemented | Actions still open |
|-----------------------------------------|----------------------------------------------|-------------------------|--------------------|
| Fundamental | 17 | 11 | 6 |
| Corporate | 39 | 31 | 8 |
| External and grants | 8 | 4 | 4 |
| Adult Services, Housing and Communities | 37 | 16 | 21 |
| Children's Services | 20 | 16 | 4 |
| Economic Development | 29 | 26 | 3 |
| Education and Lifelong Learning | 79 | 57 | 22 |
| Planning Transport and Environment | 33 | 24 | 9 |
| People and Communities | 3 | 3 | 0 |
| Resources | 21 | 16 | 5 |
| Governance and Legal Services | 5 | 5 | 0 |
| Waste Management | 79 | 75 | 4 |
| | 370 | 284 | 86 |
| Schools | 142 | 93 | 49 |
| TOTAL | 512 | 377 | 135 |

NB - It should be noted that the table above represents the position as at 28 February 2022, whereas the recommendation tracker appendices show the detailed position against each recommendation at the closest possible date to each Committee meeting.

The position against recommendations is reported in quarterly relationship management meetings to monitor progress and target discussions on effective risk management, and the Audit Manager attends Senior Management Team meetings at periodic intervals during the year to outline and discuss the management response.

4. Conclusion

4.1 Summary

During the year to date, the priorities and approach of the audit team were to deliver a combination of management support through consultation and engagement in high-risk areas, and to progress targeted assurance engagements from the Audit Plan.

The Internal Audit Team has continued to provide advice and guidance on the design and implementation of effective controls in the administration of Welsh Government COVID-19 grants schemes to achieve compliance and control, and arrangements for the effective prevention and detection of fraud.

Over the year the Team has faced reduced capacity which has affected delivery of the Audit Plan.

As at 28 February a number of audits are underway and at various stages of progression. It is intended to complete the majority of these audit to draft report stage by the end of March 2022, with the remaining audits to be completed early in the financial year 2022/23. This will provide a strong level of coverage for the annual opinion from the Audit Manager on the Council's control environment.

Alongside the above work, focus is being given to finalising audits on a timely basis and the delivery of audit recommendations within the required timescales. The Audit Manager attended a Senior Management Team meeting on 1 March 2022 to provide relevant analysis, to discuss performance, and to emphasise the importance of continued management attention in these areas.

Report Status (as at 28 February 2022)

| Audit Opinion | Audit Area | High Risk Recommendations | | Status (If not Final) |
|------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------|--------|-----------------------|
| | | Proposed | Agreed | |
| Fundamental / High | | | | |
| Effective | People and Communities – Commissioning & Procurement (cf. 2020/21) | | | Draft |
| | Resources – Income and Debtors | | | Issued |
| | Main Accounting | | | |
| | Risk Based Verification (cf. 2020/21) | | | |
| | Housing Rents | | | |
| | Fraud, Bribery and Corruption | | | |
| Effective with opportunity for improvement | Resources - Health and Safety (cf. 2020/21) | | | Drafts |
| | Social Services – Income and Debtors (cf. 2020/21) | | | Issued |
| | Adults, Housing and Communities - Pre-Contract Assurance | | | |
| | Cradle to grave audit | | | |
| | Purchasing Cards | | | |
| | Whistleblowing Processes | | | |
| | Corporate Performance Management | | | |
| | Payroll & HR – In Year-Testing | | | |
| | Wellbeing of Future Generations (cf. 2020/21) | | | |
| | Creditor Payments in-Year Testing (cf. 2020/21) | | | |
| | PTE – Income and Debtors | | | |
| | Council Tax (cf. 2020/21) | | | |
| | Housing Benefit – Local Housing Allowance – Council Tax Reduction Scheme (cf. 2020/21) | | | |
| | IT Business Continuity (cf. 2020/21) | | | |
| | Education - SOP - Review of Band B | | | |
| | Directorate Risk Management (cf. 2020/21) | | | |
| | Disciplinary Policy | | | |
| | Special Leave | | | |
| | Treasury Management | | | |
| | Governance & Legal Services – Pre-Contract Assurance | | | |
| Taxation (cf. 2020/21) | | | | |
| Programme and projects risk management (cf. 2020/21) | | | | |

| | | | | |
|--------------------------------------------|--------------------------------------------------------------------------|---|---|--------|
| Insufficient with major improvement needed | Mileage and Subsistence (cf. 2020/21) | 1 | | Drafts |
| | Economic Development – Pre-Contract Assurance | 1 | | Issued |
| | PTE – Pre-Contract Assurance | 1 | | |
| | Establishment Reviews | | | |
| | Payment Card Industry (chip and pin devices) (cf. 2020/21) | | | |
| | Cardiff Bus – Governance relationship with Cardiff Council (cf. 2020/21) | 1 | 1 | |
| | Education – Asset Management (cf. 2020/21) | 1 | 1 | |
| | Contract Monitoring and Management (cf. 2020/21) | | | |
| | Education & LL – Pre-Contract Assurance | 1 | 1 | |
| Medium | | | | |
| Effective with opportunity for improvement | Social Services – Child Health and Disability (CHAD) | | | Draft |
| | Follow Up - Contracts in Waste Management (cf. 2020/21) | | | |
| | Audit of Scrutiny Functions (cf. 2020/21) | | | |
| | Members' Remuneration and Allowances | | | |
| | Follow Up - St Peters R.C Primary (cf. 2020/21) | 2 | 2 | |
| | Homelessness - Temporary Accommodation | | | |
| | Libraries | | | |
| | Marlborough Primary School | | | |
| | Mary Immaculate High School | | | |
| | British Council Grants - Follow up | | | |
| | Glamorgan Archives | | | |
| | Bilingual Cardiff | | | |
| | Concessionary Travel | | | |
| Insufficient with major improvement needed | Children's Placements (cf. 2020/21) | 1 | | Drafts |
| | Dominions Way Temporary Stores (cf. 2020/21) | 2 | | Issued |
| | Waste Collections | 1 | 1 | |
| | Gatehouse (cf. 2020/21) | 2 | 2 | |
| | Follow up – Fly Tipping (cf. 2020/21) | 2 | 2 | |
| | Recycling in HWRCs (cf. 2020/21) | 1 | 1 | |
| | St. Cuthberts (cf. 2020/21) | 4 | 4 | |
| | Joint Equipment Service | 1 | 1 | |
| | Payments to Care Leavers | 2 | 2 | |
| Unsatisfactory | Cardiff West Community High School | 6 | 6 | |

| Grants / Accounts / External Bodies | | | |
|--------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------|
| No assurance opinion given | Joint Committees - Prosiect Gwyrdd | Statement of Accounts Reviews / Certification / Support | |
| | Joint Committees - Port Health Authority | | |
| | Joint Committees - Glamorgan Archives | | |
| | Rumourless Cities Grant | | |
| | Norwegian Church 2020/21 | | |
| | Cardiff Further Education Trust Fund 2020/21 | | |
| | Education Improvement Grant 2020/21 | | |
| Effective with opportunity for improvement | Education Improvement Grant 2019/20 (cf. 2020/21) | | Draft Issued |
| | Norwegian Church 2019/20 (cf. 2020/21) | | |
| | City Deal 2020/21 | | |
| Other assignments | | | |
| No assurance opinion given | People and Communities - Pre-Contract Assurance | No recent contact awards – assurance to be obtained via wider audits under portfolio of Corporate Director | Pending wider audits |
| | Service and Process Consultancy – Welsh Government Grants | compliance, control and counter-fraud guidance | |
| | Purchasing and Payments - CRSA | Control Risk Self-Assessment (CRSA) | |
| | Payroll & HR - CRSA | | |
| | National Fraud Initiative | Data matching counter-fraud exercise | |

Executive Summary Cardiff West Community High School (CHS)

Background

- 1 An Internal Audit review has been undertaken of the control environment in Cardiff West CHS. The school was established in September 2017 following amalgamation of the former Glyn Derw High School and Michaelston Community College. It has an agreed deficit budget of £878,203 for 2021/22 and as at April 2021, there were 893 pupils on roll. Accountancy support is in place, including in the development of a Medium-Term Financial Plan.
- 2 The school was subject to an Estyn inspection in November 2018 where an opinion of “adequate and needs improvement” was given for the five inspection areas. Five recommendations were made, relating to matters including raising standards and strengthening the effectiveness of leadership. Following a recent follow up inspection, the school is considered to have made sufficient progress to be removed from follow up by Estyn. The school has been subject to additional Council and Central South Consortium (Principal Improvement Partner) support since the Estyn report was received.

Main Conclusions

- 3 The audit identified a number of control gaps that need to be addressed to provide the necessary assurance on good governance, risk management and systems of internal control, and an audit opinion of **unsatisfactory** has been allocated.
- 4 Gaps were identified in the completeness of declarations of interest, the monitoring of governor training, the availability of sub-committee minutes, documented risk management measures in cases where staff are to start work prior to receipt of a Disclosure and Barring Service (DBS) check, and there was a need to review and update certain statutory policies.
- 5 At an operational level, general financial control was reported to require improved oversight and control. This included a need for school private fund account updates and audit following school amalgamation, improvements to the management trail of contracts entered and associated processes followed, the completeness of income records, and purchasing card record keeping and control.

Recommendations for Action

- 6 The audit included twenty-two recommendations (six red, fourteen red/amber and two amber/green).
- 7 Management have agreed all of the twenty-two recommendations raised during the audit.

Latest Position

- 8 Audit Management have met with the Headteacher, the Chair of Governors and the Chair of Finance to discuss the draft report. Following the meeting a formal response has been received with a commitment to deliver all recommendations.
- 9 Internal Audit will continue to monitor the internal control environment through the recommendation tracker and regular discussions with management. A further follow up audit will be undertaken in line with the audit protocol.

Recommendation Summary - ('Red' and 'Red / Amber' open recommendations)

| Directorate / Area | No. of Audits | No. of Red Recs | No. of Red/ Amber Recs | 'open recommendations' - by audit assurance rating | | | | | 'open recommendation' by status | | | |
|-----------------------------------------------|---------------|-----------------|------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|----------------------------|-----------------|--------------------------------------|------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | No. of Recs Effective | No. of Recs Effective with Opportunity for Improvement | No. of Recs Insufficient with major improvement needed | No. of Recs Unsatisfactory | No. of Recs N/A | No. of Recs with Amended Action Date | No. of Recs where action date has passed | Current target date not yet due | |
| Economic Development | 6 | 3 | 5 | | | 7 | | 1 | 6 | | 8 | 1 - N/A action related to instance where Directorate was sampled as part of a wider corporate report, and an opinion was not provided at a directorate level. |
| Education & Lifelong Learning - Schools | 20 | 6 | 45 | | 31 | 3 | 17 | | 21 | 27 | 24 | 11 - overdue actions for which an update has been requested. 3 - overdue actions relate to an area currently being audited. The actions will be updated/closed when the final report is issued. 7 - overdue actions, where Audit is liaising with the School. 5 - overdue actions reported as complete, for which evidence has been requested to verify completion prior to closure. 1 - revised action date required |
| Education & Lifelong Learning | 9 | 4 | 14 | | 5 | 9 | | 4 | 14 | 1 | 17 | 4 - N/A actions relate to instance where Directorate was sampled as part of a wider corporate report, and an opinion was not provided at a directorate level. 1 - overdue action reported as complete; evidence received and under review by Audit |
| Corporate Governance (Resources) | 1 | | 1 | | | 1 | | | | | 1 | Reported as complete, for which evidence has been requested to verify completion prior to closure. |
| External and Grants (Resources) | 2 | | 5 | | 5 | | | | 4 | 4 | 1 | 4 - actions where date has passed, relates to an area currently being audited. The action will be updated/closed when the final report is issued. |
| Fundamental (Resources) | 1 | | 2 | | | 2 | | | 1 | | 2 | |
| Other Assurance (Resources) | 1 | 1 | 2 | | | 3 | | | 1 | 2 | 1 | 2 - overdue actions for which an update has been requested. |
| Resources (CTS) | 1 | | 2 | | | 2 | | | 2 | 2 | | 2 - overdue actions for which an update has been requested. |
| Governance & Legal Services | 3 | | 5 | | 5 | | | | 1 | 1 | 4 | 1 - overdue action for which an update has been requested. |
| Planning, Transport & Environment | 5 | | 7 | | 2 | 3 | | 2 | 5 | 2 | 5 | 2 - overdue actions for which an update has been requested. |
| People and Communities | 1 | | 2 | | 2 | | | | | | 2 | |
| Children's Services | 1 | 1 | 3 | | | 4 | | | 2 | 2 | 2 | 2 - overdue actions reported as complete for which evidence has been requested to verify completion prior to closure. |
| Adults Social Services, Communities & Housing | 6 | 1 | 9 | | 3 | 7 | | | 9 | | 10 | |
| Social Services - General | 1 | 1 | 2 | | | 3 | | | 3 | | 3 | |
| TOTALS | 58 | 17 | 104 | 0 | 53 | 44 | 17 | 7 | 69 | 41 | 80 | |

Audit Recommendations Tracker

By virtue of paragraph(s) 14, 21 of Part(s) 4 and 5 of Schedule 12A
of the Local Government Act 1972

Document is Restricted