

AUDIT PANEL		
Report Title	Internal Audit update report	
Key Decision	No	Item No. 8
Ward	ALL	
Contributors	Head of Corporate Resources	
Class	Part 1	Date: 8 June 2016

1. Purpose of the report

1.1. This report presents members of the Audit Panel with:

- Progress of the 2015/16 internal audit plan;
- Progress of implementation of internal audit recommendations;
- Final outcome of the assessment of the Public Sector Internal Audit Standards (PISAS);
- Internal Audit Charter for 2016/17; and
- Draft internal audit plan for 2016/17.

2. Recommendations

2.1. It is recommended that the Audit Panel:

- note the content of this report;
- approve the proposed internal audit plan for 2016/17;
- approve the Internal Audit Charter for 2016/17; and
- agree the two recommendations from the PSIAS relating to members.

3. Background

- 3.1. Internal Audit is a statutory service that provides management and members with independent assurance on the control environment within the Council.
- 3.2. Currently, internal audit is resourced by both external service providers, both private and public sector internal audit teams.
- 3.3. At the time of writing this report, the in-house team consisted of the Head of Corporate Resources (Head of Internal Audit) and the Internal Audit Contract Manager.

4. Executive Summary

- 4.1. **Internal audit progress update** - 2015/16 audit plan - There are two audits to be issued, and a further 13 to be finalised. The 2016/17 has started with pre-audit meetings taking place.
- 4.2. **Limited, No Assurance and Consultancy reports** - There were seven Limited audit reports issued since the last meeting. Of these, two were core financial audits, Banking (CUS) and Client Contributions for Care (COM).

- 4.3. **High or Medium recommendations not agreed** – Management have agreed all High and Medium recommendations.
- 4.4. **Progress on the implementation of recommendations** - There are 37 non-school and 84 school recommendations overdue. There were 12 follow-up audits completed in the period:
- 10 corporate – with 44/49 (90%) of recommendations either implemented or in progress; and
 - 2 schools - with 18/19 (95%) of recommendations either implemented or in progress.
- 4.5. **The Internal Audit Service** – The recruitment of three principal auditors has concluded. The internal audit service will continue to be supported by the Croydon Framework (Mazars), Royal Borough of Greenwich and independent IT auditor for 2016/17.
- 4.6. **Proposed Internal Audit plan for 2016/17** – following the inquorate Audit Panel meeting in March the draft plan is resubmitted to the Audit Panel for approval.
- 4.7. **Public Sector Internal Audit Service (PSIAS)** - the external independent service assessment has taken place and the assessor's conclusion was - the Internal Audit Service is compliant with the requirements of the PSIAS.

5. Internal audit progress update - 2015/16 audit plan

- 5.1. There are six corporate audits to be issued as a draft, with a further nine to be finalised. They are:

To be issued

- PFI Monitoring (RRE); and
- Leaving Care 18+ (CYP).

To be finalised:

- Direct Payments 15/16 Core – Satisfactory;
- Non-current Assets 15/16 Core – Satisfactory;
- Accounts Payable 15/16 Core – No Assurance;
- Payments to Adult Care Providers 15/16 Core – Limited;
- Public Health – statutory services and providing services to the NHS – Satisfactory;
- Better Care Fund – Limited;
- Housing – Bed & Breakfast, Hostels and Temporary Accommodation – Limited;
- Employer Agents, Pupil Payments (contract management) – Satisfactory;
- Anti-fraud and Corruption Team (AFACT) – Satisfactory;
- Disaster Recovery / BCP – Satisfactory;
- Appointeeships, Deputyships and Safeguarding of clients assets -Satisfactory;
- Speech and Language Therapy (contract management) – Substantial;
- Environmental Health – Food safety, Hygiene and Standards – Satisfactory; and
- Processes for Payments to Main Care Providers – Consultancy.

- 5.2. There are four school audits to be finalised:

- Prendergast – Hillyfields – Substantial;
- Prendergast – Ladywel – Satisfactory; I
- Prendergast – Vale College - Substantial, and

- Kilmorie – Satisfactory.

5.3. The table below details the audits issues since the last meeting, by audit opinion.

Dir.	Audit (Corporate)	Date of Final	Audit Opinion	Recs. Made		
				H	M	L
RRE	Commissioning and Procurement Board	04/05/16	Limited	1	6	-
CUS	Local Transparency Code	03/05/16	Limited	1	2	-
CUS	Client Contributions for Care Provision 15-16 (Core)	01/04/16	Limited	2	8	1
CUS	Banking 15-16 (Core)	07/03/16	Limited	1	3	1
CYP	Children Centre Contracts	14/04/16	Limited	1	5	2
COM	IT Backup and BCP for Adult Social Care System	04/04/16	Limited	2	1	-
COM	Learning and Disability Respite - contract management	14/03/16	Limited	-	8	-
RRE	Pensions 15-16 (Core)	01/04/16	Satisfactory	-	4	-
RRE	Capital Expenditure 15-16 (Core)	22/03/16	Satisfactory	-	3	-
RRE	Budget Monitoring 15-16 (Core)	01/03/16	Satisfactory	-	3	1
CUS	Adherence to the DPA 1998	04/05/16	Satisfactory	-	6	-
CUS	Public Access to Information	04/05/16	Satisfactory	-	7	1
CUS	Housing Benefit and CTRS 15-16 (Core)	21/04/16	Satisfactory	-	4	2
CUS	Housing Register and Offers	11/04/16	Satisfactory	1	2	1
CUS	Council Tax 15-16 (Core)	07/03/16	Satisfactory	1	-	2
CUS	NNDR 15-16 (Core)	07/03/16	Satisfactory	1	-	2
RRE	Payroll 15-16 (Core)	11/04/16	Substantial	-	1	1
CUS	In-house Bailiff Service /Enforcement Agency	01/03/16	Substantial	-	1	-

Dir.	Audit (School)	Date of Final	Audit Opinion	Recs. Made		
SCH	Athelney Primary School 15-16	10/03/16	Satisfactory	-	7	1
SCH	Sedgehill Secondary School 15-16	26/04/16	Satisfactory	3	7	1
SCH	Forest Hill Secondary 15-16	25/02/16	Satisfactory	-	11	5

5.4. There were no additional audits since the last meeting. Due to resources and timing, two were audits were cancelled. They were:

- Voluntary and Community Sector Contracts; and
- School Thematic – Policies.

6. Limited , No Assurance and Consultancy reports

6.1. There were seven ‘Limited’ opinion reports issued since the last meeting:

- Commissioning and Procurement Board;
- Local Transparency Code;
- Client Contributions for Care Provision 15-16 (Core);
- Banking 15-16 (Core);
- Children Centre Contracts;
- IT Backup and BCP for Adult Social Care System; and
- Learning and Disability Respite - contract management.

6.2. While these reports are diverse in the range of activities audited, some common improvement areas relate to:

- Absence of up to date process and procedure notes;
- Lack of evidence for review / approval of transactions; and
- Lack of timely actions and monitoring.

6.3. Common to all of these is the pressure on managers and staff as the Council continues to work to maintain services with reducing resources. The executive summaries from these reports can be found at Appendix 2.

7. High or Medium recommendations not agreed

7.1. Since the last meeting, management have agreed all High or Medium recommendations made by internal audit prior to finalisation.

8. Progress on the implementation of recommendations.

Follow-ups

8.1. Non-school reviews with High or Medium recommendations are followed-up within nine months of the final report. School audits with a negative assurance opinion (i.e. ‘Limited’ or ‘No assurance’) also receive a follow-up review.

8.2. There were 12 follow up reviews completed since the last report, 10 corporate and two school. The results were:

Implemented	In Progress	Superseded	Not Implemented	Total Recs
42	20	-	6	68
62%	29%	-	9%	100%

8.3. Over 90% of recommendations were either implemented in full or were in progress. Details of the follow-up review can be found in Appendix 3.

Re-occurring recommendations

8.4. Where a recommendation for a core financial review is remade the, this is reported as a re-occurring recommendation. The previous year's recommendation is closed down, and the new recommendation (the re-occurring recommendation) is then monitored.

8.5. Below are the 12 re-occurring recommendations that have been identified since the last meeting.

- Banking - 1 rec - since 2014/15
 - Procedure notes for all areas need to be created
- Treasury Management - 1 rec - since 2013/14
 - Reconciliation of deposits, market loans and Public Work Loan Board Loans not being reviewed by independent officer.
- Budget Setting - 3 rec - since 2012/13
 - Approvals of budget movements (i.e. carry forwards) should be defined in finance procedures and approval should be documented and kept.
 - Budget holders not always signing their budget monitoring reports as correct.
 - Budget variances (£5k or 1% of the budget whichever is greater) are not being consistently recorded in the budget control reports.
- Capital Expenditure - 1 rec - since 2014/15
 - Monthly progress reports (Highlight reports) are not consistently completed
- Client Contributions for Care Provision - 3 recs - since 2014/15
 - Initial and reassessments are not completed in a timely manor
 - Consent from clients to share personal information not formally applied for
 - Scanning of client files (including backlog) for DPA security purposes not completed.
- Payroll - 1 rec - since 2014/15
 - PAYE and NI reconciliations not being independently checked.
- Pensions - 2 recs - since 2014/15
 - Scanning of documents for electronic records still not resolved.
 - Reconciliations between Pension contributions received and payroll and the general ledger are not regularly conducted and not independently check and verified.

8.6. Superseded

No recommendations were superseded since the last report.

Implementation of recommendations

8.7. The table below shows the status of high and medium recommendations made by Internal Audit as at the 13/05/16.

Lead Dir.	Previous o/due recs.	Current o/due recs at 13/05/16	Current recs with 2+ changes	Previous no. of open recs at 29/02/16	Recs re-opened since 29/02/16	New recs since 29/02/16	Rec closed since 29/02/16	Current open recs at 13/05/16
RRE	10	7	3	16	7	24	(19)	28
CUS	-	9	7	26	-	42	(8)	60
COM	4	14	-	7	3	13	(6)	17

Lead Dir.	Previous o/due recs.	Current o/due recs at 13/05/16	Current recs with 2+ changes	Previous no. of open recs at 29/02/16	Recs re-opened since 29/02/16	New recs since 29/02/16	Rec closed since 29/02/16	Current open recs at 13/05/16
CYP	3	7	-	9	-	6	(2)	13
Tot	17	37	10	58	10	85	(35)	118
SCH	77	84	3	113	6	24	(27)	116
Tot	94	121	13	171	16	109	(62)	234

8.8. The percentage of overdue recommendations to open ones for all areas is 52%. This is broken down by:

- Corporate - 31% a slight increase from the 29% reported last time.
- Schools - 72%, which is an increase from the 68% reported last time.

9. The Internal Audit Service

- 9.1. Although the Royal Borough of Greenwich advised us that they might no longer be able to conduct the school audits for us during 2016/17, they have found some capacity. They will be conducting some of the schools in the plan. The in-house team will conduct the rest.
- 9.2. Recruitment of three Principal Internal Auditors for the in-house team is now underway. The plan to have trainees remains but not until 2017/18 to ensure that the in-house team are fully established first.
- 9.3. Internal audit will continue to make use of the Croydon Framework (Mazars). They will be conducting the core financial audit and IT for 2016/17.
- 9.4. Officers continue to explore shared service and joint procurement opportunities with other Boroughs. These could include both the Internal Audit and Counter Fraud services.

10. Internal audit plan for 2016/17

- 10.1. The proposed internal audit plan for 2016/17 can be found in Appendix 1. This was presented to the Internal Control Board and Audit Panel for approval in March. However as the meeting was inquorate, it is represented here at Appendix 1 for approval.

11. Public Sector Internal Audit Standards (PSIAS)

- 11.1. The independent external PSIAS assessment took place in February 2016.
- 11.2. The full report is presented at Appendix 5. The conclusion from the assessor was: "We are pleased to report that the external assessment has concluded that the LBL Internal Audit Service is compliant with the requirements of the PSIAS".

- 11.3. The assessor has made some recommendations to improve the service. These recommendations are not a condition of the compliance with the standard but advisory to assist with continuous improvement.
- 11.4. The recommendations that Members are requested to agree are listed below.
- The Audit Panel and the Internal Control Board (ICB) should consider holding in-camera meetings with the Internal Audit Contract manager to ascertain if this manager has any concerns as to the independence of the present arrangements. This should be done at least annually in general terms and whenever an audit of a system managed by the HIA is undertaken. The CFO should provide similar support to the IA Contract Manager in regard to the audit of any system managed by the HIA.
 - The Audit Panel should consider annually completing an effectiveness assessment that includes an assessment of the effectiveness of the internal audit service and HIA. A number of assessment templates exist. The NHS typically uses one prepared by the Healthcare Financial Management Association (HFMA).
- 11.5. Internal audit's response to the recommendations for officers can be found in the 'Annual assurance Report' to be presented to the June meeting of the Panel.

12. Legal implications

12.1. There are no legal implications arising directly from this report.

13. Financial implications

13.1. There are no financial implications arising directly from this report.

14. Equalities implications

14.1. No direct equalities implications have been identified, in terms of adverse impact, with respect to the Council's obligations under the Equality Act 2010.

15. Crime and disorder implications

15.1. There are no crime and disorder implications arising directly from this report.

16. Environmental implications

16.1. There are no specific environmental implications arising directly from this report.

17. Background papers

17.1. There are no background papers.

If there are any queries on this report, please contact David Austin, Head of Corporate Resources, on 020 8314 9114, or email him at: david.austin@lewisham.gov.uk

Appendix 1 - Draft Audit Plan 2016/17

Corporate Audits - (sorted by Core, IT, Contract, General and Grants).

Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
RRE	Budget Monitoring 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Budget monitoring of individual budget holders •Virements •Budget setting 	6. Financial Failure and inability to maintain service delivery within a balanced budget
RRE	Capital Expenditure 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Project management of capital projects / programmes •Payments accuracy / authorisation etc •Budget monitoring •Governance of corporate project board, •Expenditure monitored for closed projects. 	6. Financial Failure and inability to maintain service delivery within a balanced budget
RRE	Main Accounting 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Feeder systems •Reconciliations •Suspense / holding accounts •Access / separation / limits etc of the financial system. •Journals •Changes to budgets •Exception reports •Virements •Final Accounts reconciliation 	6. Financial Failure and inability to maintain service delivery within a balanced budget
RRE	Non-Current Assets 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Additions, depreciations, valuation and Verification of assets •Right to buy and other disposals •Reconciliations •Leases •Transfer of assets to community 	6. Financial Failure and inability to maintain service delivery within a balanced budget

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Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
RRE	Payroll 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Benefits (maternity, paternity etc) entitlement / payments / Sickness •Statutory regulations (i.e. P60, P45) •Deductions from salaries for third parties, council purposes and statutory purposes. •Overpayments •Payments - including amendments, honorarium, petty cash claims •BACS and non-BACS payment controls •Starters / Leavers •Reconciliations •Exception reports / Monitoring 	6. Financial Failure and inability to maintain service delivery within a balanced budget
RRE	Pensions for LGPS and TPS 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Contributions (including AVC) •Benefits payable (including abroad and benefits paid to dependents) •Auto enrolment - 2nd round of auto enrolment due in 16/17 for current employees •Transfers in or out of the scheme •Investments •Management Fees •Governance of the Scheme (PSP Act 2013) including the pension board •DPA •Teachers pension scheme, to include schools with own payroll / contracted out. 	8. Lack of provision for unforeseen expenditure or loss of income in respect of Council's liabilities or funding streams.

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Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
RRE	Treasury Management 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Review investment transactions for completeness, accuracy, compliance etc. •Reconciliations to GL •Forecasting •Cash flow •Borrowing •Investments •Performance monitoring •Monitoring of broker contract •Strategy 	8. Lack of provision for unforeseen expenditure or loss of income in respect of Council's liabilities or funding streams.
CUS	Accounts Payable 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •New suppliers and bank amendments •Payment of invoices (both PO and Non PO) •Late interest payments •Monitoring of PIs •Reconciliations •Exception Reports •Queries, complaints monitoring and processes •BACS and Non BACS payments •Authorisation / separation of duties / cash limits •DEP/ CEP adherence (Local Expenditure Panel) 	6. Financial Failure and inability to maintain service delivery within a balanced budget
CUS	Accounts Receivable 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Raising of accounts / invoices •Recovery of debts, including debt collection agencies, legal process, charges, reminders, •Write off / statute of limitations use •Access to system •Reconciliations 	9. Loss of income to the Council

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Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
CUS	Banking 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •NEW - Might be doing recurring card payments in 16/17 •Review process for non-cash payments coming in by post / in person •Suspense / holding accounts •Cheque printing and security •Bank Reconciliations •Access to the receipting / recording feeder system. •Reconciliations of Paye.net, PayPoint, internet card payments, Bar-coded post office payments, SMS card payments and pre-paid cards. •Direct Debit Payments and Authorisation (assuming they do it in this section) 	6. Financial Failure and inability to maintain service delivery within a balanced budget
CUS	Client Contribution for Care Provision 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Calculations/ Assessment/ Authorisation / Recording / Amendments / Annual review / of contributions. •DPA compliance and Boarder Agency Checks. Evidence of Power of Attorney/ Third Party Agreements (or similar). •Recovery of Client contributions. •Information about help with contributions (i.e. Publications, website etc), how the resident is informed about the charges. Easiness of how to complete and read the form. •Deferred contribution scheme - how it is implemented and monitored (if applicable). •Legal Charges on Properties. •Access to system. 	9. Loss of income to the Council
CUS	Council Tax 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Calculations of bills •Arrears procedures and adherence, including summons, arrears collections / arrangements, bailiff action and court processes, attachment of earnings, probate cases •Setting of the council tax •Discounts / Reductions / Disregards •Valuation Office List •Liability 	9. Loss of income to the Council

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Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
		<ul style="list-style-type: none"> •Voids •DPA •Write offs and Refunds 	
CUS	Housing Benefit 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Review applications and assessments in relation to, calculating to agreed rates, evidence / ID obtained, general compliance with legislation / Local procedures and approving payments. To include, claimants who work, self employed, students with dependents or are on benefits •Monitoring of exception reports. •Separation of duties from assessing to approving and authorising payments. •Overpayment recovery. •Reconciliation •Quality Assurance •Appeal Processes •Discretionary housing payments •DPA compliance •BACS - approving and amending bank details. •Amendments to local procedures etc. 	6. Financial Failure and inability to maintain service delivery within a balanced budget
CUS	Business Rates 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Calculations of bills •Arrears procedures and adherence, including summons, arrears collections / arrangements, bailiff action and court processes, etc •Setting of the NNDR rate •Exemptions / discounts / reductions / relief (including empty properties / charity / hardship / small business / community amateur sports clubs /) •Valuation Office List •Liability •Voids •DPA •Write offs and Refunds 	9. Loss of income to the Council

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Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
COM	Payments to Adult Care Providers 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Processing of invoices - ensuring calculations/ Annual assessments of clients reflects invoices / Authorisation / Recording / Amendments / are correct and have taken place and invoices are paid in time. •DPA Compliance between the council and care providers •Monitoring of exception reports (invoices). •Budget monitoring •Information about help with payments to clients in homes. 	6. Financial Failure and inability to maintain service delivery within a balanced budget
CUS	ICT Governance Arrangements with Brent	To review the contract / governance Arrangement with LB Brent supply ICT to LBL.	2. ICT infrastructure is not fit for purpose and/or does not meet business needs
CUS	Business Continuity Plans for ICT and the LB of Brent	To review the BCP / DRP in the share service. To review if both parties can securely hold the data and can restores each other's data successfully.	1. Failure to maintain minimum service continuity during and quickly recover from a disaster
CUS	Payment Card Industry Data Security Standard (PCI DSS)	To review if the council can comply with the PCI DSS with the new Share service in place.	9. Loss of income to the Council
CUS	IT and Digital Strategy	To review the strategies (if separate) to see the rational,	30. Strategic programme to develop and implement transformational change does not deliver
CUS	Compliance with the Code of Connection (CoCo) and Public Sector Network (PSN).	To review framework on how the council is adhering to the CoCo. Also PSN	2. ICT infrastructure is not fit for purpose and/or does not meet business needs
CUS	Data Breaches - detection, reporting and Network Security	To review how the council detects, reports and following any action plans in relation to ICT Data Breaches. To include Spam Mail/ Malware and Denial of Service attacks. To review the security of the network to include intrusion detection and prevention service (IDS / IPS), Firewalls, Anti-virus and malware	21. Information governance failure.

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Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
CUS	BACS testing	To review if the Bankers' Automated Clearing Services (BACS) controls at the council are secure.	7. Adequacy of Internal Control.
CUS	Virtual Private Network (VPN) / Mobile Working	To review the security of the new VPN (mobile working systems with Brent).	21. Information governance failure.
RRE	Pre contract and Tendering	To review the controls around the pre-contract arrangements (due diligence, assessment of bidders, code of practice, living wage etc). To attending tendering openings, and review the controls around making the assessments and notifying the bidders.	13. Failure to manage strategic suppliers and related procurement programmes.
CUS	Mobile Devices (Contract Monitoring)	To review the controls around issuing, monitoring call charges, monitoring of lost / stolen devices, and allocation of devices since centralisation.	13. Failure to manage strategic suppliers and related procurement programmes.
CYP	Schools' Catering Contract	To review the contract monitoring, payment received from schools and payments to the supplier, H&S adherence and complaint management.	13. Failure to manage strategic suppliers and related procurement programmes.
RRE	Regeneration and Capital Programme Boards	To review the governance of the board/s, review minutes, agreeing and monitoring of actions plans, and overall decision making process. To include the controls around referring and reporting of major projects.	13. Failure to manage strategic suppliers and related procurement programmes.
CYP	Minor Works Programme (Schools)	To review the expenditure, tendering / procurement process and monitoring of small works projects for schools.	15. Loss of a strategic asset or premises through failure to maintain it in a safe and effective condition
RRE	Budget Savings and Decision Making Framework	To review the framework in relating to the budget savings only (core financial controls will be looked at separately). To take a sample of saving proposals and follow them through from initial proposal of individual budget savings, agreement and monitoring of the savings proposals, and reporting of the outcomes.	24. Failure to maintain sufficient management capacity & capability to deliver business as usual and implement transformational changes.

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Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
CUS	Flagship Care Scheme for Older People accommodation	To review the building contracts in relation to extra care scheme. To review issuing of contracts, payments and monitoring. To include a review of the project management and contractual / tendering arrangements	13. Failure to manage strategic suppliers and related procurement programmes.
CUS	Monitoring of Lewisham Homes Management Agreement	To review the monitoring of the new agreement with Lewisham Homes, including the new responsibilities that LH are / will be responsible for.	5. Failure to anticipate and respond appropriately to legislative change. For example:
COM	Public Health - Target based payments to GPs	To review monitoring of the targets and payments of outputs / outcomes to GP (i.e. smoking, obesity).	12. Multi-agency governance failure leads to ineffective partnership working
RRE	Income Generation Scheme / Project	To review how the income was identified, if it legal and achievable. To include measuring, monitoring and reporting of the outcomes.	9. Loss of income to the Council
RRE	General Election Preparation	To review the project team placed with preparing for the General Election. To include arrangements with Greenwich in shared constituency. Potentially look at the IT system to ensure it is secure and has sufficient Business Continuity Plans in place.	29 Failure to implement Individual Electoral Registration (IER)
RRE	Key Performance Indicators (KPIs) and Departmental Service Plans.	To review how the KPIs are agreed, measured, monitored and reported. To include a review of the completion, monitoring and reporting of departmental service plans.	10. Failure to manage performance leads to service failure.
RRE	Apprenticeships, Graduates and other Professional Training Schemes	To review the monitoring and support of trainees on the different training schemes that the council participates in. To include, where applicable, recovery of income of professional fees where leavers leave the scheme early. To include the preparation of the changes to apprentices due to come in.	19. Loss of constructive employee relations

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Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
RRE	Gifts and Hospitality and Declaration of Interests - Officers and Members	To review the compliance and policy for Gifts and Hospitality and Declaration of Interests, for both members and Officers. To include a review of the effectiveness of the process.	7. Adequacy of Internal Control.
RRE	Financial Regulations / Constitution	To review the Financial Constitution to see if it is fit for purpose and has no conflicting guidance.	7. Adequacy of Internal Control.
RRE	Building Control Approval	To review the framework (from application to sign off / non approval) round the types of building control -e.g. building notice, full plans and regularisation (retrospective).	5. Failure to anticipate and respond appropriately to legislative change.
RRE	Risk Maturity Review	To assess the risk maturity of the council.	7. Adequacy of Internal Control.
RRE	Procurement Card Expenditure	To review the spend on procurement cards to see if they limits are adhered to, reporting and action of non-adherence, issuing and stopping of cards, reasonableness of purchases, and physical assets location (where applicable).	6. Financial Failure and inability to maintain service delivery within a balanced budget
RRE	Expenses reimbursed by payroll and Procurement card.	To review the expenditure, authorisation, adherence to procurement and HMRC regulations, process of checking expenses through payroll and corporate card. (Not key control audit)	7. Adequacy of Internal Control.
CUS	Local Support Scheme	To review the controls surrounding emergency loans, support grants and Starting Work Awards (SWA). To include controls around data and investigations.	5. Failure to anticipate and respond appropriately to legislative change. For example:
CUS	Private Rented Sector Licensing Scheme.	To review the controls and adherence to the scheme, including identifying properties and landlords, billing and collecting of licence fees. .	4. Non-compliance with Health & Safety Legislation

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Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
CUS	Blue Badges, Freedom Passes, Discretionary Passes and Taxi cards	To review the controls surrounding the issuing and monitoring of the badges, passes and cards.	6. Financial Failure and inability to maintain service delivery within a balanced budget
CUS	House in Multiple Occupation (HMO)	To review the licence fee arrangements, issuing of licences and monitoring of any conditions needed to comply and identification of HMO properties.	4. Non-compliance with Health & Safety Legislation
CUS	Sundry Debtor System and Suspense Controls	To review the controls around the debtor system to review duplication of work, extracting information for departments. To include the follow up on independent recommendations.	9. Loss of income to the Council
CUS	Vehicle Fleet - Purchase, Maintenance and Fuel Tank maintenance at Wearside	To review the H&S, controls around fuel consumption, procurement and maintenance of council owned vehicles Wearside.	15. Loss of a strategic asset or premises through failure to maintain it in a safe and effective condition
CUS	PayPal Project	To liaise and provide advice on the use of PayPal within the council.	30. Strategic programme to develop and implement transformational change does not deliver
CUS	Lewisham Website and Intranet Content Usability	Non-IT audit. To review for usability, accessibility, use of links, accuracy of content (i.e. is it up to date) for both the intranet and the Council website.	24. Failure to maintain sufficient management capacity & capability to deliver business as usual and implement transformational changes.
CYP	Payments to Care Provider and Foster Carers for Looked After Children 16-17 (Core Financial Audit)	<ul style="list-style-type: none"> •Calculations/ Assessment/ Authorisation / Recording / Amendments / Annual review (if applicable) / of invoices - payments •Budget monitoring •DPA Compliance between the council and care providers (both foster parents and care providers in the framework. •Monitoring of exception reports (invoices). 	8. Lack of provision for unforeseen expenditure or loss of income in respect of Council's liabilities or funding streams.

Appendix 1 - Draft Audit Plan 2016/17

Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
CYP	Children looked after and achieving permanence (Adoption / Experiences and progress of care leavers) - Ofsted Framework Rolling Plan	To review this area or parts of this areas part of a three year. Specific areas to be agreed with management at the time of the review.	18. Failure of safeguarding arrangement.
CYP	Leadership Management and Governance - Ofsted Framework - Rolling Plan	To review this area or parts of this areas part of a three year. Specific areas to be agreed with management at the time of the review.	18. Failure of safeguarding arrangement.
CYP	Children who need help and protection - Ofsted Framework Rolling Plan -	To review this area or parts of this areas part of a three year. Specific areas to be agreed with management at the time of the review.	18. Failure of safeguarding arrangement.
CYP	No Recourse to Public Funds (NRPF) Case Framework	To review the framework surrounding No Recourse to Public funds to ensure that the controls in place after the initial pilot is now complete. To look at the casework system.	6. Financial Failure and inability to maintain service delivery within a balanced budget
CYP	Monitoring of Child Care Providers	To review the monitoring of Child Social Care Providers (non-financial) if: The properties are fit for purpose (secure/maintained), staff are trained and security checked (DBS / police checks), registered social workers on site etc.	18. Failure of safeguarding arrangement.
CYP	Project Management Review Framework and Training	To review the framework for project management including training across the council.	30. Strategic programme to develop and implement transformational change does not deliver
COM	Direct Payments 16-17 (Core Financial)	<ul style="list-style-type: none"> •Review the assessing, monitoring, allocation of payments, recovery of overpayments, to clients for personalisation (personal / individual budget etc). •Review the monitoring by the council on behalf of clients who received personalisation (i.e. the cash part). •DPA compliance between the client and council. 	6. Financial Failure and inability to maintain service delivery within a balanced budget

Appendix 1 - Draft Audit Plan 2016/17

Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
		•Budget monitoring	
COM	Business Continuity Plans for Adult Social Care Providers	To review the BCP in relation to Adult Social Care provision in the event of company failure.	28. Failure to agree with partners integrated delivery models for local health and care services.
COM	Broadway Theatre	To review the Programme / Project management for redevelopment / restoration the Broadway Theatre.	15. Loss of a strategic asset or premises through failure to maintain it in a safe and effective condition
COM	Safe Guarding and Assurance Adults - Proactive Monitoring of Referrals	To review the framework of the referral process in relation to institutional abuse (historic and present). To include linking back to the strategy, assessment process of the referrals, monitoring of the referrals and action plans and complaints process	18. Failure of safeguarding arrangement.
COM	Community Budget with Southwark and Lambeth	To review the governance, pooled budgets, budget monitoring and outcomes of the Community Budget.	28. Failure to agree with partners integrated delivery models for local health and care services.
COM	Licensing	To review the controls around application and approval of licences, payments for licences, reporting of decisions, and removal of licences for applicable areas (liquor, gambling, entertainment etc).	12. Multi-agency governance failure leads to ineffective partnership working
COM	Supporting People	To review the controls / contract management in relation to supporting people. Area to be confirmed but could include single homeless with needs, / alcohol / offenders / domestic violence / mental health issues / older people with needs,	12. Multi-agency governance failure leads to ineffective partnership working

Appendix 1 - Draft Audit Plan 2016/17

Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
COM	Home Care Provision	To review the commissioning and / or monitoring of the re-commissioned Home Care Service	18. Failure of safeguarding arrangement.
COM	Adult Learning Lewisham	To review income, refunds, discounts around course payments and payments to Tutors. To include compliance with DPA. (If applicable), recruitment of tutors, staff, and governance.	10. Failure to manage performance leads to service failure.
COM	Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)	To review the controls and safeguards around using the MCA and DOLS.	18. Failure of safeguarding arrangement.
CYP	Troubled Families Programme Grant Submission	To review the submission for the TFP claims	N/A

School Audits

Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
SCH	Brindishe Green Primary	Standard Schools' Programme	Various
SCH	Brindishe Manor	Standard Schools' Programme	Various
SCH	Clyde Nursery	Standard Schools' Programme	Various
SCH	Dalmain Primary	Standard Schools' Programme	Various
SCH	Deptford Park Primary	Standard Schools' Programme	Various
SCH	Drumbeat School (Special)	Standard Schools' Programme	Various

Appendix 1 - Draft Audit Plan 2016/17

Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
SCH	Good Shepherd Catholic School	Standard Schools' Programme	Various
SCH	Holy Cross Catholic Primary	Standard Schools' Programme	Various
SCH	Horniman Primary	Standard Schools' Programme	Various
SCH	John Stainer Primary	Standard Schools' Programme	Various
SCH	Lucas Vale Primary	Standard Schools' Programme	Various
SCH	Marvels Lane Primary	Standard Schools' Programme	Various
SCH	Myatt Garden Primary	Standard Schools' Programme	Various
SCH	Rangefield Primary	Standard Schools' Programme	Various
SCH	Rathern Primary	Standard Schools' Programme	Various
SCH	Rushey Green Primary	Standard Schools' Programme	Various
SCH	Sandhurst Infant	Standard Schools' Programme	Various
SCH	Sandhurst Junior	Standard Schools' Programme	Various
SCH	St Augustine's Catholic Primary	Standard Schools' Programme	Various
SCH	St Joseph's Catholic Primary	Standard Schools' Programme	Various
SCH	St Mary's CE Primary	Standard Schools' Programme	Various
SCH	St Stephen's CE Primary	Standard Schools' Programme	Various

Appendix 1 - Draft Audit Plan 2016/17

Lead Dir.	Name of Audit	Indicative Scope	Linked to which Corporate Risk
SCH	Stillness Infant	Standard Schools' Programme	Various
SCH	Stillness Jnr	Standard Schools' Programme	Various
SCH	Torridon Infant	Standard Schools' Programme	Various
SCH	Torridon Junior	Standard Schools' Programme	Various
SCH	Turnham Primary	Standard Schools' Programme	Various
Follow ups			
SCH	Watergate school	Follow up on school recommendations	n/a
SCH	Adamsrill School	Follow up on school recommendations	n/a
All	Non-Core Financial Follow up	Follow-up on 15-16 Non - core financials	n/a
All	Core Financial Follow-up	Follow-up on 15-16 core financials	n/a
TBC. May be independent audit / joint audit with respective partners / LBL audit.			
CUS	Oracle - annual audit	To review the arrangement for auditing the security of Oracle in relation to all boroughs (i.e. joint with other boroughs). To see if the Governance, Risk & Control part of the solution is now in operation.	
RRE	Pension Collective Investment Vehicle (CIV)	To review the arrangements for the auditing of / or audit the Collective Investment Vehicle as a Financial Control Authority registered company of which the Council is a shareholder.	

Appendix 2 - Executive Summaries from Limited, No Assurance or Consultancy Reviews

Executive Summary for Commissioning and Procurement Board –
2015/16



Internal Audit Assurance Opinion	Risk Headings				
▲ Limited	H	M	L		
★ Substantial ● Satisfactory ▲ Limited ■ No Assurance (See glossary for definitions). Introduction The background for this internal audit including the agreed scope and risks identified, are included in the Terms of Reference (ToR) which can be found on page 10. The findings in this report are by exception. This means only those areas where further management action is required to improve internal control are mentioned.	●	1. Board Governance	-	3	-
	▲	2. Reporting, Monitoring and Adherence to the OGC Gateway Process	1	3	-
	Total		1	6	-

Key findings that need attention

- The terms of reference for the Commissioning and Procurement Board is still in draft form and also needs to be updated;
- Not all members of the Commissioning and Procurement Board attend meetings regularly;
- Commissioning and Procurement Board meeting minutes were not available for three meetings held in 2015;
- The criteria of the Council's transformation programme was not formally defined;
- The Commissioning and Procurement Board does not monitor tendering exercises that exceed £50,000;
- The Commissioning and Procurement Board does not evidence the review of risk registers in respect of high risk / or high impact contracts, and
- The Commissioning and Procurement Board did not evidence that gateway reviews were being consistently conducted as required.

Are as that worked well

Based on testing conducted by Internal Audit, it was noted that:

- There is a Procurement Handbook in place that demonstrates adherence to applicable EU directives; and
- The Council's processes for commissioning, procurement and contract procedure rules are determined and evidenced as reviewed by the Commissioning and Procurement Board.

The follow up for this audit will take place within nine months after the final audit report.

Management are required to update the progress of any Medium recommendations on the Recommendations SharePoint site.

Changes to the scope

This audit was conducted in line with the agreed Terms of Reference.

Appendix 2 - Executive Summaries from Limited, No Assurance or Consultancy Reviews

Executive Summary for Adherence to Transaction code 2015-16



Internal Audit Assurance Opinion	▲ Limited	Direction of Travel	N/A	Risk Headings	H	M	L	
★ Substantial ● Satisfactory ▲ Limited ■ No Assurance. (See glossary for definitions).				▲	1. Publishing of Data	1	1	-
Introduction The background for this internal audit including the agreed scope and risks identified, are included in the Terms of Reference (ToR) which can be found on page 7.				▲	2. Verification of data		1	-
The findings in this report are by exception. This means only those areas where further management action is required to improve internal control are mentioned.					Total	1	2	-

Key findings that need attention

- There is no defined process or procedures and policies in place to ensure compliance with the Local Government Transparency Code 2015 (LTGC);
- The required information /data is not being published as required; and
- The information published is not evidenced as verified for accuracy prior to publishing.

Areas that worked well

Based on testing conducted by Internal Audit, it was noted that:

- The Constitution for the Local Authority is published on the Councils website and
- Expenditure above £500 is published as required.

The follow up for this audit will take place at nine months after the final report.

Management are required to update the progress any High or Medium recommendations on the Recommendations SharePoint site.

Changes to the scope

This audit was conducted in line with the agreed Terms of Reference.

Appendix 2 - Executive Summaries from Limited, No Assurance or Consultancy Reviews

Executive Summary for Client Contribution for Care Provision 2015-16



Internal Audit Assurance Opinion	▲ Limited	Direction of Travel	↔	Risk Headings	H	M	L	
★ Substantial ● Satisfactory ▲ Limited ■ No Assurance. (See glossary for definitions).				▲	1. Eligibility and Financial Assessments	1	6	-
Introduction The background for this internal audit including the agreed scope and risks identified, are included in the Terms of Reference (ToR) which can be found on page 18. The findings in this report are by exception. This means only those areas where further management action is required to improve internal control are mentioned. Some of the issues raised in this report are so significant, that if not resolved in a timely manner will result in a no assurance audit report.				▲	2. Recovery of Client Contributions	-	2	1
				▲	3. Deferred Contribution Scheme	1	-	-
					Total	2	8	1

Key findings that need attention (**identified in previous audit)

- The assessment and benefits procedure notes are dated 2014/2015 and do not reflect the changes in the new Care Act;
- Data Protection training for the Assessment and Benefits Team was not evidenced;
- For eight of the sample of 20 cases referred by Social Services, the Initial needs assessments were either not recorded or did not include relevant information needed;
- **231 of the initial assessments from 2014/15 were overdue for reassessment and 18 initial assessments for 2015/16 were overdue;
- **Management does not obtain formal consent from clients in to order to use and share their personal information;
- **For ten of the sample of 20 electronic client records examined, only the consolidated report of an initial overview of the clients financial assessment (W6 form), had been uploaded;
- For three of the sample of 12 leavers, IT access had not been appropriately disabled;
- The Central Debtors Collection Procedure Notes did not reflect the new practices;
- Some instances were identified where instalment payments were defaulted and were not evidenced as adequately monitored or followed up;
- Unpaid high value debts (over £10,000) had not been referred to the Legal Department for appropriate recovery action, and
- The eligibility criteria for the Defined Contribution Scheme have been under review by Legal Services since April 2015 and are thus not approved. Consequently, Deferred Payments Agreements (DPAs) are not been set up for clients and the Council is unable to place charges on properties

Follow up status of previous High & Medium recommendations			
Implemented	In Progress	Superseded	Not Implemented
2	2	-	2

The follow up for this audit will take place at the next annual review.

Management are required to update the progress any High or Medium recommendations on the Recommendations SharePoint site.

Changes to the scope

This audit was conducted in line with the agreed Terms of Reference.

Appendix 2 - Executive Summaries from Limited, No Assurance or Consultancy Reviews

Executive Summary for Banking 2015-16



Internal Audit Assurance Opinion	▲ Limited	Direction of Travel	↔	Risk Headings	H	M	L
<p>★ Substantial ● Satisfactory ▲ Limited ■ No Assurance. (See glossary for definitions).</p> <p>Introduction The background for this internal audit including the agreed scope and risks identified, are included in the Terms of Reference (ToR) which can be found on page 10.</p> <p>The findings in this report are by exception. This means only those areas where further management action is required to improve internal control are mentioned.</p> <p>Key findings that need attention (**identified in previous audit)</p> <ul style="list-style-type: none"> • **Some of the procedures notes examined need to either be updated, linked to the QMS site or be removed from the site as these were no longer applicable; • Uncleared items were being held as Aim 'exceptions' for up to six months before being moved to the general ledger 'unidentified income' account; • There was a cumulative balance of £1.683m on the general ledger 'unidentified income' account; and • The 'Aim Daily Balancing Summaries' were not up-to-date at the time of audit resulting in delayed bank reconciliations. <p>Areas that worked well Based on testing conducted by Internal Audit, it was noted that:</p> <ul style="list-style-type: none"> • Appropriate information was provided to the public on how to make payments. 	▲	1. Payments	1	2	1		
	●	2. Cheque Printing and Security	-	-	-		
	★	3. Access to receipting/recording feeder system	-	-	-		
	▲	4. Reconciliations	-	1	-		
		Total	1	3	1		

Follow up status of previous High & Medium recommendations			
Implemented	In Progress	Superseded	Not Implemented
2	0	0	0

The follow up for this audit will take place at the next annual review.

Management are required to update the progress any High or Medium recommendations on the Recommendations SharePoint site.

Changes to the scope

This audit was conducted in line with the agreed Terms of Reference.

Appendix 2 - Executive Summaries from Limited, No Assurance or Consultancy Reviews

Executive Summary for Contract Management- Children's Centres
2015/16



Overall Internal Audit Assurance Opinion	Risk Headings			H	M	L
▲ Limited						
★ Substantial ● Satisfactory ▲ Limited ■ No Assurance (See glossary for definitions).	▲	1.Contract and Contract Variation	1	1	1	
	▲	2.Payments	-	2	-	
	●	3.Contract Monitoring and Management Reporting	-	2	1	
		Total	1	5	2	

Introduction

The background for this internal audit including the agreed scope and risks identified, are included in the Terms of Reference (ToR) which can be found on page 9.

The findings in this report are by exception. This means only those areas where further management action is required to improve internal control are mentioned.

Key findings that need attention

- The Service Level Agreement (SLA) with one of the providers had expired;
- SLAs and variations to SLAs were not being formally agreed prior to commencement;
- Contract payments were not made in a timely manner;
- Contract payments (via journal) were not approved appropriately;
- Common Assessment Framework (CAF) reports are not being logged onto the Lewisham CAF database; and
- Service provider activities are not advertised in the Family Services Directory (FSD).

Areas that worked well

Based on testing conducted by Internal Audit, it was noted that:

- The contract monitoring arrangements are detailed in the contract specification document;
- The Service Level Agreements were evidenced as being reviewed by Legal Services, and
- Detailed quantitative and qualitative information is included in quarterly reporting templates.

Follow-up

The follow up for this audit will take place within nine months from the date of the final report.

Management are required to update the progress of any High or Medium recommendations on the Recommendations SharePoint site.

Changes to the scope

This audit was conducted in line with the agreed Terms of Reference.

Appendix 2 - Executive Summaries from Limited, No Assurance or Consultancy Reviews

Executive Summary for Backup and Business Continuity for Adult Social Care System 2015/16



Internal Audit Assurance Opinion ▲ Limited

★ Substantial ● Satisfactory ▲ Limited ■ No Assurance. (See glossary for definitions).

Introduction

The Liquidlogic Adults' Social Care System (LAS) manages the key processes of the adult social services function, supporting over 7,000 clients with an annual spend £81.5m as at 2014/15 financial year end.

The background for this internal audit including the agreed scope and risks identified, are included in the Terms of Reference (ToR) which can be found on page 8.

The findings in this report are by exception. This means only those areas where further management action is required to improve internal control are mentioned.

Key findings that need attention

- There is no formalised disaster recovery plan and procedures for the Adult Social Care Application;
- There is no evidence to confirm the adequacy of backups for the application; and
- The Disaster Recovery risk assessment/business impact assessment for all the systems, including the Social Care system, was not up to date.

Areas that worked well

Based on testing conducted by Internal Audit, it was noted that:

- The IT Section are aware of the current challenges regarding Disaster Recovery and Backups for the Social Health Care System; and
- They are planning to address these issues through a Shared ICT Service with LB Brent starting in April 2016.

Risk Headings		H	M	L
▲	1. Backups	1	-	-
▲	2. Disaster Recovery Plan (DRP) and Business Continuity Plan (BCP)	1	1	-
Total		2	1	

Follow-up

The follow up for this audit will take place within nine months from the date of the final report.

Management are required to update the progress of any High or Medium recommendations on the Recommendations SharePoint site.

Changes to the scope

This audit was conducted in line with the agreed Terms of Reference.

Appendix 2 - Executive Summaries from Limited, No Assurance or Consultancy Reviews

Executive Summary for Contract Management- Learning Disability
2015/16



Overall Internal Audit Assurance Opinion	▲ Limited		Risk Headings			H	M	L
<p>★ Substantial ● Satisfactory ▲ Limited ■ No Assurance (See glossary for definitions).</p> <p>Introduction</p> <p>The background for this internal audit including the agreed scope and risks identified, are included in the Terms of Reference (ToR) which can be found on page 8.</p> <p>The findings in this report are by exception. This means only those areas where further management action is required to improve internal control are mentioned.</p> <p>Key findings that need attention</p> <ul style="list-style-type: none"> One contract was formally agreed after the commencement date; The deed of variation to the price schedule was not signed by a representative of the Council as evidence of agreement. It was also not dated; Incorrect payments (underpayments) were made for six out of ten invoices between April and September 2015; Quarterly reporting is not being performed by the service provider as required; Service user and carer satisfaction surveys have not been performed or reported to the Council by the service provider; The Council does not perform periodic audits of the service provided; and Quarterly operational meetings are not held with the service provider. <p>Areas that worked well</p> <p>Based on testing conducted by Internal Audit, it was noted that:</p> <ul style="list-style-type: none"> The contract monitoring arrangements are detailed in the contract specification document; The Framework Agreement was evidenced as being reviewed by Legal Services, and Outcomes and performance measures are specified in the contract documentation. 	●	1.Contract and Contract Variation	-	2	-			
	●	2.Payments	-	1	-			
	▲	3.Contract Monitoring and Management Reporting	-	5	-			
		Total	-	8	-			

Follow-up

The follow up for this audit will take place within nine months from the date of the final report.

Management are required to update the progress of any High or Medium recommendations on the Recommendations SharePoint site.

Changes to the scope

This audit was conducted in line with the agreed Terms of Reference.

Appendix 3 - Follow up results

Lead Dir.	Audit Followed Up (Corporate)	Opinion	Final Rpt Date	F/up Rpt Date	Impl'd	In Progress	Supers'd	Not Impl'd	Total
RRE	Payroll 2014/15	Satisfactory	12/05/15	11/04/16	7	1			8
RRE	Programme & Project Mngmt	Satisfactory	29/06/15	11/04/16	3	1			4
RRE	Pensions 2014/15	Satisfactory	31/03/15	01/04/16	7	1		1	9
RRE	Capital Expenditure 14/15	Satisfactory	24/06/15	22/03/16	4	1			5
RRE	Budget Monitoring 14/15	Satisfactory	29/04/16	01/03/16	3	3			6
CUS	Housing Benefit 14/15	Satisfactory	30/06/15	21/04/16	1	1		1	3
CUS	Banking 14/15	Limited	10/06/15	07/03/16	2				2
COM	Public Health Contracts	Satisfactory	29/06/15	15/04/16	1	2		1	4
COM	Client Contributions for Care Provision 14-15	Limited	30/06/15	01/04/16	2	2		2	6
CYP	Payments for 2-4 year olds	Substantial	24/06/15	07/03/16	1	1			2
Total					31	13	-	5	49

Lead Dir.	Audit Followed up (School)	Opinion	Final Rpt Date	F/up Rpt Date	Impl'd	In Progress	Supers'd	Not Impl'd	Total
SCH	Watergate Special School	Limited	11/08/15	09/05/16	11	1		1	13
SCH	Adamsrill Primary School	Limited	26/08/15	26/04/16	9	5		2	16
Total					11	7	-	1	19

Appendix 4 – Status of Recommendations

Dir.	Name of Audit (Corporate)	Opinion	Final Report Date	Recs Overdue	2+ chgs	Re-opened at F/up	Re-occurring (core only)	Comment
RRE	Budget Setting 15-16	Satisfactory	01/03/16	1			1	
RRE	Capital Expenditure 14-15	Satisfactory	24/06/15	1			1	
RRE	Main Accounting 14-15	Satisfactory	18/06/15		1			Changed 4 times
RRE	Pensions 2015/16	Satisfactory	01/04/16				2	
RRE	Procurement 14-15	Satisfactory	24/07/15	3				
RRE	Programme and Project Management (14-15)	Satisfactory	29/06/15			1		
RRE	Project Management - Governance and Project Review Group (PRG) 13/14	Satisfactory	16/07/14		3	4		Changed 2 times
RRE	Risk Management	Satisfactory	17/12/15	2				
CUS	Accounts Payable 14-15	Limited	11/06/15		1			Changed 3 times
CUS	Accounts Receivable 15-16	Limited	15/01/16	2			2	
CUS	Banking 15-16	Limited	07/03/16				1	
CUS	Business Continuity Plans - ICT and Telephony	Satisfactory	06/07/15		1			Changed 2 times
CUS	Business Rates 15-16	Satisfactory	30/04/16	1				
CUS	Client Contributions for Care Provisions 15-16	Limited	01/04/16	2			3	
CUS	Council Tax 15/16	Satisfactory	30/04/16	1				
CUS	Disaster Recovery for ICT Infrastructure	Limited	19/04/13	2	3			1 - Changed 2 times 2 - Changed 3 times
CUS	Payments Centre	Satisfactory	26/09/13		1	1		Changed 4 times
CUS	Registrars 15-16	Satisfactory	30/06/16		1			Changed 3 times

Appendix 4 – Status of Recommendations

Dir.	Name of Audit (Corporate)	Opinion	Final Report Date	Recs Overdue	2+ chgs	Re-opened at F/up	Re-occurring (core only)	Comment
CUS	SharePoint 14-15	Satisfactory	13/10/15	1				
RRE (COM)	Budget Setting 15-16	Satisfactory	01/03/16	2			2	
COM	Client Contributions for Res and Dom care 14-15	Limited	30/06/15	1				
COM	Client Contributions for Res and Dom care 15-16	Limited	01/04/16				3	
COM	Learning Disability Respite - Contract Management	Limited	14/03/16	8				
COM	Payments to Adult Care Providers 2014-15	Satisfactory	18/06/15	1		1		ICB reopened rec
COM	Public Health Contracts	Satisfactory	29/06/15			3		
COM	South London and Maudsley NHS (SLaM)	Satisfactory	14/07/15	3				
CYP	Children's Centres Contract Management	Limited	14/04/16	3				
CYP	Estate Management Statutory Maintenance	Satisfactory	06/12/13	1	1			Changed 6 times.
CYP	Payments for 2-4 year olds	Substantial	24/06/15		1			Changed 2 times
CYP	Payments to Care Providers and Foster Carers 14-15	Satisfactory	09/06/15		2			Changed 3 times
CYP	School Catering Contract - client monitoring	Satisfactory	09/07/14	1	1			Changed 3 times
CYP	Youth Service	Satisfactory	01/07/15	1				
Total				37	16	10	15	

Appendix 4 – Status of Recommendations

Dir.	Name of Audit (School)	Opinion	Final Report Date	Recs Overdue	2+ chgs	Re-opened at F/up	Comment
SCH	Adamsrill Primary School 15/16	Limited	26/08/15	1		6	Follow up complete
SCH	All Saints Primary 14-15	Satisfactory	11/03/15	1			
SCH	Althelney Primary 15/16	Satisfactory	10/03/16	4			
SCH	Brent Knoll Special 14/15	Satisfactory	19/12/14	1	1		Changed 2 times
SCH	Chelwood Nursery 15-16	Satisfactory	22/10/15	3	1		Changed 2 times
SCH	Coopers Lane Primary 14-15	Substantial	26/02/15	1			
SCH	Elfrida Primary School 14-15	Limited	05/03/15		1	1	
SCH	Forster Park Primary	Substantial	27/01/16	5			
SCH	Holbeach School 15-16	Satisfactory	03/02/16	10			
SCH	Kender School 15-16	Satisfactory	06/07/15	1			
SCH	Launcelot Primary	Satisfactory	23/02/16	6			1 - Changed 2 times 1 - Changed 3 times
SCH	Our Lady and St Philip Neri 15-16	Satisfactory	04/02/15	10			
SCH	Sedgehill 15-16	Satisfactory	30/04/16	1			
SCH	St James Hatcham 14-15	Satisfactory	26/02/15	9			
SCH	St Mary Magdalen's Catholic Primary 15-16	Satisfactory	02/07/15	2			
SCH	St Michael's Cof E Primary School	Substantial	30/11/15	3			
SCH	St Saviours RC Primary School 14-15	Substantial	30/04/15	2			
SCH	Sydenham Schools 15-16	Substantial	27/11/15	2			
SCH	Torridon Junior School 13-14	Substantial	07/04/14	1			

Appendix 4 – Status of Recommendations

Dir.	Name of Audit (School)	Opinion	Final Report Date	Recs Overdue	2+ chgs	Re-opened at F/up	Comment
SCH	Trinity Through School 15-16	Satisfactory	13/11/15	6			
SCH	Turnham Primary School 13-14	No Assurance	31/07/14	9			
	Watergate School 15-16	Limited	11/08/15	6			
Total				84	3	7	

Appendix 5 – Final PSIAS assessment report, February 2016

Appendix 6 – Internal Audit Charter for 2016/17

These two appendices are tabled as separate documents.