



Contents

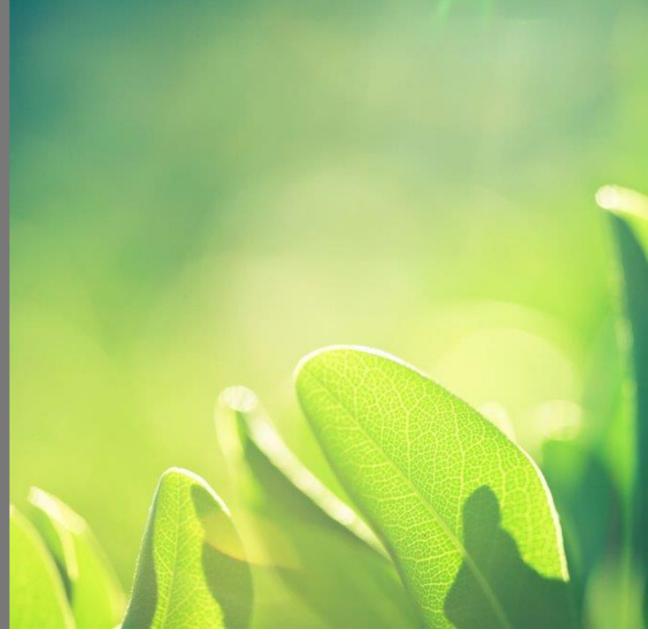
- 1 Introduction
- 2 Progress to Date
- 3 Appendix 1-2
- 4 Statement of Responsibility

Status of our Reports

Disclaimer

This report ("Report") was prepared by Mazars LLP at the request of Walsall Council and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The Report was prepared solely for the use and benefit of Walsall Council and to the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility on the final page of this report for further information about responsibilities, limitations and confidentiality.





Section 01:

Introduction



Introduction

This progress report to the Audit Committee covers the work carried out since the last audit committee by Mazars LLP.

The 2022/23 audit plan was agreed at Audit Committee in February 2022 and the Strategic Risk Register informed the audits included in the plan. Due to the Council's blended way of working, we will adapt our approach to ensure that front line services are not impaired by our work, but we must continue to assure members and management that risks are being managed effectively.

The Internal Audit Standards Advisory Board has developed guidance to support both heads of internal audit and individual auditors working in the UK public sector and we will be complying with this guidance in all of our work.

The vast majority of audits completed continue to be carried out remotely and the audit scopes are designed with that in mind.

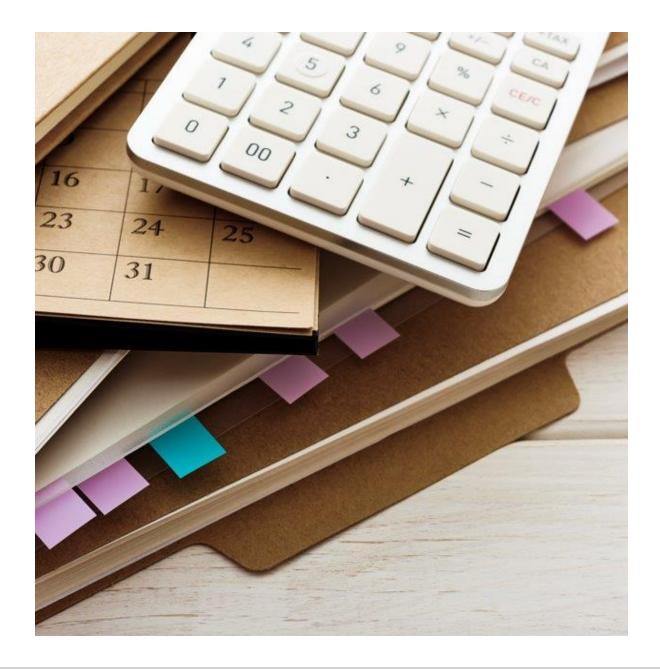
No High priority recommendations have been raised during the period.

Background

The purpose of the internal audit plan is to identify the work required to achieve a reasonable level of assurance to be provided by Mazars LLP in compliance with the Code of Practice for Internal Audit.

The fundamental role of Internal Audit is to provide senior management and Members with independent assurance on the adequacy, effectiveness and efficiency of the system of internal control, and to report major weaknesses together with recommendations for improvement. This role is fulfilled by carrying out appropriate audit work, normally in accordance with a strategic plan and an annual operational plan, as approved by the Chief Finance Officer and the Audit Committee.

As internal audit is a major source of assurance that the Council is effectively managing the principal risks to the achievement of its corporate objectives, a key rationale for the development of the internal audit plan was the Council's own Strategic, and Directorate Risk Registers and how the internal audit plan can provide this assurance.



02

Section 02:

Progress to Date

Progress to Date

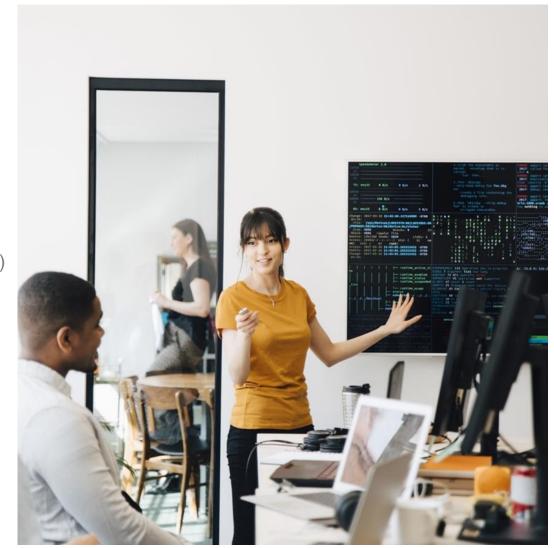
Progress against the 2022/23 Internal Audit Plan is shown in Appendix 1

We have issued the following 2022/23 Final Reports since the last meeting of the Audit Committee:

- Domiciliary Care Management of Waiting Lists (Evaluation/Testing Assurance: Substantial / Substantial)
- Palfrey Junior School (Evaluation/Testing Assurance: Moderate / Moderate)
- Rushall Primary School (Evaluation/Testing Assurance: Substantial / Substantial)
- Delves Junior School (Evaluation/Testing Assurance: Substantial / Substantial)

We have issued the following 2022/23 Draft Reports since the last meeting of the Audit Committee:

- Planning Applications
- · Butts Primary School
- Castle School
- Holy Trinity CE Primary School
- St John's CE Primary School
- Jane Lane School
- Pelsall Village Primary School



Follow-up of Recommendations

2018/19, 2019/20, 2020/21, 2021/22, 2022/23

The table below highlights the number of recommendations raised in the final audit reports for 2018/19, 2019/20, 2020/21, 2021/22 and 2022/23. It should be noted that progress in implementing recommendations raised is due for follow up as part of the 2021/22 audit plan, and summary of findings to date is shown in the table below:

| | Year | Total Recommendations | Implemented and/or no longer relevant | % | Implemented, no longer relevant and/or partly implemented | % |
|---|---------|--------------------------|--|-----|---|------|
| 4 | 2018/19 | 331 | 328 | 99% | 331 | 100% |
| 4 | 2019/20 | 223 | 221 | 99% | 223 | 100% |
| 4 | 2020/21 | 138 | 134 | 97% | 135 | 98% |
| 4 | 2021/22 | 214 | 174 | 81% | 179 | 84% |
| 4 | 2022/23 | 14 | 10 | 71% | 10 | 71% |

The table below highlights outstanding high priority actions:

| Year | Partly implemented | Not implemented / Not Followed up | Not yet due | Superseded |
|---------|--------------------|--------------------------------------|-------------|------------|
| 2019/20 | 1 | - | - | - |
| 2021/22 | 3 | 1 | 1 | |



Definition of Assurance & Priorities

Audit Assessment

In order to provide management with an assessment of the adequacy and effectiveness of their systems of internal control, the following definitions are used.

| Definitions of Assurance Levels | | |
|---------------------------------|---|---|
| Assurance Level | Adequacy of system design | Effectiveness of operating controls |
| | | |
| Substantial Assurance: | The framework of governance, risk management and control is adequate. | The control processes tested are being consistently applied. |
| | | |
| Moderate Assurance: | Some improvements are required to enhance the adequacy of the framework | There is evidence that the level of non-compliance with some of the control |
| | of governance, risk management and control. | processes may put some of the Organisation's objectives at risk. |
| Limited Assurance: | There are significant weaknesses in the framework of governance, risk | The level of non-compliance puts the Organisation's objectives at risk. |
| | management and control such that it could become inadequate. | |
| Unsatisfactory Assurance: | There are fundamental weaknesses in the framework of governance, risk | Significant non-compliance with basic control processes leaves the |
| | management and control such that it is inadequate or is likely to fail. | processes/systems open to error or abuse. |

Grading of recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows:

| Definitions of Recommendations | |
|--------------------------------|---|
| Priority | Description |
| | |
| High | Significant weaknesses in governance, risk management and control that if unresolved exposes the Council to an unacceptable level of residual risk. |
| | Remedial action must be taken urgently and within an agreed timescale. |
| Medium | Weakness in governance, risk management and control that if unresolved exposes the organisation to a high level of residual risk. |
| | Remedial action should be prioritised and undertaken within an agreed timescale. |
| Low | Scope for improvement in governance, risk management and control. |
| | Remedial action should be taken at the earliest opportunity and within an agreed timescale. |



04

Section 04:

Appendix:

- 1. Status of Audit Work 2022/23
- 2. Follow-up of Recommendations 2018/19, 2019/20 2020/21, 2021/22 & 2022/23

| Assurance Requirement | Audit | | Days | Status | Assurance Level | Total | Н | М | L |
|-----------------------|--|---|------|-----------------------|--------------------|-------|---|---|---|
| | Main Accounting | Covering continuous auditing of the adequacy and effectiveness of controls including access control, journals, virements, etc | 10 | | | | | | |
| | Accounts Payable | Covering continuous auditing of the adequacy and effectiveness of controls over the payment of creditor invoices. | 10 | | | | | | |
| | Accounts Receivable | Covering continuous auditing of the adequacy and effectiveness of controls over the Accounts Receivable system. | 10 | | | | | | |
| Core | D 1(0() | To cover the strategic approach to co-ordinating budgetary control, monitoring and reporting, and also testing a sample of departments. | 10 | | | | | | |
| Financial Systems | Council Tax / | Covering the adequacy and effectiveness of controls including liabilities, billing, cash collection, recovery and accounting. Covering the adequacy and effectiveness of controls including Business Rate Retention Scheme, liabilities, billing, cash collection, recovery and accounting. | 16 | | | | | | |
| | Housing Benefit & Local Council Tax | Packdated Panefits / Discretionary Payments | 10 | Fieldwork Complete | | | | | |
| | Payroll & Pensions Administration | Covering the adequacy and effectiveness of controls over starters, leavers, amendments, etc. | 10 | | | | | | |



| Assurance Requirement | Audit | Scope | Days | Status | Assurance Level | Total | Н | M | L |
|--------------------------|--|---|------|-----------------------------|------------------------------|-------|---|---|---|
| | Planning Applications | Planning Application Process Decisions on Planning Applications Monitoring of Planning Applications to ensure compliance with Planning Guarantee Charging for Planning Applications including collection of fees Complaints Process | 12 | Draft Report (Sept 2022) | | | | | |
| Operational Risks | Growth Deal | Annual Audit | 10 | | | | | | |
| | Workforce Planning | To cover controls over the revised Corporate Workforce Strategy, including the succession planning, recruitment and retention and links to the WPP. | 10 | | | | | | |
| | Domiciliary Care | Policy, Procedures and Legislation Market Management Arrangements Meeting Statutory Requirements Quality of Care Prioritisation of Most at Risk Monitoring of Capacity Management Information | 10 | Final Report (Aug 2022) | Substantial / Substantial | - | - | - | - |
| | Partnership Arrangements | Covering adequacy and effectiveness of controls in place to maintain effective partnership relationships and outcomes within Children's Services. | 12 | | | | | | |
| | Supporting Families | Covering adequacy and effectiveness of controls in place over seligibility, payments and achievement of progress measures. | 10 | | | | | | |
| | Traded Services – Cadmus Federation | Covering adequacy and effectiveness of controls in place over reporting requirements to ensure compliance with financial procedures | 10 | | | | | | |



| Assurance Requirement | Audit | Scope | Days | Status | Assurance Level | Total | Н | M | L |
|-----------------------|--|---|------|--------------|--------------------|-------|---|---|---|
| | Commissioning of Barristers within Children's Services | Covering adequacy and effectiveness of controls in place over transparency and service effectiveness. | 10 | | | | | | |
| | Internal Governance and Oversight of Public Health Contracts | Covering adequacy and effectiveness of controls in place over decision making – selection of contracts to include Sexual Health & Drug & Alcohol Services. | 15 | | | | | | |
| | Walsall Proud Programme | Covering adequacy and effectiveness of controls in place over transformation projects including CAM, WR4C and Income Generation. | 40 | | | | | | |
| Strategic Risks | Climate Emergency Action Plan | Monitoring & Implementation of Climate Emergency Action Plan Inclusion within the Council Plan 2022-25 Alignment with the goals of WMCA Appointment of Climate Change Programme Manager Annual report to Cabinet and E&E Overview & Scrutiny Committee Role of the Climate Change Task Force Management Information | 10 | Work Ongoing | | | | | |
| | | Covering adequacy and effectiveness of the Council's corporate approach to programme management – Connected Gateway | 15 | | | | | | |
| | Cross Council Collaboration for Savings Plans | Specific savings areas selected – Resilient Communities and Transitions from Children's to Adult's Social Care | 15 | | | | | | |



| Assurance Requirement | Audit | Scope | Days | Status | Assurance Level | Total | Н | M | L |
|-----------------------|---------------------------------|---|------|--------|--------------------|-------|---|---|---|
| | FOI and Subject Access Requests | Covering controls over management of Information Rights & Assurance including Freedom of Information, Subject Access and Environmental Information Requests | 10 | | | | | | |
| | Grant Sign-off work | Annual Sign offs | 10 | | | | | | |
| | | | | | | | | | |



| Other Considerations | | Days | Comments |
|-------------------------------------|---|------|---|
| Schools | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | 110 | See individual School Audit update |
| ICT | The specific audits and scopes will be agreed with management | 30 | |
| Governance and Risk Management | The use of CRSA to provide assurance that managers understand their requirements and take ownership of their responsibilities. Risk Management Workshops for staff and Members. Review of individual risks registers as agreed with management. | 40 | Working with Directors Group |
| Counter Fraud | Internal Audit will work with the Council in the development of fraud risk, attendance at Midlands Fraud Group meetings and carry out the role of key contact for the NFI and data match reviews | 10 | Attendance at Midlands Fraud Group Meetings, co-ordination of NFI data match reviews. |
| Management and Reporting Activities | | | |
| Follow Up | Follow-up of all high and medium priority recommendations made in final reports issued. | 20 | Ongoing follow up as recommendations fall due |
| Management, Advice and Planning | Including attendance at Audit Committee | 70 | |
| Contingency | Contingency allocation to be utilised upon agreement of the Chief Finance Officer. | 50 | |
| Total | | 605 | |



| Audit | Days | Audit Scope | Status | Assurance Level | Total | Н | M | L |
|----------------------------|------|---|-----------------------------|------------------------------|-------|---|---|---|
| Alumwell Junior School | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |
| Bentley Federation | 10 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |
| Butts Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Draft Report (Sept 2022) | | | | | |
| Castle School | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Draft Report (Sept 2022) | | | | | |
| Cooper & Jordan Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Final Report (June 2022) | Substantial / Substantial | 4 | - | 1 | 3 |
| Delves Junior | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Final Report (Sept 2022) | Substantial / Substantial | 1 | - | 1 | - |



| Audit | Days | Audit Scope | Status | Assurance Level | Total | Н | М | L |
|----------------------|------|---|-----------------------------|--------------------|-------|---|---|---|
| Greenfield Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |
| Holy Trinity Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Draft Report (Sept 2022) | | | | | |
| Jane Lane School | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Draft Report (Sept 2022) | | | | | |
| Lower Farm Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |
| Millfield Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |
| New Leaf Centre | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |



| Audit | Days | Audit Scope | Status | Assurance Level | Total | н | M | L |
|-------------------------|------|---|-----------------------------|------------------------------|-------|---|---|---|
| Palfrey Infants | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |
| Palfrey Junior | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Final Report (Sept 2022) | Moderate / Moderate | 8 | - | 2 | 6 |
| Pelsall Village Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Draft Report (Sept 2022) | | | | | |
| Rushall Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Final Report (Sept 2022) | Substantial / Substantial | 1 | - | - | 1 |
| Shepwell School | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |
| St Johns CoE Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | Draft Report (Sept 2022) | | | | | |



| | _ | | - | Assurance | | | | |
|------------------------------------|------|---|----------|-----------|-------|---|---|----|
| Audit | Days | Audit Scope | Status | Level | Total | н | M | L. |
| St Thomas of Canterbury Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |
| Watling Primary | 5 | To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend | | | | | | |



Appendix 2 - Follow-up of Recommendations 2018/19, 2019/20, 2020/21 & 2021/22

Follow-up audits have been undertaken in accordance with the 2021/22 audit plan. The objective was to confirm the extent to which the recommendations made in 2018/19, 2019/20 and 2020/21 internal audit final reports have been implemented.

Summary of Recommendations Raised and Follow Up Status - 2018/19

| | | Status | | | | | | | | | | | | | | |
|--|------------------------------|-------------------------------|---|---|---------------|---|----|--------------------|---|---|---------------------------|---|---|----------------------|---|---|
| Audit | Assurance Level | Total Number of Audit Actions | | | I Implemented | | | Partly Implemented | | | Outstanding Past Due Date | | | Due Date Not Reached | | |
| | | н | M | L | Н | M | L. | Н | M | L | н | M | L | н | M | L |
| Communication & Staff Engagement (June 2019) | Substantial / Substantial | - | 2 | 1 | - | 2 | 1 | - | - | - | - | - | - | - | - | - |
| ICT Business Continuity (June 2019) | Limited / Limited | - | 3 | 1 | - | - | 1 | - | 3 | - | - | - | - | - | - | - |
| | | - | 5 | 2 | - | 2 | 2 | - | 3 | - | - | - | - | - | - | - |
| | | | 7 | | | 4 | | | 3 | | | - | | | - | |



Summary of Recommendations Raised and Follow Up Status - 2019/20

| | Status | | | | | | | | | | | | | ı | | ı |
|---|------------------------------|-------------------------------|----|---|---------------|----|---|--------------------|---|---|---------------------------|---|---|-----------------|---|---|
| Audit | Assurance Level | Total Number of Audit Actions | | | I Implemented | | | Partly Implemented | | | Outstanding Past Due Date | | | Due Date Reache | | |
| | | н | М | L | Н | M | L | н | M | L | Н | M | L | Н | M | L |
| New Art Gallery (September 2019) | Limited / Substantial | 2 | 3 | 1 | 1 | 3 | 1 | 1 | - | - | - | - | - | - | - | - |
| Apprenticeships (December 2019) | Substantial / Substantial | - | 2 | 1 | - | 2 | 1 | - | - | - | - | | - | - | - | - |
| Saddlers Centre Management (March 2020) | Substantial / Limited | 2 | 2 | - | 2 | 2 | - | - | - | - | - | - | - | - | - | - |
| Social Media (February 2020) | Limited / Limited | 2 | 3 | - | 2 | 2 | - | - | 1 | - | - | - | - | - | - | - |
| Cyber Security (April 2020) | Limited / Limited | - | 2 | 2 | - | 2 | 2 | - | - | - | - | - | - | - | - | - |
| | | 6 | 12 | 4 | 5 | 11 | 4 | 1 | 1 | - | - | - | - | - | - | - |
| | | | 22 | | | 20 | | | 2 | | | - | | | - | |



Summary of Recommendations Raised and Follow Up Status - 2020/21

| | | Status | | | | | | | | | | | | | | |
|--|---------------------------|-------------------------------|---|---|-------------|---|---|---|------------------|---------------------------|---|---|---|------------------------|---|---|
| Audit | Assurance Level | Total Number of Audit Actions | | | Implemented | | | I | Partly olemer | Outstanding Past Due Date | | | | - Not | | |
| | | Н | M | L | Н | M | L | Н | M | L | Н | M | L | Н | M | L |
| HR Recruitment Vetting (November 2020) | Substantial / Good | - | 1 | - | - | - | - | - | - | - | - | 1 | - | - | - | - |
| HR Grievances (March 2021) | Substantial / Substantial | | 1 | | | | | | 1 | | | | | | | |
| Partnership Relationships (July 2021) | Substantial / Substantial | - | 2 | 3 | - | - | 3 | - | - | - | - | - | - | - | 2 | - |
| | | - | 4 | 3 | - | - | 3 | - | 1 | - | - | 1 | - | - | 2 | - |
| | | | 7 | | | 3 | | | 1 | | | 1 | | | 2 | |

Summary of Recommendations Raised and Follow Up Status - 2021/22

| Status | | | | | | | | | | | | | | | | |
|---|------------------------|------------------------------------|---|---|-----------------------|---|---|--------------------|---|---|---------------------------|---|---|---------------|----|---|
| Audit | Assurance Level | Total Number of Audit Actions | | | I I Implemented | | | Partly Implemented | | | Outstanding Past Due Date | | | Due Dat Reacl | | |
| | | н | М | L | н | M | L | н | М | L | н | М | L | н | М | L |
| Old Hall / Mary Elliot Federation (Jan 2022) | Moderate / Limited | - | 8 | 3 | - | 6 | 3 | - | - | - | - | - | - | - | 2 | - |
| St Thomas More (Dec 2021) | Moderate / Substantial | - | 3 | - | - | 1 | - | - | - | - | - | - | - | - | 2 | - |
| Millfields Nursery | Moderate / Moderate | - | 3 | 4 | - | - | 4 | - | - | - | - | - | - | - | 3 | - |
| Council Tax / NNDR (Mar 2022) | Moderate / Moderate | - | 5 | 1 | - | 4 | 1 | - | 1 | - | - | - | - | - | - | - |
| Section 106 Planning Obligations (Mar 2022) | Limited / Limited | 3 | 2 | 1 | - | - | 1 | 3 | 1 | - | - | - | - | - | 1 | - |
| Information Governance (Feb 2022) | Moderate / Moderate | - | 5 | 1 | - | 1 | 1 | - | - | - | - | - | - | - | 4 | - |
| Business Continuity (Mar 2022) | Moderate / Limited | - | 5 | 2 | - | - | 2 | - | - | - | - | - | - | - | 5 | - |
| Main Accounting (May 2022) | Substantial / Moderate | - | 1 | 3 | - | 1 | 3 | - | - | - | - | - | - | - | - | - |
| Accounts Receivable (May 2022) | Substantial / Moderate | - | 1 | 1 | - | - | 1 | - | - | - | - | - | - | - | 1` | - |
| Monitoring Public Health Outcomes (Apr 2022) | Limited / Moderate | 1 | 2 | - | 1 | 1 | - | - | - | - | - | - | - | - | 1 | - |
| Children's Services / IFM School Capital (May 2022) | Moderate / Moderate | - | 3 | 1 | - | - | 1 | - | - | - | - | - | - | - | 3 | - |



Summary of Recommendations Raised and Follow Up Status - 2021/22

| Status | | | | | | | | | | | | | | | | |
|--|---------------------|-------------------------------|----|----|---------------|----|----|------|------------------|---|--------------------------|----|---------|---|----|---|
| Audit | Assurance Level | Total Number of Audit Actions | | | I Implemented | | | | Partly olemei | | tstand ast Du Date | ıe | Due Dat | | | |
| | | н | M | L | н | М | L | н | М | L | н | M | L | н | М | L |
| Contract Management (Apr 2022) | Limited / Moderate | 1 | 1 | - | - | - | - | - | - | - | - | - | - | 1 | 1 | |
| Payroll & Pensions Admin (Jun 2022) | Moderate / Moderate | - | 4 | 2 | - | 2 | 2 | - | - | - | - | - | - | - | 2 | - |
| Asset Management (Jul 2022) | Moderate / Moderate | - | 4 | 3 | - | 1 | 3 | - | - | - | - | - | - | - | 3 | - |
| Mental Health Social Care Provision (Sep 2022) | Moderate / Moderate | - | 3 | 1 | - | - | 1 | - | - | - | - | - | - | - | 3 | - |
| Commissioning Strategy (Jun 2022) | Moderate / Limited | 1 | 2 | 2 | - | - | 2 | - | - | - | - | - | - | 1 | 2 | - |
| | | 6 | 52 | 25 | 1 | 17 | 25 | 3 | 2 | - | - | - | - | 2 | 33 | - |
| | | | 83 | | | 43 | | | 5 | | | - | | | 35 | |



Summary of Recommendations Raised and Follow Up Status - 2022/23

| | Status | | | | | | | | | | | | | | | |
|--|------------------------------|-------------------------------|----|----|------|----|----|--------------------|---|---|---------------------------|---|---|--------------------|---|---|
| Audit | Assurance Level | Total Number of Audit Actions | | | | | | Partly Implemented | | | Outstanding Past Due Date | | | Due Date N Reached | | |
| | | н | М | L | Н | M | L | н | M | L | н | М | L | н | M | L |
| Cooper & Jordan Primary School (June 2022) | Substantial / Substantial | - | 1 | 3 | - | - | 3 | - | - | - | - | - | - | - | 1 | - |
| Rushall Primary School | Substantial / Substantial | - | - | 1 | - | - | 1 | - | - | - | - | - | - | - | - | - |
| Palfrey junior School | Moderate / Moderate | - | 2 | 6 | - | - | 6 | - | - | - | - | - | - | - | 2 | - |
| Delves Junior School | Substantial / Substantial | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - |
| | | - | 4 | 10 | - | - | 10 | - | - | - | - | - | - | - | 4 | - |
| | | | 14 | | | 10 | | | • | | | - | | | 4 | |



Section 05 - Statement of Responsibility

We take responsibility to Walsall Council for this report, which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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