

**Audit Committee – 20 June 2011**

**Internal Audit Activity for the Year Ending 31 March 2011**

**Summary of report**

This report presents internal audit's activity for the year ending 31 March 2011, outlining ongoing and completed work and providing performance information.

**Recommendation**

- 1. To note that in 2010/11 internal audit has delivered on all of its performance targets, maintaining a high level of overall performance for the year.**



**James Walsh**  
**Chief Finance Officer**  
**8 June 2011**

**Resource and legal considerations**

The cost of providing internal audit is fully charged to services based on audit activity.

**Governance issues**

The audit committee's activities include ensuring that an effective internal control environment is maintained and regular and ongoing scrutiny of internal audit work undertaken. This report supports the committee in exercising that role.

The Accounts & Audit Regulations 2003, as amended in 2011, require councils to undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper internal audit practices'. This includes undertaking unplanned irregularity work and responding to requests for consultancy assistance from colleagues. Under s151 of the Local Government Act 1972, the council has designated the assistant director - finance as the chief finance officer; who is responsible for making arrangements for the proper administration of the council's financial affairs. The cost of providing internal audit is fully charged to services based on audit activity.

**Citizen impact**

Internal audit work is intended to ensure that effective systems of internal control are in place. This protects the council and its officers and provides an assurance to stakeholders and citizens regarding the security of our operations.

## Performance and risk management issues

Many audit committee activities are an important and integral part of the council's performance management and corporate governance frameworks. The internal audit strategic plan is risk assessed to ensure areas most at risk are examined as a priority. **Appendix 1** shows quality targets and performance indicators (PIs); summarised below.

Quality Targets/PIs (e.g. Response Time)	% Target	% Achieved 2010/11	% Achieved 2009/10
Audits completed by auditor within planned time	95	95	96
Spending within budget	100	100	100
Productivity rate	65	87	68.2
Audit plan achievement	95	98	96.5
Report issued within 10 working days of exit meeting	80	100	100
Audit report actions agreed	95	98	99
Returned customer questionnaires to show satisfaction	95	100	100

As at 31 March 2011, the service had delivered in all of its performance targets, maintaining a high level of overall performance for the year. Internal audit's current performance targets are currently under review. The revised targets will be introduced and reported against in the 2011/12 financial year.

### Implementation of agreed audit report actions

On completion of an audit review, an action plan is agreed with the relevant directorate manager who is then responsible for ensuring its implementation. Levels of 87% and 75% respectively have been achieved in each of the last 2 years against an original target of 95%.

The corporate management team (CMT) meeting on the 31 July 2008 agreed that, for the future, this target would be 100% for 3\* actions and 95% for 1\* and 2\* actions.

The current level of achievement is showing a return at 66%, as detailed at **Appendix 2**.

As previously reported, implementation of agreed actions is a directorate manager's responsibility, and it is essential that agreed actions are promptly dealt with by accountable managers as this helps to secure and strengthen the internal control environment. Both the Audit Committee and CMT are working to ensure that performance in this area improves.

## **Equality implications**

Internal audit has full regard to equalities both within the internal audit service and in the services / activity under review.

## **Consultation**

The proposed annual work plan for 2010/11 was discussed with relevant senior directorate managers during February 2010. Following completion of each piece of audit work, and before issuing the final version, the manager's agreement to implement action(s) listed in the audit report action plan is obtained.

## **Background papers**

Internal audit reports/quarterly monitoring reports.

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## INTERNAL AUDIT - REPORT FOR THE PERIOD ENDING 31 MARCH 2011

### Audit Plan, Performance and Resourcing

Internal audit coverage is determined using a risk assessment and high risk areas are audited as a priority. **Appendix 3** shows planned activity for 2010/11; summarised below:

2009/10		FULL YEAR WORK PLAN DETAILS	2010/11	
DAYS	%		Days	%
1,781	70	Systems/probity (incl computer, contract , council strategic)	1,739	69
772	30	Irregularity/consultancy requiring urgent attention	771	31
<b>2,553</b>	<b>100</b>	<b>TOTAL</b>	<b>2,510</b>	<b>100</b>

**Appendix 4** compares actual against planned activity for the year and is summarised below.

DESCRIPTION	Estimated for Year	Actual for Year	%
Available weekdays	3,372	3,274	
<b>Less: allowances:</b>			
Leave, bank holidays	(-) 509	(-) 386	
Administration / contingency	(-) 238	(-) 239	
Sickness	-	(-) 118	
Vacancies	-	(-) 481	
Training & development	(-) 115	(-) 110	
<b>SUB TOTAL</b>	<b>2,510</b>	<b>1,940</b>	
<b>Time allocation:</b>			
Systems/probity	1,739	1,330	68
Irregularity/consultancy	771	627	32
<b>TOTAL</b>	<b>2,510</b>	<b>1,957</b>	<b>100</b>

The appendix shows that although 2,510 net productive days were estimated to be available, actual days were 570 less, at 1,940 days. There were less available actual weekdays than planned of 98 days. This was due to an in year early retirement / redundancy (-87 days) and auditor's making savings on planned audit work (-11 days). There were savings on leave and bank holidays (+123 days), slightly higher than planned administration (-1 day); unbudgeted sickness/medical appointments (-118 days) and unplanned vacancies (- 481 days). There was a slight saving on planned training requirements (+5 days).

### Staffing

The service's establishment currently comprises 14 posts. The current structure is shown at **Appendix 5**.

The head of internal audit was appointed wef 12 July 2010. As the audit manager was appointed to the head of internal audit post, the audit manager post is now vacant. The service carries a further vacant full time and part time position, 2.5 posts in total. A principal auditor took early retirement / redundancy wef 1 December 2010 and the post

has now been deleted. The audit manager and assistant auditor posts have been advertised and interviews will take place during June 2011.

### **Audit Work Allocation and Charging Basis**

In January 2010 proposed work programmes and charges for 2010/11 were sent to executive directors and other senior managers. During February 2010 meetings took place with most of those officers to discuss and receive feedback on the proposals. This resulted in a final work plan report to audit committee in March 2010.

Each auditor has a personal annual work plan and is responsible for planning, monitoring and achieving their workload. All are aware of the service's quality indicators and the need to not exceed planned times without prior approval from their manager. Where actual time exceeds planned time due to issues arising in the service being audited, additional costs are charged to the relevant service.

### **Performance**

#### **Overall Level**

Based on the summary of actual time spent on assignments on **Appendix 4**, the productive / non productive apportionment for 2010/11 was as follows:

<b>Description</b>	<b>Days</b>	<b>Total Days</b>	<b>%</b>
Total Available Days		3,274	
Less:			
Vacancies	481		
Annual Leave	269		
Bank Holidays	117		
Compassionate Leave	4		
Training	110		
Administration of Audit Plan	58	(-) 1,039	
		2,235	100.0
Non Productive:			
Sickness / Medical Appointments	118		
Administration	177	(-) 295	13
Productive Days		1,940	87
			100

One of the service's performance targets was to achieve 65% productive time. It was pleasing to note that this achievement level significantly exceeded this target at 87%.

A key performance target is to achieve 95% of the jobs detailed within the agreed audit plan. A summary of audit plan achievement from 2003/04 to 2010/11 is detailed in the table below:

<b>Year</b>	<b>No of Jobs</b>	<b>No Completed</b>	<b>% Completed</b>
2003/04	219	205	93.6
2004/05	165	157	95.1
2005/06	160	154	96.2
2006/07	175	168	96.0
2007/08	160	155	96.9
2008/09	161	153	95.0
2009/10	171	165	96.5
<b>2010/11</b>	<b>168</b>	<b>164</b>	<b>97.6</b>

For 2010/11 the service has achieved 97.6% of the plan. The 4 audits that have not been achieved during 2010/11 will be rescheduled in 2011/12.

### **Irregularity/Consultancy Work**

This partly relates to potentially fraudulent activity reported under financial and contract rule 5 in respect of irregularities and confidential reporting in accordance with the council's whistle blowing policy and the '*Anti Fraud and Anti Corruption Policy and Strategy*'. The service also undertakes consultancy / advisory work, including corporate projects and initiatives, at the request of senior managers. The service has tackled the anticipated number of irregularity/fraud inquiries and consultancy requests during the period, the 2010/11 plan had 771 days for irregularity / consultancy work and 627 days have been charged (144 less).

### **Probity/Systems Work**

Assignments were completed within planned timescales during the period.

### **Computer Audit**

PricewaterhouseCoopers (PWC) was appointed as the council's computer auditor partner on 28 January 2011. PWC have worked with the council to ensure that the 2010/11 computer audit plan was successfully delivered.

### **Contract Audit**

15 final accounts were cleared during the period. Advice on procedural improvements was provided on these accounts, along with other advice and assistance, to senior managers on financial and contract rules; and the development of safe contracting processes. The service is also piloting issue of a self assessment questionnaire for contract final accounts.

### **Administration (including sickness/absence)**

This overhead is continuously monitored to ensure charges are minimised.

### **Overall Budget Position**

The service stayed within its approved budget spend for the year. Where possible, audit officers spent less time on certain projects to enable the resultant savings to be used in covering audit assignments which would otherwise not have been undertaken.

## **Progress Reports to Services**

Directorates were charged monthly based on a share of the annual planned time for routine, regularity and system audits. Actual costs for irregularity/unplanned were charged monthly based on time actually spent on projects. Appendix 2 shows work completed and/or near completion. Of the 1,614 suggested actions made 1,577 (98%) were agreed for implementation. Relevant managers were responsible for ensuring these were promptly implemented.

## **Performance Management**

Internal audit has for a number of years participated in the CIPFA national benchmarking club. As part of this exercise the service continues to compare itself with upper quartile authorities to set challenging targets for improvement while also improving processes and achievement. Local performance indicators (PIs) at Appendix 1, show that the service is achieving in all of its indicators applicable for the year.

The PI relating to agreed actions confirmed as implemented achieved levels of 87% and 75% in each of the last 2 years. The current level of achievement is showing a disappointing return at 66%.

For Annual Governance Statement (AGS) purposes all executive / assistant directors are required to sign off each quarterly schedule stating that they are satisfied that appropriate steps are being / have been taken by their managers to implement the agreed audit report actions. Audit Committee and CMT are working to ensure performance in this area improves.

## **Training & Development**

An auditor has commenced her CIPFA 3<sup>rd</sup> year and an auditor has commenced his CIPFA 2<sup>nd</sup> year, having recently successfully passed their examinations.

## **Working Smarter**

The service is currently working towards implementing the new support services operating model, delivering right, fast and simple; and the application of systems thinking.

APPENDIX 1

INTERNAL AUDIT

QUALITY TARGETS/PERFORMANCE INDICATORS – PERIOD ENDING 31 MARCH 2011

Quality Targets/PI's (e.g. Response Time)	% Target	% Achieved 2010/11	% Achieved 2009/10	% Achieved 2008/09	% Achieved 2007/08	% Achieved 2006/2007
Audits completed by auditor within planned time	95	95	96	96	95	96
Spending within budget	100	100	100	100	100	100
Productivity rate	65	87	68.2	74.8	69.2	73.1
Audit plan achievement	95	98	96.5	95	96.9	96.0
Report issued within 10 working days of exit meeting	80	100	100	96	97	84
Actions agreed	95	98	99	99	99	98
Returned customer questionnaires to show satisfaction	95	100	100	100	100	100

Note

1. The service has for some time participated in the CIPFA national benchmarking club which enables comparison specifically with all similar type authorities (unitaries / metropolitan districts).

For Information

Actions confirmed as actually implemented at next audit visit	3* 100 2* 95	66	87	75	78	79
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This target is a directorate manager's responsibility but is included for information.



Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current Made	Agreed	Agreed	Previous Act'd	Not Due		
<b>Neighbourhood Services</b>										
Highways Maintenance	Car Parking Income	Street Cleaning / Grounds Establishment *	16.09.10	45	43	12	12	-	2004-05	Internal audit is able to give a significant assurance opinion on the system of internal control operating within street cleansing & grounds maintenance. A number of good practices were noted during the audit, including those in relation to a designated performance manager; performance benchmarking; income generation initiatives; effective co-ordination of equality impact assessments; service budget segregation to match area manager responsibilities; and management meetings and actions are clearly recorded. Some areas for improvement have been identified, including; controls in relation to cash income, petty cash, policies & procedures and fleet & equipment arrangements. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. There were 5 agreed actions which remain applicable from the last audit of street cleansing in February 2005 which were confirmed as implemented by the service manager (street pride) in December 2007. All 5 were found to have been fully implemented at the time of this audit. There were 7 agreed ac
	Registrars	Environmental Health Division *	20.07.10	34	34	9	8	-	2004-05	Internal audit is able to give a significant assurance opinion on the system of internal control operating within Environmental Health. A number of good practices were noted during the audit, including; performance benchmarking, fees & charges, service improvement action planning, budget management, cross service & partnerships working, promotion, contract management and enforcement activity. Some areas for improvement have been identified, including; grant funding, policies & procedures, inventory, petty cash, performance management – corporate procedures and cash income. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. There were 9 agreed actions which remain applicable from the last audit of Environmental Health in July 2004 which were confirmed as implemented by the previous Environmental Health manager in December 2004. Of these, 8 had been fully implemented at the time of this audit and the 1 partially unimplemented action has been reiterated in this report (marked (*) in the action plan).

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
	Licensing	Fleet Services *	12.07.10	18	18	8	7	-	2008-09	Internal audit is able to give significant assurance opinion on the system of internal control operating within Fleet Services. A number of good practices were noted during the audit, including; improvements to the vehicle acquisition procedures. Areas for improvement identified, include the need for compliance with financial and contract rules, particularly with regard to work placed with outside contractors. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. The agreed actions which remain applicable from the previous audits were confirmed as implemented by the fleet manager. The unimplemented, or partially implemented, actions have been reiterated in this report, marked (*) in the action plan.
		Pollution Control *	04.05.10	10	10	5	5	-	2004-05	Internal audit is able to give a significant assurance opinion on the system of internal control operating within pollution control. A number of good practices were noted during the audit, including; efficient handling of information requests; authorisation of correspondence prior to dispatch; monitoring of response time performance on information requests and complaints and maintenance of up to date permit lists. Some areas for improvement have been identified, including familiarisation with the council's new partnership toolkit; update of the correspondence tracking systems and consistent recording of inspections. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. The 5 agreed actions which remain applicable from the last audit were confirmed as implemented by the pollution control manager on 2 February 2007. All 5 had been fully implemented at the time of this audit.
	Trade Refuse	Car Parking Enforcement	03.05.11	10	10	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within car parking enforcement. A number of good practices were noted during the audit, including; the car parking gateway system automatically updates the progression of each unpaid penalty charge notice on a daily basis; regular monitoring of penalty charge notice income; an agreement with the DVLA for requesting registered keeper details; joining of the West Midlands local authority contract in December 2009 for use of bailiff services for civil parking enforcement; and service level agreements in place with both civil parking enforcement bailiff agencies. Some areas for improvement have, however, been identified, including: implementation of policies/procedures in respect of; dispensations; write off's; and the issuing penalty charge notices to council officers whilst in the course of their duties; identifying a solution to enable rejected payments to be processed automatically; and regular checks of payments made online to ensure they are correctly processed and closed.

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
	Waste Management Establishment	CCTV	10.01.11	45	43	11	5	-		Internal audit is able to give a limited assurance opinion on the system of internal control operating within the surveillance unit. Most areas reviewed required significant improvement. Controls regarding service performance and the service's adherence to corporate policies and procedures, joint working, procurement, income; and anti fraud and corruption measures all require attention. The prompt implementation of actions contained within the action plan, together with the commitment of the new management structure will assist in restoring the control environment. The 11 agreed actions which remain applicable from the last audit were confirmed as implemented by the resilience manager on 20 April 2010. Of these, 5 had been fully implemented at the time of this audit. The 6 unimplemented, or partially implemented, actions have been marked with an asterisk (*).
		Safer Communities - Anti Social Behaviour	07.04.11	33	31	14	9	-	2003/04	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the anti social behaviour unit. 2. Some good practices were noted during the audit, including; joint working with a number of services and external agencies; attendance at monthly consultation and problem solving multi agency meetings; reporting the number and types of anti social behaviour cases and incidents received each quarter to the Safer Walsall Partnership board. Some areas for improvement have, however, been identified, including: undertaking benchmarking with other local authorities and similar organisations; establishing a set of suitable local performance indicators/targets; ensuring compliance with the council's sickness absence policy; the sourcing of an appropriate replacement ICT option for an anti social behaviour system; the documentation of day to day administration procedures; formulation of standard forms for completion at various stages of a case, including; referral, investigation and action plan; and maintaining an adequate segregation of duties. The prompt implementation

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
<b>Leisure Culture &amp; Lifelong Learning</b>										
		New Art Gallery *	16.09.10	55	54	25	18		2005-06	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the New Art Gallery. Several good practices were noted during the audit, including: strong partnership and joint working links; sound programming and exhibition planning; responsiveness to customer comments; a good standard of promotional material made available to a diverse audience; national professional accreditation; detailed acquisitions and disposals policies; a track record of securing grant funding; and an innovative programme of educational activity. A number of areas for improvement have been identified, including: a need to bring collections' records up to date and ensure they are subject to regular periodic checks; improved monitoring to ensure achievement of the forward plan and key performance indicators; the establishment of clear consultation procedures; adoption of a consistent approach for the reporting of events and exhibitions; ensuring that all policies and procedures are reviewed and authorised on a regular basis; the tightening of income controls, including the formulation of a
		Creative Development Team *	16.09.10	16	16	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the creative development team. A number of good practices were noted during the audit, including team planning, cross service and partnership working, promotion, budgetary control and grant funding. Some areas for improvement have been identified, including performance measurement, consultation procedures, procurement controls, sickness management, charging methodologies and maintenance of project files. As this has been the first audit review of creative development team there were no previously agreed actions to follow up.

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Contact Centre & First Stop Shop	14.04.11	25	25	6	2	-	2005-06	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contact centre & first stop shop. A number of good practices were noted during the audit, including service specific team action plans, undertaking of benchmarking with other local authorities, performance monitoring and workforce planning arrangements. Some areas for improvement have, however, been identified, including, ensuring: written agreements are in place and charges regularly reviewed where the service undertakes joint working; procurement and income controls are strengthened; the inventory is regularly checked; and controls governing the issue of blue badges are reviewed. All 6 agreed actions which remain applicable from the last audit were confirmed as implemented by the customer service manager on 31 August 2006. Of these, 2 had been fully implemented at the time of this audit. The 4 unimplemented, or partially implemented, actions have been reiterated in this report, marked (*) in the action plan.
<b><u>Libraries &amp; Heritage</u></b>	Libraries Service	Local History Centre	23.01.11	31	31	18	14	-	2004/05	Internal audit is able to give significant assurance opinion on the system of internal control operating within the local history centre. A number of areas of good practice were noted during the audit including; service planning, monitoring and reporting, user consultation and feedback, development of on-line services, staff training and development and preservation of materials. Some areas for improvement have been identified, including ensuring that regular staff appraisals are undertaken and procedures on equalities, health & safety and business continuity are subject to regular review and update. Of the 18 agreed actions which remain applicable from the last audit in 2004/2005. 14 had been fully implemented at the time of this audit. The 4 unimplemented, or partially implemented, actions have been reiterated in this report, marked (*) in the action plan.
	Leather Centre									
<b><u>Walsall Adult &amp; Community College</u></b>	Walsall Adult & Community College									
<b><u>Schools</u></b>	Birchills JMI	Joseph Leckie Community Technology College *	07.06.10	14	14	-	-	-	-	Compliant with FMSiS.
	Blackwood JMI	Castle Business & Enterprise School	05.01.11	9	9	-	-	-	-	Compliant with FMSiS.
	Hatherton JMI	Delves Junior	15.10.10	9	9	-	-	-	-	Compliant with FMSiS.
	Jane Lane	Mary Elliot	02.12.10	3	3	-	-	-	-	Compliant with FMSiS.
	Lindens JMI	Pheasey Park Farm JMI	26.11.10	9	9	-	-	-	-	Compliant with FMSiS.
	Lower Farm JMI	Pelsall Village Junior	06.12.10	8	8	-	-	-	-	Compliant with FMSiS.

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
	New Invention Junior	Alumwell Junior	18.05.11	26	26	4	2	-	2007/08	Internal audit is able to give significant assurance opinion on the system of internal control operating within Alumwell Junior. Some good practices were noted during the audit, including: governance arrangements; budget monitoring; accounting for VAT; management of voluntary funds; and data security. Some areas for improvement have, however, been identified, including: financial planning arrangements; procurement and income controls; clarifying insurance arrangements; and the management of assets and security. The 4 agreed actions which remain applicable from the last audit which was undertaken as a FMSiS assessment were confirmed as implemented by the headteacher on 21 July 2009. Of these, 2 had been fully implemented at the time of this audit. The 2 unimplemented, or partly implemented, actions have been reiterated in this report, marked (*) in the action plan.
	Old Church JMI	Bentley Drive JMI	14.03.11	8	8	-	-	-	-	Compliant with FMSiS.
	Old Hall	Bentley West JMI	18.01.11	16	16	-	-	-	-	Compliant with FMSiS.
	Palfrey Infants	Busill Jones JMI	18.01.11	20	20	-	-	-	-	Compliant with FMSiS.
	Palfrey Junior	Chuckery JMI	14.01.11	13	13	-	-	-	-	Compliant with FMSiS.
	Park Hall Junior	Cooper & Jordan JMI	28.03.11	12	12	-	-	-	-	Compliant with FMSiS.
	Pinfold Street JMI	Edgar Stammers JMI	17.12.10	14	14	-	-	-	-	Compliant with FMSiS.
	St Johns JMI	Hillary Street JMI	08.04.11	15	15	-	-	-	-	Compliant with FMSiS.
	St Michaels JMI	Leighswood JMI	16.03.11	9	9	4	4	-	2007/08	Internal audit is able to give significant assurance opinion on the system of internal control operating within Leighswood Primary. Some good practices were noted during the audit, including: budget monitoring and financial control; controls regarding the administration of the payroll; banking arrangements; accounting of VAT; insurance arrangements; and arrangements in place for the accurate completion of the school census. Some areas for improvement have, however, been identified, including: strengthening income controls; inventory and assets; and the administration of petty cash. The 4 agreed actions which remain applicable from the last audit which was undertaken as a FMSiS assessment, were confirmed as implemented by the finance manager on 26 November 2010. At the time of this audit, all were found to be implemented.

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
	Woodlands JMI	St Thomas More PFI	04.04.11	4	4	7	6	-	2005/06	Internal audit is able to give significant assurance opinion on the system of internal control. A number of good practices were noted during the audit, including: day to day matters are resolved by the school and onsite based facilities management representatives; an incident log is maintained by the facilities management contractor and is readily available to school representatives; and benchmarking arrangements are undertaken in accordance with the contract. Some areas for improvement have, however, been identified, including: ensuring that the bank mandate is reviewed and updated, in view of the limited number of signatories remaining available to authorise transactions; minutes of service meetings at which lettings fees are determined should clearly detail amounts due to the school; and payment controls require some strengthening. Six of the 7 agreed actions which remain applicable from the 2005/06 audit report were confirmed as implemented by the headteacher on 9 November 2006. Of these 6 had been fully implemented at the time of this audit. The unimplemented action has been reiterated in this report and is marked with an (*) in the action plan.
	Rushall JMI Ryders Hayes JMI Oakwood									
<b>Finance</b>	Nominal Ledger & Central Accounting	Housing / Council Tax Benefits	08.04.11	17	16	7	4	-	2009/10	Internal audit is able to give a significant assurance opinion on the system of internal control operating within housing and council tax benefits. A number of good practices were noted during the audit, including: regular monitoring and reporting of new benefit application and change of circumstance processing targets; bi-annual fraud awareness training to all staff; a software package called 'Euclidan' enabling staff to undertake on-line training relating to benefits legislation; closer working with the DWP including access to the DWP customer information system; a designated quality team whose role is to quality check benefit claims processed; a monthly subsidy check of backdated awards processed; and monthly reconciliation of the council tax system to Oracle. Some areas for improvement have, however, been identified, including, ensuring; that customer information system (CIS) procedure notes are brought up to date; that the correct calculation date for backdated awards is recorded on Northgate; overpayment checklists are fully and accurately completed, agreeing with information recorded on Northgate; s

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
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				Made	Agreed	Agreed	Act'd	Not Due		
	Benefits - Appeals / Complaints	Cash / Bank (inc Banking Hall & Cash Management)	05.04.11	21	20	13	12	-	2007/08	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the banking hall and income management processing system. A number of good practices were noted during the audit, including; cash takings being reconciled and checked by a senior officer, a daily summary of cash collections being completed identifying amounts collected by each cashier, separate postal remittance books being retained which identify action needed, access to the banking hall being restricted and payments examined being correctly processed by the income management processing system. Some areas for improvement have, however, been identified, including cashiers balancing their tills 'blind', paying in slips being checked and signed by a second officer and petty cash vouchers including a requirement for the officer authorising to print their name. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. The 9 agreed actions which remain applicable from the last banking hall audit were confirmed as implemented by
	Treasury Management	Benefits - Discretionary Payments	25.03.11	8	8	-	-	-	-	Internal audit is able to give a borderline significant assurance opinion on the system of internal control operating within discretionary housing payments. Some good practices were noted during the audit, including; a DHP policy being in place which complies with the Department for Work and Pensions DHP best practice guidance; DHPs only being processed by nominated officers; decisions being checked by a second officer; and regular reports being produced of discretionary payments awarded to ensure that the budgeted allowance is not exceeded. Some areas for improvement have, however, been identified including ensuring that claims are being processed within the timescales stated within the policy; debtor invoices are being promptly raised to recover DHP overpayments and applicants income / expenditure is verified. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. As this has been the first audit review of discretionary housing payments there were no previously agreed actions to follow up.



Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
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		Council Tax / NNDR	19.04.11	12	11	12	12	-	2009/10	Internal audit is able to give a significant assurance opinion on the system of internal control operating within council tax / national non-domestic rates. A number of good practices were noted during the audit including; weekly reconciliations between valuation office schedules and the Northgate system, reconciliation of the total value of refunds detailed on Northgate to those detailed on Oracle general ledger, write offs being appropriately authorised and parameters being appropriately input, checked and authorised. Some areas for improvement have been identified, including ensuring that all void properties are inspected as required; ensuring that write approval forms are fully completed and an end date being entered for all suppressed accounts. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. The 12 agreed actions which remain applicable from the last audit were confirmed as implemented by the revenues & benefits senior officer recovery / enforcement on 8 March 2010. At the time of the audit, all actions were found to be fully implemented.
		Bank Account Reconciliations	23.03.11	5	5	4	4	-	2009-10	Internal audit is able to give a significant assurance opinion on the system of internal control operating within bank account reconciliations. A number of good practices were noted during the audit, including: comprehensive procedures notes detailing steps required in performing the reconciliation of each bank account; robust controls over the management and operation of the council's bank accounts; management information in respect of monthly bank reconciliations undertaken is produced and kept on file; timely performance of most reconciliations; and clear segregation of duties between preparer and reviewing officer for most bank reconciliations. Some areas for improvement have been identified, including ensuring that procedure notes are signed and dated by the reviewing officer; reconciliations are checked promptly and BACS salaries and weekly paid reconciliations are reviewed by an independent officer. The 4 agreed actions which remain applicable from the last audit were confirmed as implemented by the corporate finance and treasury manager on 13 October 2009. All 4 had been fully implemented at th

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		Benefits - Landlords	29.03.11	2	2	1	-	-	2007-08	Internal audit is able to give a significant assurance opinion on the system of internal control operating within housing and council tax benefits – landlords audit. Although the summary of findings at section C shows that many individual areas of activity provided full assurance, the action, which has not been implemented from the last audit, and associated risk within section 5 have resulted in an overall significant assurance opinion. Some good practices were noted during the audit, including; a dedicated server storing all training materials, circulars, Department of Works & Pensions (DWP) information and procedure notes, the application form requiring the claimant to state the landlord's name and address and declare any relationship to the landlord, claimants being requested to include all income received on the claim form and where a potential breach of benefit regulations is identified cases are investigated and appropriate sanctions given where necessary. Some areas for improvement have been identified, including ensuring that proof of rent is recorded on Civica for WHG cases and that benefit officers' re

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<u>Specialist Services</u>	Child Poverty Reduction	Looked After Childrens Team *	30.06.10	15	15	24	17	-	2005-06	Internal audit is able to give a significant assurance opinion on the system of internal control operating within looked after children's service. A number of good practices were noted during the audit, including: young people who are looked after attending the corporate parenting board to present their individual and representative views; the children and young people's service monitoring of performance against national performance indicators as set by the Department for Children Schools and Families; and the service undertaking joint working with a number of organisations, including; Health PCT, Children Adolescent Mental Health Service, Education (virtual school), Black County authorities and West Midlands Childcare Consortium. There are, however, areas for improvement, most notably, ensuring that adequate supporting documentation is made available to the auditor during the audit. Without this, audit assurance cannot be given in these areas. It should be ensured that business continuity and risk management plans for the service are in place; and that budgetary control procedures are strengthened. Office p

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		Foster Care & Adoption *	30.06.10	26	23	6	2	-	2006-07	Internal audit is able to give a significant assurance opinion on the system of internal control operating for foster care and adoption. A number of good practices were noted during the audit, including: a marketing officer managing the marketing and recruitment strategy for carers; adequate segregation of duties existing between officers preparing and processing foster care and adoption payments; each carer being subject to approval at panel; supporting documentation was provided for the foster care placements tested; and allowances are paid based on guidance provided by the National Fostering Network. There are, however, areas for improvement, most notably, ensuring that adequate supporting documentation is made available to the auditor during the audit. Without this, audit assurance cannot be given in these areas. High level controls regarding service planning, service performance, performance management and joint working which require attention have been identified. These also feature as part of the recently undertaken looked after children's service internal audit review. At a more open

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<b>Universal Services</b> Commissioning (Childrens Services)	IISaM / CAF Programme  Youth Services Youth Offending	Transition & Leaving Care	21.02.11	41	41	42	20	-	2005-06 2008-09	Internal audit is able to give a limited assurance opinion on the system of internal control operating within transition and leaving care. Some good practices were noted during the audit, including; the corporate parenting strategy which is reviewed on a quarterly basis; joint working with a number of organisations, including; Walsall College, Walsall Adult & Community College, Links to Work and complimentary therapists; and quarterly national indicator data being collated and reported to the performance board. A number of areas for improvement have, however, been identified, including: the tightening of controls surrounding cash handling and banking processes; ensuring receipts are available to support allowances paid; the completion of a business continuity plan; ensuring young person's files are kept up to date; ensuring an adequate segregation of duties is maintained; and pathway plan reviews are undertaken in line with agreed timescales. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. The 15 agreed actions which remain ap
		Safeguarding (Children)	24.05.11	21	19	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within safeguarding children. A number of good practices were noted during the audit, including: the children's performance review board meeting monthly, performance being monitored against national performance indicators; budget monitoring; minutes of Walsall Safeguarding Children Board meetings and subgroups being published on the Walsall Safeguarding Children Board internet site; and a standard form being completed for all referrals. Some areas for improvement have been identified, including; compliance with the council's sickness absence management procedures; procurement; operation of petty cash; and ensuring that closed case reports include the correct information. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. As this has been the first audit review of safeguarding children there were no previously agreed actions to follow up.

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<u>Education Services</u> Education Partnership <u>Social Care &amp; Inclusion</u> Community Mental Health Integrated Team	Learning Disabilities - Satellite Offices	Occupational Therapy *	03.08.10	41	37	16	12	-	2004-05	Internal audit is able to give a borderline significant assurance opinion on the system of internal control operating within occupational therapy service. A number of good practices were noted during the audit, including: fully comprehensive procedure notes are in place detailing the day to day operational arrangements for the service; major adaptations service eligibility priority and provision criteria is reviewed on an annual basis and approved by cabinet; procedures for referrals and preparing/monitoring care plans are robust; the security of client files is maintained; and effective joint working arrangements are in place with Walsall NHS. Some areas for improvement have, however, been identified, including; ensuring that entitlement criteria for equipment and minor adaptations is documented; that performance targets are achieved where possible; that arrangements for selection of suppliers for adaptation work is reviewed in accordance with financial and contract rules; and budget management arrangements and procedures for petty cash and performance management require strengthening. The prompt
Commissioning (Adult / Disability Services)	Pinfold Centre	Home Care Service *	06.07.10	30	28	4	3	-	2005-06	Internal audit is able to give a limited assurance opinion on the system of internal control operating within home care services. Some good practices were noted during the audit, including; flowcharts have been produced to map out the processes of brokering, monitoring and payment of care packages; the older people's service plan is monitored on a quarterly basis; the brokerage team record an appropriate Oracle code on all invoices submitted to consolidated creditors for payment; and the service accountant provides monthly budget monitoring information to the service manager and strategic commissioning manager. Most areas reviewed required significant improvement. Procedural documentation would benefit from review and update; controls regarding entitlement to homecare, the procurement section's monitoring of home care providers; the use of non contracted home care suppliers; and the effectiveness of controls over ordering and payments to home care providers, require strengthening. The prompt implementation of actions contained within this audit report will further assist in enhancing proce

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Personalisation	Hospital Services	Community Alarm Service *	21.06.10	40	40	27	17	-	2004-05	Internal audit is able to give a limited assurance opinion on the system of internal control operating within community alarm service. Some good practices were noted during the audit, including; the service being Telecare service accredited, the use of the PNC5 system to log telephone calls; and partnership working with NHS Walsall to jointly deliver a pilot scheme for Tele Health services. Most areas tested require significant improvement, including ensuring: that day to day operational procedures are comprehensively documented; that referrals for alarm installation are promptly and appropriately managed and recorded, including on PARIS; that a robust system for processing amendments or cessations to alarm provision is introduced; call management procedures are tightened; that urgent follow up action is taken where monthly test calls to ensure that alarms are still working are not responded to by service users; that equipment repair and maintenance procedures are managed; the inventory register is promptly updated; controls regarding income, specifically the private purchase of equip The 27 agreed actions which remain applicable from the last audit were confir
	Walsall Health Inequalities Strategy	Direct Payments *	27.07.10	15	15	28	22	-	2006-07	audit is able to give a limited assurance opinion on the system of internal control operating within direct payments, personal budgets and individualised budgets. A number of good practices were noted during the audit, including: procedure notes are in place documenting operational processes for direct payments; direct payment agreements have been developed which contain specific guidance for service users outlining their responsibilities and obligations in receiving direct payments; the direct payments audit team monitor recipients' use and eligibility of their direct payments; the use of Shaw Trust to assist service user's who lack capacity to manage their funds; and the plans in place for the introduction of personal and individual budgets. There are, however, areas for improvement, most notably, ensuring that adequate supporting documentation is made available to the auditor during the audit. Without this, audit assurance cannot be given in these areas. A business solution review of the systems for capturing and recording information regarding the award of direct payments should be unde

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	Neighbourhood Community Officers	Independent Sector - Residential & Day Care *	01.09.10	37	37	2	1	-	2006-07	Internal audit is able to give a limited assurance opinion on the system of internal control operating within independent sector – day care, residential and residential nursing. A number of good practices were noted during the audit, including; the service complies with the fairer charging policy which is updated on an annual basis and also the 'charging for residential accommodation guidelines' which is updated annually by the Department of Health; monthly budget meetings are held and are discussed at DMT and SMT, over and under spends are detailed and corrective action identified; the service plan is monitored on a quarterly basis; and annual benchmarking is completed and monitored by the performance team. Most areas reviewed were found to require improvement. Controls regarding the monitoring and vetting of independent care providers; the management and administration of contracts and procurement; service user placements; payments to providers; client contributions and the recovery of arrears and overpayments all require strengthening. The prompt implementation of actions contained within this aud
	Fairer Charging & Extra Care	Learning Disabilities Pooled Budget *	30.06.10	8	8	7	5	-	2006-07	Internal audit is able to give significant assurance opinion on the system of internal control operating within the learning disabilities pooled budget. A number of good practices were noted during the audit, including: the new section 75 partnership agreement, which clearly outlines the roles and responsibilities of Walsall Teaching Primary Care Trust and Walsall Council as partners to the learning disabilities pooled budget; income due from Walsall Teaching Primary Care Trust in respect of their contribution to the pool for 2009/10 has been received by the council in a timely manner; grant income and expenditure in the pool is monitored by the finance team on a monthly basis by using the data contained within the REV05; clear guidance notes have been completed and made available to all relevant staff outlining the roles and responsibilities of the funding review panel; and arrangements for performance management appear to be robust. There are, however, some areas for improvement, for example ensuring that all relevant staff are aware of the existence of the new section 75 agreement and that adequate re



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		ICES Pooled Budget *	30.06.10	5	5	12	9	-	2007-08	Internal audit is able to give significant assurance opinion on the system of internal control operating within ICES Pooled Budget. A number of good practices were noted during the audit, including: the new section 75 partnership agreement, which clearly outlines the roles and responsibilities of Walsall Teaching Primary Care Trust and Walsall Council as partners to the ICES pooled budget; management information and budgetary control information submitted to the pooled budget executive group; and the regular reporting of local performance indicators to the strategic performance board for social care and inclusion. There are, however, some areas for improvement, for example ensuring that section 4 of the partnership agreement is signed by relevant parties; and when the agreement is subject to the next review and refresh, that the aims and objectives of the pool are clearly detailed and reference made to the council's financial and contract rules. It should also be ensured that invoicing in respect of the pool is undertaken on a prompt and regular basis, in accordance with the terms of the
		Housing 21 Contract Monitoring *	28.06.10	18	17	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within Housing 21 Contract Monitoring. A number of good practices were noted during the audit, including; the contract with Housing 21 had been subject to detailed invitation to negotiation process and payments are made against clear performance standards; a legally binding agreement is in place between the authority and Housing 21 and forms as a monitoring tool for managing the arrangement; the Housing 21 operational group meet on a monthly basis in order to discuss performance and progress. The group includes representatives from both the authority and Housing 21; contract amendments/variations are authorised and can only be accessed electronically by the commissioning manager; non financial deliverables such as customer satisfaction, health and safety, quality of meals and food, complaints, diversity, repairs and hygiene are adequately monitored; and Housing 21 contract performance is monitored against 25 key performance indicators (KPI's).There are, however, areas for improvement. F

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		Walsall / Dudley Mental Health Partnership *	01.09.10	2	2	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating from Walsall Council's perspective for the Dudley and Walsall Mental Health Partnership. A number of good practices were noted during the audit, including: the partnership has a trust board which acts as the governing body and is held to account for the performance delivery of mental healthcare and health improvement in the Dudley and Walsall area; a section 75 agreement is in place between the council and Dudley and Walsall Mental Health Partnership for children & adolescent mental health services (CAMHS); a corporate business plan for 2009/10 has been produced and is published on the trust's website; a quarterly scorecard is compiled that provides performance information for statutory reporting purposes; an up to date risk register is maintained by the assistant director of adult services; a joint commissioning plan for mental health service is in place for the period 2009 – 2013; and partner's budgets have not been pooled thereby allowing the council to manage and control its own spending and also enabling close financial monitoring.
		Community Meals - Contract Monitoring *	14.09.10	18	18	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within community meals contract monitoring. Some good practices were noted during the audit, including; the existence of a comprehensive 3 year agreement between the council and Sodexo, terminating on 31 December 2010; and regular operational meetings held between representatives of the council and Sodexo. Most areas reviewed required improvement. For example, the need to: strengthen overall management arrangements for the management and administration of new referrals and variations to provision; implement a system for validating data provided by Sodexo; ensure that robust procedures are in place for contract monitoring, together with roles and accountabilities assigned; ensure that comprehensive procedures notes and a debt management policy are in place; and develop council systems to ensure that useful management information can be obtained. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. As this has been the first audit review of community meals contract monitoring.

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		Transport Services *	08.11.10	17	17	12	9	-	2004-05	Internal audit is able to give a limited assurance opinion on the system of internal control operating within social care and inclusion transport services. Some good practices were noted during the review, including: the introduction of the new electronic 'swipe card' facility which seeks to address weaknesses in the previously fallible charging mechanism; adult services within social care & inclusion are in the process of reviewing the way in which transportation services are delivered as part of their transport services reconfiguration exercise; social care & inclusion (the commissioner) has an embedded working relationship with fleet services (the provider); and social care & inclusion undertake a user survey every two years to elicit views and identify areas of potential improvement. Some areas of improvement have, however, been identified including: the need to strategically map social care & inclusion directorate's aims and objectives in respect of service user transportation; ensuring that the current split between the internal and external sourced transport services provided, are formally documented to inc
		Broadway North Centre	18.11.10	45	43	17	6	-	2005-06	Internal audit is able to give a limited assurance opinion on the system of internal control operating within Broadway North Centre. Some good practices were noted during the audit, including: joint working with a number of organisations; annual review and approval of the short stay residential care charge; monthly team meetings; and regular health and safety checks. A number of areas for improvement have been identified, including: the tightening of controls surrounding petty cash and lunch monies collection; and banking processes; the documentation of all day to day administration procedures; review and update of the eligibility criteria; the completion of an annual inventory check and the review of inventory records on a regular basis; and ensuring an adequate segregation of duties is maintained. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. The 17 agreed actions which remain applicable from the last audit were confirmed as implemented by the team manager on 25 July 2007. Of these, 6 had been fully implemented at th

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		Stroke Care Grant	26.01.11	4	4	5	3	-	2009-10	Internal audit examined a sample of expenditure items and related records and carried out such tests and obtained such explanations as considered necessary to form an opinion. This work concluded that a reasonable assurance could be given that the statement of grant usage, in all material aspects, fairly represents the eligible expenditure in the period 1 April 2009 to 31 March 2010 in accordance with the definitions and conditions in the relevant determination. Some good practices were noted during the audit, including; details and costs of care being recorded on the NURRCIS system and a care plan and case notes being held for each individual stroke care patient. A number of areas for improvement have been identified, including ensuring that a comprehensive file of working papers is submitted to audit, performance information is maintained to evidence achievement of grant aims and objectives and that the grant is administered in accordance with the requirements of the grants' manual. Ring fencing has now been removed from the stroke care grant and 2010/11 is the last year that this grant will be r
		Major Projects & Development	29.03.11	18	18	-	-	-	-	Internal audit is able to give a borderline significant assurance opinion on the system of internal control operating within major projects and development. A number of good practices were noted during the audit, including; regular project meetings; monthly budget monitoring information and reporting to appropriate groups; and exception and highlight reports produced in the event of non-achievement of a project timescales. Some areas for improvement have been identified, including, ensuring: a consistent approach in the use of project documentation; all projects are recorded on the projects register; that officers are fully aware of the definition and requirements of a project; a review of PARIS to ensure adherence to the Walsall Project Approach; and that risk assessments are completed on a regular basis. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. As this has been the first audit review of major projects and development there were no previously agreed actions to follow up.

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		Safeguarding (Adults)	24.01.11	18	18	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within safeguarding adults. A number of good practices were noted during the audit, including; quarterly reporting of adult safeguarding statistics; joint working with a number of agencies; an initial response within 24 hours of receiving an adult safeguarding referral; an annual benchmarking exercise is undertaken; and regular protection plan reviews. Some areas for improvement have been identified, including; the completion of risk assessments to ensure all potential risks have been identified and mitigated; ensuring an adequate segregation of duties is maintained; ensuring all relevant details and documents are held on Respond and PARIS; and ensure that team managers promptly authorise the closure of cases. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. As this has been the first audit review of safeguarding adults there were no previously agreed actions to follow up.
		Homecare Establishment	08.03.11	23	23	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within homecare establishment. Some good practices were noted during the audit, including; 6 monthly training and development reviews; up to date health and safety standards; quarterly monitoring of joint working arrangements; procedures for client referrals; spot checking of care delivered; and weekly management reports detailing referrals received, homecare provided and available capacity. Some areas for improvement have, however, been identified including ensuring that the team plan is finalised; that performance management and procedures for administering the delivery of care are strengthened; and that fees and charges processing is more robust, including debt monitoring. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. As this has been the first audit review of homecare establishment there were no previously agreed actions to follow up.



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<u>Business Change</u>	Complaints / Customer Care	Accounts Receivable (Debtors) *	15.09.10	33	33	20	7	2	2008-09	Internal audit is able to give a significant assurance opinion on the system of internal control operating within accounts receivable. A number of good practices were noted during the audit, including: up to date procedures and manuals available via the intranet; the council is on target to exceed its beacon index debt collection target of 87% for the year; there is an adequate amount of detail found on the invoices to inform the debtor of what the charge is for; access to the periodic income master file is restricted by password; payment methods are clearly detailed on the reverse of the debtor invoice; monthly reconciliations to the control account are completed promptly; ; financial codes are adjusted to reflect write-offs; and Oracle accounts receivable stationery is held in a locked filing cabinet. Some areas for improvement have, however, been noted, including ensuring that the content and responsibility for the provision of monthly outstanding debt management information is reviewed; that invoices are raised promptly and are fully supported by an authorised official invoice request; that Oracle functi

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	Accounts Receivable (Debtors)	Accounts Payable (Creditors) *	12.10.10	50	50	36	19	-	2008/09	Internal audit is able to give a significant assurance opinion on the system of internal control operating within accounts payable. A number of good practices were noted during the audit, including those in relation to; controlled stationery, BACS controls, reconciliation to general ledger, exception reports and data protection. Some areas for improvement have been identified, including update of procedure notes, authorisation processes and a review of the setting up of Oracle users. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. Of the 36 agreed actions which remain applicable from the last audit, 34 were confirmed as implemented and 2 were not yet due for implementation, one of which became due at the time of the audit. At the time of this audit, 18 of the 34 actions confirmed as implemented were found to have been fully implemented. The remaining 16 actions have been reiterated in this report, marked (*) in the action plan, together with the one action which became due during the audit. Some of these, are compliance issues, w





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<b>Regeneration &amp; Housing</b>										
Building Control	Environmental Management (*)	Housing Standards & Improvements *	05.07.10	15	15	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within Housing Standards and Improvement. A number of good practices were noted during the audit, including: performance benchmarking; assessment of the costs of income collection; clear health and safety arrangements; regular team communication; budget and grant scheme monitoring; workforce and business continuity planning; joint working with partners, including use of service level agreements; ongoing review of service promotion methods; clear procedures for award of grants; and appropriate control over data security. Some areas for improvement have been identified, including: regular review of service action plans and service risks; full completion of target information on IPMs; clarification of key processes through procedure notes; accurate completion of complaints logs; and use of complaints information in designing service improvement actions. There was an audit completed of residential services in 2003/04; however this is the first time that the housing standards & improvement
	Building Cleaning Establishment	Shopmobility	20.12.10	11	11	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within shopmobility. A number of good practices were noted during the audit, including; service planning and customer consultation, comment/complaints management, risk assessment, joint working, benchmarking, administration of client applications and physical security. Some areas for improvement have been identified, including; a need to clarify the service's budget position and strengthening of invoice certification procedures. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. As this has been the first audit review of shopmobility there were no previously agreed actions to follow up.

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	Sustainable Urban Development (SUD)	Green Lane	31.01.11	28	26	16	15	-		Internal audit is able to give a significant assurance opinion on the system of internal control operating at Green Lane establishment. A number of good practices were noted during the audit, including; supported housing performance data being reported to directorate management team performance board on a quarterly basis; joint working with a number of council services, external organisations and agencies; a monthly statistical report of Green Lane establishment is completed including voids, occupancy rates, income, referrals, planned and unplanned moves; regular support sessions with service user/s are carried out to assist them in moving on to permanent accommodation; written annual notifications to service users of the annual rent increase; and access to the building is restricted to authorised officers and residents. Some areas for improvement have, however been identified, including ensuring an adequate segregation of duties is maintained; that all day to day administration procedures are documented; the collection, receipting and recording of service charge payments is undertaken promptly; and ensuring arrears procedures are robust
<u>New Deal</u>	Disabled Facilities Grant	Programme End	18.04.11	10	10	-	-	-	-	Internal audit is able to give a borderline significant assurance opinion on the system of internal control operating within new deal – programme end. A number of good practices were noted during the audit, including; a succession strategy being produced and approved by New Horizons Community Enterprise board and cabinet, a business plan being produced for the new organisation and arrangements being made for all files / documentation to be returned to the accountable body. Some areas requiring attention have, however, been identified, including ensuring that: the succession strategy is approved by CLG, programme note 48 is fully complied with, a finance officer is retained for closedown and completion of the statement of grant usage, all files (paper & electronic) / documentation is provided to the accountable body and stored appropriately; and ensuring controls are in place to prevent any risk of claw-back. It should be ensured that actions contained within the special report, issued March 2011, are also promptly implemented. This will assist in ensuring that robust arrangements are in place to manage programme end. As this is the first audit of new deal p
<u>Law &amp; Constitutional Services</u>	Electoral Registration Debt Recovery									

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Corporate Governance	Service Planning	Performance Management (PI's / BV) *	15.09.10	8	8	5	0	-		Internal audit is able to give a significant assurance opinion on the system of internal control operating in relation to performance indicators. A number of good practices were noted during the audit; including: a formal reporting mechanism is in place to inform management on the achievement of targets; all relevant officers have appropriate access to performance indicator documentation such as guidance notes and indicator definitions; formal processes are in place, such as 'corrective action planning' where indicator targets are not being met; and national indicator targets are incorporated into directorate, service and team plans. Some areas for improvement have been identified including: the requirement for an updated and refreshed data quality and data sharing policy, incorporating a structured approach to risk assessments for both internally and externally sourced performance information; and introduction of formal working agreements with external parties involved in the performance process. Of the 5 agreed actions which remain applicable from the last audit, 2 were confirmed as implemented by the
	Budgetary Control	Partnership Frameworks *	15.03.10	16	16	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the partnership framework. A number of good practices were noted during the review including, the quality and completeness of the partnership protocol toolkit document; development of a partnership register and the use of a specialist steering group set up solely to adapt and innovate the council's current partnership framework and nurture the partnership protocol and toolkit. There were some areas where controls and processes could be enhanced to strengthen the current partnership framework, including: promotion of the partnership protocol and toolkit; implementation of a partnership framework action plan; collective use of partnership risk and performance measures; encouragement of information and best practice sharing across partnerships; integrating community networks into the partnership framework; and coherent partnership grant funding administration. As this has been the first audit review of the partnership framework, there were no previously agreed actions to follow up.

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	Sickness Management	Capital Receipts *	09.04.10	11	11	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating in relation to capital receipts. A number of good practices were noted during the audit, including: the monthly reconciliation of capital receipts to the general ledger; annual cabinet approval of the capital programme; the capital strategy; the corporate asset management plan which is reviewed on a 2 yearly basis; a capital manual is in place; statutory requirements regarding restrictions in the sale of various types of land are followed i.e. for playing fields, allotments, open space; and capital receipts are monitored on a monthly basis. Some areas for improvement have been identified, including; ensuring that key reconciliation documents are subject to senior / independent review and evidenced as such; that the procedure for the marketing of land for disposal is documented; and ensuring that there is evidence that assets have been reviewed against the categories as laid out in the corporate asset management plan. The prompt implementation of actions contained within this audit report will further assist in enhancing proce
	Voluntary Sector Engagement	Payroll *	14.09.10	74	74	69	37	-	2008-09	Internal audit is able to give a limited assurance opinion on the system of internal control operating within payroll. Some progress has been made in actioning previously agreed audit report actions and HRD have continued to develop and improve HRD direct, the corporate employee and manager portal. Systems for the verification of the establishment structure, including the availability of structure information via HRD Direct; segregation of duties via individual teams such as the transactional recruitment team and the transactional team; and the use of 'Intelligent', an electronic database for the management and recording of personal files remain good practice. Significant areas for improvement have, however, been identified in ensuring controls and processes are fully effective, for example, in the processing of new starters, variations to pay and leavers. Controls regarding the management and rectification of overpayments; and employee expenses were noted as requiring significant strengthening this year. As a result of this, the audit opinion for payroll has moved from borderline significant to limited assurance.

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	Risk Register - Corporate System	Agency Workers *	14.09.10	8	8	3	3	-	2005-06	Internal audit is able to give a significant assurance opinion on the system of internal control operating within agency workers. A number of good practices were noted during the audit, including: <ul style="list-style-type: none"> <li>the council's intranet link to the human resources and development website where staff can obtain guidance on how to 'request an agency worker'; the use of Starting Point Recruitment Limited, as the 'master vendor', through which all agency staff at the council should be sourced; Starting Point Recruitment Ltd was procured through a tender process in line with financial and contract rules in 2006; the use of I-Proc for orders and invoice processing; agency worker timesheets are approved by an authorising officer prior to payment; and agency worker spend is monitored across the council by individual service areas as part of their budget monitoring process. Some areas for improvement have, however, been identified. These include ensuring that accountable staff are reminded that Starting Point Recruitment Limited are approached for all relevant agency staff requirements; that an audit trail is maintained and is available for inspection to support all agency w</li> </ul>
	Payroll	Inventories / Stock - Links to Work *	26.05.10	5	5	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within Links to Works' stock and inventories system. Some good practices were noted during the audit including: all inventory checked as part of the audit could be physically located ; and all available procurement documentation is retained and easily accessible by staff. Areas identified for improvement, including: procedure notes are not in place relating to stock and inventory; there is no regular check of inventory items; weaknesses have been noted in the year end stock valuation. As this is the first review of stocks and inventories at Links to Work, there are no previous actions to be followed up as part of this audit.
	Capital Programme / Project Management	Inventories / Stock - Gala Baths *	26.05.10	4	4	3	1	-	2005-06	Internal audit is able to give a significant assurance opinion on the system of internal control operating within Walsall Gala Baths' stock & inventories system. Several good practices were noted during the audit including: procedure notes are distributed to all relevant staff and are signed as received; inventory records allowed items to be easily located; year end stock take is performed by two officers; and all procurement documentation is retained and easily accessible. Some areas for improvement have been identified including: inventory items should be subject to annual check; and significant stock discrepancies should be investigated. One of the three agreed actions still relevant from the previous audit in October 2005 has been fully implemented. The other two actions have been partially implemented and have been reiterated in this report, marked (*) in the action plan.

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	Grants	Inventories / Stock - Print Room *	26.05.10	3	3	4	2	-	2006-07	Internal audit is able to give a significant assurance opinion on the system of internal control operating within print and design's stock & inventories system. Several good practices were noted during the audit including: all movable items are security tagged; a year end stock take is conducted; supplier invoices for stock supplies are readily accessible; and lease items are recorded in the inventory. Some areas for improvement have been identified including: procedure notes do not cover all stocks and inventory activity; the inventory is not periodically checked; and there are some discrepancies in stock records. All 4 agreed actions which remain applicable from the last audit in 2006/07 were confirmed as implemented, by the print & design manager in June 2009. The year's audit confirmed that 2 agreed actions had been fully implemented. There are 2 partially implemented actions which have been reiterated in this report, marked (*) in the action plan.
	Partnership Framework	Capital Programme *	07.06.10	2	2	3	1	-	2008-09	Internal audit is able to give a full assurance opinion on the system of internal control operating within capital programming. A number of good practices were noted during the audit, including; capital programme approval, commencement of capital projects, management of individual projects, capital budget reporting and reconciliations. Some areas for improvement have been identified, including, raising awareness of the purpose and whereabouts of the capital manual and ensuring that the project register is kept up to date, specifically where there is a change of project manager. Of the 3 agreed actions that remain applicable from the last audit, 1 was confirmed as implemented by the Financial Reporting and Capital Planning team on 16 March 2010 and found to have been fully implemented at the time of this audit. The 2 remaining actions have been reiterated in this report, marked with (*) in the action plan.
		Budgetary Control *	15.09.10	6	6	8	4	4	2008-09	Internal audit is able to give a significant assurance opinion on the system of budgetary control. A number of good practices were noted during the review, including the budget monitoring process; budget accountability and the annual budget scrutiny process. It was noted during the review that while there exists a good level of controls throughout the budget setting and control process, there are some areas where controls and processes can be further strengthened including budget management and control manual refresh and budget holder access to general ledger information. Of the 8 agreed actions which remain applicable from the last audit, 2 were confirmed as implemented, 4 not yet due for implementation and the timescales for implementation had been extended on the remaining 2 actions by the service finance manager on 25 February 2010. At the time of this audit, the 2 actions confirmed as implemented were found to have been implemented, together with a further 2 actions. The remaining 4 actions have been reiterated in this report, marked (*) in the action plan.

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		Corporate Consultation Framework (*)	05.10.10	8	8	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within corporate consultation framework. A number of good practices were noted during the audit, including; wide ranging annual budget consultation directly linked to the budget setting process and council pledges; sharing of best practice through the corporate consultation group (CCG); an established citizens' panel which feeds into council service planning; services undertake a range of consultation activities including customer feedback comments and ad hoc service user / resident surveys; customer experience stakeholder forums and mystery shopping which involve residents are used to help develop ideas to improve the customer experience; and consultation and engagement information is made available online through the Walsall viewfinder consultation planner and finder database. Some key areas for improvement have, however, been identified, including; implementation of procedures to capture data and enhance project planning and quality; improved awareness and consistent use of the council's
		Customer Engagement (*)	05.10.10	12	11	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within customer engagement. Several good practices were noted during the audit, including; the variety of methods by which the council is collecting information from customers; effective usage monitoring of general access points and an extensive programme of customer care training. Some areas for improvement have been identified, including; development of procedure notes for the new call management system and monitoring of responses to customer complaints and comments. As this has been the first audit review of customer engagement there were no previously agreed actions to follow up.



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		Capital Accounting	05.11.10	9	9	6	5	-	2009-10	Internal audit is able to give a significant assurance opinion on the system of internal control operating within capital accounting. A number of good practices were noted during the audit, including; procedures being held electronically, valuations and depreciation policies being included within the statement of accounts, an asset amendment form being in circulation to help identify additions and disposals, and an overall reconciliation being completed to reconcile the statement of accounts, asset registers and Oracle. Some areas for improvement have been identified, including ensuring that all asset disposals are supported by appropriate documentation and that asset verification procedures are consistently adhered to by all service area representatives. The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. All of the 6 agreed actions which remain applicable from the last audit, were confirmed as implemented by the service accounting and financial reporting manager on 28 January 2010 and the lead accountant on 28 May 2010. Of these, 5 ha
		Risk Register - Review of Remainder	18.04.11	0	0	-	-	-	-	Based on examination of these sample of risks from the corporate and directorate risk registers, I can report that management action plans are: available to support work undertaken to manage each risk; appropriately monitored to demonstrate that each risk is being effectively managed; and reviewed on a quarterly basis by directorate management teams

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<b>Computer Audit</b>	Oracle Financials (Creditors / eProcurement)	Payroll (Trent) - inc HRD Portal *	01.07.10	1	1	9	9	-	2005-06	Internal audit is able to give a full assurance opinion on the system of internal control operating in relation to the Trent IT application and HRD Portal . A number of good practices were noted during the audit, including: procedures have been implemented to ensure changes to the application, whether for improvement or legislation, are implemented in a controlled manner; physical and logical security risks for Trent and the HRD Portal systems have been assessed. An appropriate level of control has been established to manage those risks at the corporate level; network access IDs are required and password controlled screensavers are in place; changes to system parameters that are used to control the processing of data within the application are restricted and can only be applied by the service improvement team; access to the Trent application is restricted overnight to allow batch processing to be undertaken; a time table of key system processing events is in place and all system users are made aware of the timetable; output from Trent and the HRD Portal systems is effectively controlled; a robust data back

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	Oracle Financials (Debtors)	Business Continuity *	07.06.10	4	4	2	1	-	2005-06	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the IT service continuity management process. A number of good practices were noted during the audit, including; the development of the ICT business continuity plan has mirrored the corporate standard document template; IT disaster recovery is being formally risk assessed and is included as a separate risk area on the ICT service risk register; the ICT incident management plan (significant staff absence) has been developed as an addendum to the ICT business continuity plan; ICT continuity processes and procedures have been integrated into the centralised corporate data backup solution; a documented daily and weekly schedule of work is in place that is used to verify the success/failure of data backup routines across all IT systems; full server data backups are taken to external backup media; backup media tapes are procured in bulk to secure suitable discounts and spares are retained to replace faulty media; and backup media tapes are securely stored when not in use at separate locations

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	Email & Internet Usage Procedure	Project & Programme Management *	8	8	-	-	-	-	-	Internal audit is able to give a significant assurance opinion on the controls in place to manage the risks associated with programme and project management. A number of good practices were noted during the audit, including; the programme delivery and governance function has senior management buy-in to support the implementation of the good practices; good practices are to be formally adopted for both programme and portfolio management as published by the Office of Government Commerce; a process is underway to rationalise and prioritise the known portfolio of 13 programmes and 117 projects; the corporate management team will act as the highest level of governance for significant programmes of work; executive directors will own their directorate portfolio of themed programmes and review progress and prioritise any new business benefits cases; the business change programme delivery and governance function has been designated as the central management function for all known programmes and projects; and all programmes and projects are to be assessed against key criteria including whether a benefits realisation plan is in place. Some areas for impro

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	M3PP (Northgate)	Information Security Management *	27.05.10	5	5	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating for the information security management process. A number of good practices were noted during the audit, including; various risks that could compromise the security of information assets have been identified and quantified on the ICT service risk register; a records management policy has been implemented following legislative requirements; formal guidance and procedures are published on the Council intranet and provide some level of direction for the safeguarding of information assets; a library of information security control procedures has been documented and published for all staff to access and review; and information security requirements prescribed by the GSi code of connection have been implemented for staff working in the benefits service. Some areas for improvement have been identified, including: the function that incorporates a corporate-wide approach to information security management should be promoted to the business; a process for raising and maintaining staff awareness of information security control requirements is required; an update

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		Malicious Software *	01.07.10	3	3	4	2	-	2006-07	Internal audit is able to give a significant assurance opinion on the system of internal control operating in relation to the protection against malicious software K68. A number of good practices were noted during the audit, including: responsibility for managing the risk that malicious software poses to IT systems and data has been assigned to appropriate officers; risk analysis is an ongoing part of the administration of software protection; policy has been written, approved and communicated to staff regarding their responsibilities for protecting the Council against malicious software; the Email and Internet Usage Procedure, sections 6 & 7 (pages 7-16), define user obligations regarding virus control while using these facilities; the Information Security Control Procedures (pages 10-12) further define the responsibilities of users and ICT to protect the Council from malicious software; anti-virus software is installed on all networked desktop and laptop computers and is updated automatically via the central management console McAfee ePolicy Orchestrator; anti-virus software has been configured to auto

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		Council Tax (SX3) *	26.05.10	0	0	1	1	-	2008-09	Internal audit is able to give a full assurance opinion on the system of internal control operating within the council tax IT application. A number of good practices were noted during the audit, including; the revenues and benefits systems team provides an effective application administration function which is supported, under contract, by the third party vendor company Northgate; extensive documentation relating to application administration, support and use of facilities is available to administrators and system users and copies of the documents are available in offices and online; user access rights to the application ensure appropriate segregation of duties is enforced, rights are reviewed whenever a user changes their job function or moves to a new team and all access is periodically reviewed to ensure it remains relevant to user needs; user accounts are disabled when staff leave to ensure no further actions can be undertaken using that account and historic information is maintained within the audit trail; schedules and time tables for data processing have been established for all workflow processes; an audit trail fac

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		NNDR (SX3) *	26.05.10	0	0	1	1	0	2008-09	Internal audit is able to give a full assurance opinion on the system of internal control operating within the national non-domestic rates IT application. A number of good practices were noted during the audit, including; the revenues and benefits systems team provides an effective application administration function which is supported, under contract, by the vendor Northgate Information Systems Ltd; documentation that has been created by the systems team, user department and also provided by the vendor will assist with application administration, support and use and is available to all administrators and system users; users of the application receive basic training in the use of systems functions when they join the department. This is followed, once they have become competent, by additional courses for billing & recovery and customer contact; application user access rights ensure appropriate segregation of duties is in place so that staff with access to input transactions into the system do not have access to authorise those transactions; schedules and time tables have been established to ensure targ



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		Cash Receipting (Income Management System)	17.05.11	8	8	11	8	3	2006-07	Internal audit is able to give a significant assurance opinion on the system of internal control operating within cash receipting (income management system). A number of good practices were noted during the audit, including; a daily interface occurs between IMP and the Oracle GL and a reconciliation is performed to ensure that all cash receipts on IMP is uploaded to the ledger; and batch processing is performed out of core business hours to minimise the impact on system resources. Some areas for improvement have been identified, including; access to upload financial records onto IMP should be restricted to authorised personnel only; access to privileged accounts should be restricted to appropriate individuals; a formal IS Policy should be in place detailing access controls; business owners should perform user access reviews on a periodic basis; a formal process to add/change/delete users to the IMP system should be implemented; <ul style="list-style-type: none"> <li>• appropriate procedures do not exist to ensure successful recovery from backups; and a formal backup management policy should be in place with appropriate procedures for backup, retention and storage of data. The prompt</li> </ul>
		Supporting People	17.05.11	1	1	1	1	-	2003-04	Internal audit is able to give a significant assurance opinion on the system of internal control operating within Supporting People (Letra). A number of good practices were noted during the audit, including; a monthly reconciliation between the supporting people application and the housing benefit system to ensure the list of customers is complete; training manuals and guidance in place to ensure that staff can complete their duties on the application coherently; the contract in place with ICT and the supplier with appropriate documentation; and back up of the application is performed daily and all failures are followed up. An area for improvement has been identified with regard to user administration. The prompt implementation of the action contained within this audit report will further assist in enhancing procedures undertaken. The one agreed action which remains applicable from the last audit was confirmed as implemented by the supporting people officer on 07 March 2010. This action was found to be fully implemented at the time of this audit.

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		BACSTEL IP	17.05.11	1	1	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within BACSTEL IP. A number of good practices were noted during the audit, including; passwords onto BACSTEL-IP are deemed strong; there are appropriate segregation of duties within the process; documentation of authorisations and reconciliations are retained; and backup of the application is performed daily and all failures are followed up. One area for improvement has, however, been identified in ensuring that a centralised log of user administration is retained. The prompt implementation of the action contained within this audit report will further assist in enhancing procedures undertaken. There were no agreed actions which remain applicable from the last audit.
		ICT Service Management	17.05.11	8	8	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within ICT service management. A number of good practices were noted during the audit, including; ICT and corporate risks are well managed through the use of a risk register, and a clearly defined escalation process; monitoring of the current monthly 'Highlight Reports' and 'NESDS benchmarking' allows ICT to measure itself against set objectives; ICT is well governed and integrated into the wider Council; and a robust process exists for the transition of applications from entities (customers) to central ICT support. Some areas for improvement have been identified, including; a need for centralised application support with rationalised processes; and a service level agreement should be in place between ICT and all Council entities (customers). The prompt implementation of actions contained within this audit report will further assist in enhancing procedures undertaken. As this has been the first audit review of overall ICT service management arrangements there were no previously agreed actions to follow
		DS Galaxy Library System	26.05.11	7	5	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the Galaxy computer system. A number of good practices were noted during the audit, including: software is licensed and conforms to the council's data protection registration; a secure system is used to requisition and order books from the supplier using secure files transmitted to the council's software; library cards are sent to postal address provided by applicants; each user's record shows items borrowed and dates for return of outstanding items; reminder notices are issued on a weekly basis; and daily backup tapes are made and stored off site. Some areas for improvement have been identified, including: the software licence agreement requires signing; written procedures require review, including arrangements in the event of system failure; and a regular database check run is needed to prove the catalogue's integrity. As this has been the first audit review of the Galaxy computer system, there were no previously agreed actions to follow up.

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<u>Contract Audit</u>	Maintenance Schedule of Rates Contracts *	Fibbersley Park School *	19.10.10	10	10	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for the building of fibbersley Park School. A number of good practices were noted during the audit, including; the lead consultant was chosen following a competitive tender process, an EU restricted procedure was used to choose the main contractor, a TRF controlled the receipt of tenders, the quantity surveyor produced a formal tender evaluation report, a delegation from cabinet enabled appointment of the main contractor, the contractor provided evidence of his insurance, the contractor completed equalities and health and safety forms and agreed that the contract could be revoked in the event of corruption, CDM arrangements were appropriate, a pre-start meeting set out arrangements for the works, regular site meetings took place and controlled the project's progress, architect's written instructions were used to vary the works, additional time requested by the contractor to complete the works was certified, the architect certified practical completion and making good of defec

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	Palfrey Infants - Mobile Classroom	Forest Community Squash Court & Gym Refurbishment *	19.10.10	7	7	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the "Forest Community Squash Court and Gym Refurbishment". A number of good practices were noted during the audit, including; a TRF controlled the receipt of tenders, the quantity surveyor produced a formal tender evaluation report, appropriate authority was obtained both to procure the works and to accept the preferred contractor, the contractor received and acknowledged a letter of appointment, the contractor provided evidence of his insurance, a surety was provided in the form of a bond, the contractor completed equalities and health and safety forms and agreed that the contract would be revoked in the event of corruption, CDM arrangements were appropriate, a formal contract document was executed under the council's seal, a pre-start meeting set out arrangements for the works, regular site meetings took place and controlled the project's progress, architect's written instructions were used to vary the works, additional time requested by the contractor to complete the works was

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	Joseph Leckie - New Teaching Block	New Invention Junior Phase 2 *	19.10.10	6	6	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the New Invention Junior School Remodelling - Phase 2. A number of good practices were noted during the audit, including; a quantity surveyor was appointed following receipt of competitive quotations, firms invited to tender were selected from the council's unified standing list of contractors and consultants, tenders were assessed by the quantity surveyor and a report produced, capital finance reports cover expenditure on this project, tenders were received by the monitoring officer and opened by the appropriate portfolio holder, a letter of appointment was sent to the chosen contractor, the contractor provided a surety, and evidence of insurance, health and safety, and equalities documentation were provided, regular site meetings were chaired by the architect and monitored the project's progress, architect's instructions were written and delivered to the contractor during the works' construction, extension of time, practical completion and making good. A number of areas for improvement were identified; the cabinet resolution did

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	Grace Academy	Aldridge Airport *	19.10.10	12	12	-	-	-	-	1 Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for Aldridge Airport Outdoor Activity Centre. A number of good practices were noted during the audit, including: consultants were appointed following submission of competitive quotations, firms invited to tender were chosen from the council's unified standing list, tenders were received by the council's monitoring officer and opened by the appropriate portfolio holder, tenders were assessed by the quantity surveyor and a report created, the cabinet resolved to accept a tender, a letter of appointment was sent to the contractor, the contractor provided evidence of his insurance, a bond was provided as a surety, CDM documentation was completed, an extension of time was certified following the contractor's written application, the contract administrator certified that works achieved practical completion, a final account was created by the quantity surveyor and certificates were used to pay the contractor. A number of areas for improvement were identified; there

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	Oakwood School Extension	St James & Ogle Hay Children's Centre *	19.10.10	12	12	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for the St James and Ogle Hay Children's Centre. A number of good practices were noted during the audit, including; a quantity surveyor was appointed following receipt of competitive quotations, officers selected firms to tender for the main works from the council's unified standing list of contractors and consultants, the monitoring officer received tenders, which were subsequently opened by the appropriate portfolio holder, the quantity surveyor assessed tenders and provided a written report, the chosen contractor received and acknowledged a letter of appointment, insurance documents were received and covered the whole of the period during which the works took place, contract administrator's instructions were written and delivered to the contractor during the works' construction, an extension of time was sought from and granted by the contract administrator, practical completion and making good of defects were certified, a final account has been

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	Lichfield Road & Hilton Road	Beacon Children's Centre *	19.10.10	9	9	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for the Beacon Children's Centre. A number of good practices were noted during the audit, including; a quantity surveyor was appointed following receipt of competitive quotations, officers selected firms to tender for the main works from the council's unified standing list of contractors and consultants, the monitoring officer received tenders, which were subsequently opened by the appropriate portfolio holder, the quantity surveyor assessed tenders and provided a written report, insurance documents were received and covered the whole of the period during which the works took place, the contract administrator chaired regular site meetings and monitored the project's progress, priced contract administrator's instructions were written and delivered to the contractor during the works' construction, an extension of time was certified by the contract administrator, practical completion and making good of defects were certified, a final account has been produced for this project and



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		Smith & Thomas House *	19.10.10	8	8	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the Beacon Children's Centre. A number of good practices were noted during the audit, including; officers obtained an assistant director's approval prior to seeking tenders, firms were selected from the council's unified standing list of contractors and consultants, the council's consultant assessed tenders and provided a written report, the tender was formally accepted by an assistant director, the chosen contractor received and acknowledged a letter of appointment, insurance documents were received and covered the whole of the period during which the works took place, equalities and health and safety documentation was provided, the contractor agreed the contract could be revoked in case of fraud or corruption, construction design and management documentation (CDM Form 10) was produced and submitted, the contract administrator chaired regular site meetings and monitored the project's progress, priced contract administrator's instructions were written an

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		Machine Planing Schedule of Rates 2003-2005 *	20.10.10	2	2	-	-	-	-	Internal audit is able to give a full assurance opinion on the system of internal control operating within the contractor's final account for the Machine Planing and Resurfacing Schedule of Rates 2003-5 (Extended). A number of good practices were noted during the audit, including; cabinet resolved that the contract should be let and delegated acceptance to the appropriate executive director, a European Union restricted tendering system was used to select a contractor, tenders were received by the council's monitoring officer and opened by the appropriate portfolio holder, a formal letter of appointment was sent to the contractor, who provided his written agreement to undertake the contract, the contractor has provided and maintained a surety throughout the contract period, a formal contract was executed under the council's seal, the contract includes full race relations and health and safety documentation, and enables the council to revoke in case of fraud or corruption, the council extended the contract on a number of occasions under an executive director's authority., each item is agreed by the Engineer's representative prior

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				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Dorothy Pattison - Multi Faith Centre *	19.10.10	8	8	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for Dorothy Pattison Hospital Multi Faith Area and Gymnasium. A number of good practices were noted during the audit, including; officers selected firms to tender from the council's unified standing list, a capital financing report was produced, appropriate procedures controlled receipt and opening of tenders, the quantity surveyor assessed tenders and provided a written report, the chosen contractor was appointed following an assistant director's approval, insurance, equalities and health and safety documents were received and covered the whole of the period during which the works took place, construction design and management documentation (CDM Form 10) was produced and submitted, the contract administrator chaired a pre-start meeting and monitored the project's progress, an extension of time was certified by the contract administrator, the contract administrator certified the project's practical completion and making good of defects, the quantity survey

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Bloxwich CofE School *	19.10.10	13	13	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for the Bloxwich C E School. A number of good practices were noted during the audit, including; an appropriate agreement was made with the architect, the tender list was obtained from the appropriate section of the council's unified standing list of contractors, a tender return form documented the tendering exercise, the quantity surveyor provided a written assessment of the tenders received, the winning tender was accepted by an Assistant Director, a letter of appointment was sent to the chosen contractor, the contractor provided evidence of insurance, Health and Safety, equalities and CDM documentation were provided, regular site meetings were chaired by the architect and monitored the project's progress, architect's instructions were written and delivered to the contractor during the works' construction, practical completion was certified, a final account for the project has been produced by the quantity surveyor and agreed with the contractor and certified

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Castle School - Refurbishment of Technology Classrooms *	19.10.10	8	8	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for the Castle School - Refurbishment of Technology Classrooms. A number of good practices were noted during the audit, including; the Head of Service approved the project's go-ahead in the belief it would cost less than £150,000, the names of all firms asked to tender were on the council's unified standing list of contractors and consultants, full details and specifications were sent to each of the firms asked to tender, tenders were assessed by the quantity surveyor who produced a written report, the tender was accepted by an Assistant Director who also signed a letter of appointment, the contractor provided a surety, and evidence of insurance, Health and Safety, and equalities documentation were provided, regular site meetings were chaired by the contract administrator and monitored the project's progress, architect's instructions were written and delivered to the contractor during the works' construction, a final account has been provided by the quantity surveyor and

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Frank F Harrison - Phase 1 *	19.10.10	10	10	-	-	-	-	<p>Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for the Frank F Harrison STEM Centre Phase 1 . 2 A number of good practices were noted during the audit, including;</p> <ul style="list-style-type: none"> <li>• The consultant architect was chosen following competitive tenders and provided evidence of indemnity.</li> <li>• Tenders were sought from firms on the council's unified standing list.</li> <li>• A tender receipt form was used to regulate the receipt of tenders.</li> <li>• The architect provided a written assessment of the tenders.</li> <li>• A letter of appointment was sent to the chosen contractor.</li> <li>• The contractor's insurance cover was maintained throughout the contract period.</li> <li>• Health and Safety, and equalities documentation were provided.</li> <li>• Regular site meetings were chaired by the architect and monitored the project's progress.</li> <li>• Practical completion and making good of defects were certified.</li> <li>• A final account for the project was produced and agreed.</li> <li>• Certificates show appropriate payments to the contractor.</li> </ul> <p>A number of areas for improvement were identified; a Head of Service appro</p>

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Refurbishment & Extension of Essington Lodge *	19.10.10	6	6	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the Refurbishment and Extension of Essington Lodge. A number of good practices were noted during the audit, including; an appropriate agreement was made with the architect, the tender list was obtained from the appropriate section of the council's unified standing list of contractors, a tender return form (TRF) was used to control the tendering exercise, the lead consultant provided a written assessment of the tenders received, the winning tender was accepted by an Executive Director under authority delegated to him by the cabinet, a letter of appointment was sent to the firm whose tender was accepted, the contractor provided a surety, and evidence of insurance, Health and Safety, and equalities documentation were provided, regular site meetings were chaired by the architect and monitored the project's progress, practical completion and making good of defects were certified, architect's instructions were written and delivered to the contractor d

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Birchills Children's Centre *	19.10.10	10	10	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for the Birchills Children's Centre. A number of good practices were noted during the audit, including; the architect, who also acted as lead consultant, was appointed following a tendering exercise, an appropriate agreement was made with the architect, the tender list was obtained from the appropriate section of the council's unified standing list of contractors, the lead consultant provided a written assessment of the tenders received, a letter of appointment was sent to the firm whose tender was accepted, evidence of the contractor's insurance was obtained, Health and Safety, and equalities documentation were provided, regular site meetings were chaired by the architect and monitored the project's progress, practical completion and making good of defects were certified, architect's instructions were written and delivered to the contractor during the works' construction, a final account for the project was produced and agreed, certificates show appropriate payments to the con



Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Edgar Stammers School - Alterations *	19.10.10	6	6	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for the New Children's Centre at Edgar Stammers School. A number of good practices were noted during the audit, including; a tender receipt form was used to regulate the receipt and opening of tenders, which were subsequently evaluated prior to an acceptance being made, a letter of appointment was sent to the chosen contractor, the contractor's insurance cover was maintained throughout the contract period, Health and Safety, and equalities documentation were provided, a surety was provided by way of a contractor's bond, regular site meetings were chaired by the architect and monitored the project's progress, practical completion and making good of defects were certified at appropriate times, architect's instructions were written and delivered to the contractor during the works' construction, a final account for the project was produced and agreed and certificates show appropriate payments to the contractor. A number of areas for improvement were identified

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Current Construction Contracts *	20.10.10	17	17	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control in operation to control current contracts. Some areas of good practices were noted during the audit: a project recording system is now available within the service, cabinet approves the use of funding for construction projects, the council's unified standing list of consultants and contractors is used to select firms from whom tenders are sought, tender specification includes full details of works to be provided along with the council's requirements for submission of tenders, the council's monitoring officer receives tenders following officers' creation of tender receipt forms, tender evaluation reports are created, acceptance of tender is documented, contractors provide race relations and health and safety information, officers obtain details of contractors' insurance, variations and instructions are provided to the contractor in writing, extensions of time and practical completion are certified and payments are made following contractors' provision of valuations. A number of areas for improvement have been identified

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Lower Farm JMI - Assembly Hall	09.11.10	10	10	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the Lower Farm Primary School New Assembly Hall. A number of good practices were noted during the audit, including; a quantity surveyor was appointed following receipt of competitive quotations, firms invited to tender were selected from the council's unified standing list of contractors and consultants, capital finance reports refer to expenditure on this project, a tender return form (TRF) was used to control the tendering exercise. Tenders were received by the monitoring officer and opened by the appropriate portfolio holder, tenders were assessed by the quantity surveyor and a report produced, a letter of appointment was sent to the chosen contractor, the contractor provided evidence of insurance, Health and Safety, and equalities documentation were provided, architect's instructions were written and delivered to the contractor during the works' construction, extension of time, practical completion and making good of defects were certified, a final account for this project has been

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Walsall Route 51 Bus Showcase & Red Route	09.11.10	0	0	-	-	-	-	Internal audit is able to give a full assurance opinion on the system of internal control operating within the contractor's final account for the Walsall route 51 bus showcase and red route. A number of good practices were noted during the audit, including; the council's contracted consultant was used, cabinet approved the procurement and delegated authority to an Assistant Director to accept the winning tender, firms invited to tender were selected from the council's unified standing list of contractors and consultants, a detailed tender pack was sent to all tenders: this included the criteria to be used to evaluate tenders, tenders were opened by the appropriate elected member before being assessed by the council's consultant, the winning tender was accepted by an assistant director acting as the cabinet's delegate, a letter of appointment was sent to the chosen contractor and unsuccessful contractors were also informed, the contractor provided evidence of insurance, health and safety, and equalities, a contract was executed under the council's seal and recorded in the departmental register, regular site meetings monitored the

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Hatherton Children's Centre	09.11.10	15	15	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the Hatherton Children's Centre. A number of good practices were noted during the audit, including; a report to the corporate management team followed the appointment of a quantity surveyor as a matter of urgency, capital finance reports showed the commitment of funds to the project, the invitation to tender included full instructions to contractors, who received sufficient time to compile tenders, the council's portfolio holder opened tenders received by the council, the consultant produced an evaluation report, the council provided a letter of appointment to the successful contractor, the contractor provided appropriate insurance documents, the Form 10 was produced promptly, the consultant acted as architect and chaired regular site meetings, the architect issued detailed priced instructions to the contractor, extension of time, practical completion and making good of defects were certified by the architect, the consultant produced a final account, which was agreed by the c

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Falling Heath Residential Home	09.11.10	8	8	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the final account for modernisation of blocks A and B at Fallings Heath Residential Home. A number of good practices were noted during the audit, including; a quantity surveyor was appointed and acted on the council's behalf, a capital finance report agreed the project's finances, firms invited to tender were selected from the council's unified standing list, the monitoring officer received tenders which were evaluated by the quantity surveyor, an assistant director accepted the preferred tender and signed a letter of appointment sent to the chosen contractor, the contractor provided a surety, and evidence of insurance, Health and safety, and equalities documentation were provided, an HSE Form 10 was completed prior to commencing the works. the contract administrator chaired site meetings and monitored progress, architect's instructions were written and delivered to the contractor, the work's practical completion has been certified, a final account has been produced and include

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Mary Elliot School	09.11.10	4	4	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the Mary Elliot School. A number of good practices were noted during the audit, including; the project received appropriate approval prior to its commencement, agreements were made with the quantity surveyor and other consultants, procurement was undertaken under an EU framework. There was no traditional procurement exercise, finances were approved and shown in capital finance reports, a letter of appointment was sent to the contractor, the contractor provided full evidence of insurance, an agreement that the contract could be revoked in cases of fraud and corruption was created, Health and Safety, and equalities documentation were provided, regular site meetings were attended by appropriate people including the school's head teacher, the amended commencement and completion dates were agreed in accordance with the contract, compensation events were instructed by the contract manager. These showed guide prices prior to their being valued by t

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Lower Farm JMI - Admin Block	09.11.10	12	12	-	-	-	-	Internal audit is able to give a limited assurance opinion on the system of internal control operating within the contractor's final account for the Lower Farm School - admin block. A number of good practices were noted during the audit, including; a capital finance report included funding for this project, the tender list was obtained from the appropriate section of the council's unified standing list of contractors, a tender return form (TRF) was used to control the tendering exercise, a portfolio holder opened the tenders, tenders were evaluated, a letter of appointment was sent to the firm whose tender was accepted, letters were sent to unsuccessful firms, the contractor provided evidence of insurance, the contractor agreed that the council could revoke the contract in case of fraud and corruption, Health and safety, and equalities documentation were provided, the form 10 was completed and sent to the Health and Safety Executive, regular site meetings were chaired by the architect and monitored the project's progress, architect's instructions were written and delivered to the contractor, the architect certified an extension



Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Christ Church JMI	09.11.10	7	7	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the Christ Church C E Primary School. A number of good practices were noted during the audit, including; an architect was appointed following receipt of competitive tenders, firms invited to tender were selected from the council's unified standing list of contractors and consultants, a detailed tender pack was sent to all tenderers, tenders were opened by the appropriate officer before being assessed by the architect, the winning tender was accepted by an assistant director, a letter of appointment was sent to the chosen contractor, the contractor provided evidence of insurance, health and safety, and equalities, the contractor provided a surety in the form of a bond, a contract document has been created, regular site meetings monitored the project's progress, extension of time, practical completion and making good of defects were certified, the final account fro this project includes the contractor's agreement and certificates show appropriate payments to the cor

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Extended Schools Programme - Chuckery, Millfields and Walsall Wood	09.11.10	7	7	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the extended schools programme. A number of good practices were noted during the audit, including; an architect was appointed following receipt of competitive quotations, capital finance reports cover expenditure on this project, firms invited to tender were selected from the council's unified standing list, tenders were received and opened by appropriate officers, a quantity surveyor assessed tenders and produced a report, an assistant director accepted the preferred tender, the council sent a letter of appointment to the chosen contractor, the contractor provided a surety, and evidence of insurance, Health and safety, and equalities documentation were provided, the contractor agreed that the council could revoke the contract in any case of fraud or corruption, regular site meetings were chaired by the architect, "Variations to Contract Schedule" were written and delivered to the contractor during the works' construction, extensions of time, practical comple

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Pleck and Streetly Libraries extension and refurbishment	09.11.10	7	7	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the extension and refurbishment of Pleck and Streetly Libraries. A number of good practices were noted during the audit, including; an architect was appointed following receipt of competitive quotations, a capital finance report covers expenditure on this project, firms invited to tender were selected from the council's unified standing list, the monitoring officer received tenders, the quantity survey assessed tenders received, aA tender was accepted based on the quantity surveyor's recommendation, a letter of appointment was sent to the chosen contractor, the contractor provided a surety, and evidence of insurance, equalities documentation was provided, the contractor agreed that the council could revoke the contract in cases of fraud and corruption, regular site meetings monitored the project's progress, architect's instructions were written and delivered to the contractor during the works' construction, the architect certified practical completion and making good of defects, a final acc

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Streetly Sports College - new changing rooms	09.11.10	8	8	-	-	-	-	Internal audit is able to give a significant assurance opinion on the system of internal control operating within the contractor's final account for the Streetly Sports College Changing Rooms. A number of good practices were noted during the audit, including; a quantity surveyor was appointed following receipt of competitive quotations, officers obtained cabinet authority for procurement and delegated authority for acceptance of a tender, invitations to tender including details of all items required, the council's monitoring officer received tenders, subsequently opened by the assistant director's representatives, the contractor provided evidence of insurance, a parent company guarantee was provided along with a surety, the contractor provided assurance about race relations, health and safety and certified that the council could revoke the contract in case of fraud or corruption, the council provided a Form 10 to the Health and Safety Executive, the architect chaired regular site meetings to review the project's progress, the architect issued instructions to vary the nature and extent of the works, an extension of

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Minor Highways Improvement 2003 - 2005 *	19.10.10	1	1	-	-	-	-	Internal audit is able to give a full assurance opinion on the system of internal control operating within the contractor's final account for the Minor Highways Improvement Contract 2003-2005. Many good practices were noted during the audit, including; appropriate authority was obtained for the tender process to take place, an appropriate officer chose firms to be invited to tender from the council's unified standing list of contractors and consultants, a suitable tendering exercise was undertaken, a tender receipt form was used to regulate the receipt and opening of tenders, which were subsequently evaluated prior to an acceptance being made by an officer of appropriate seniority, a letter of appointment was sent to the contractor, the contractor's insurance cover was maintained throughout the contract period, Health and Safety, and equalities documentation were provided, a surety was provided by way of a contractor's bond, an appropriate contract was executed, extensions to the contract period have been fully documented and approved, each individual scheme was completed and accepted by the council, a sample
<b>Totals</b>				<b>1614</b>	<b>1577</b>	<b>564</b>	<b>367</b>	<b>9</b>		
<b>Total Percentage</b>					<b>98%</b>		<b>66%</b>			

\* 2009/2010 audits carried forward into 2010/2011

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		

**3\* Follow Up Audits**

Ongoing	Draft	Final	Date of Final Report	Recommendations					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Strategic Procurement	-	-	-	-	-	-	-	Of the 8 high priority (***) agreed actions from the last audit, the head of procurement confirmed on 1 December 2009 that 4 had been implemented (ref: 2.1; 3.2; 3.4 and 4.2), 3 were partly implemented (ref: 1.3; 3.5 and 4.1) and 1 was to be implemented pending a reorganisation by an executive director (ref: 2.4). Of these, at the time of this follow up audit, 3 high priority actions had been fully implemented (ref: 3.2; 3.4 and 4.2); 2 high priority actions were no longer applicable (ref: 2.4 and 3.5) and 1 high priority action (ref: 4.1), which had 2 parts to it, had been implemented but with one part no longer applicable. The 2 unimplemented, or partially implemented, high priority actions have been reiterated in this report (ref: 1.3 and 2.1). These should be addressed as a priority to ensure that effective procedures are in place, prior to the audit review of this service which is planned for later in the current financial year. Managers should also seek to ensure that any medium (**) and low (*) priority agreed actions which remain applicable from the last audit have been fully implemented. Failure to implement the agreed actions w
		Caravan Site	-	-	-	-	-	-	-	There were 14 high priority (***) agreed actions which remained applicable from the last audit. A senior accountant confirmed on 27 June 2005 that the 5 actions relating to the accounting technician had been implemented. No response was received from the homeless and housing advice manager or gypsy/traveller officer confirming the implementation of high priority actions relating to them, however, the follow up memorandum at that time stated that if a response was not received it would be assumed that all recommendations have been implemented. Of these, 9 high priority actions had been fully implemented at the time of this follow up audit. The 3 unimplemented and 2 partially implemented, high priority actions have been reiterated in this report. These should be addressed as a priority to ensure that effective procedures are in place, prior to the audit review of this service which is planned for later in the current financial year. Managers should also seek to ensure that any medium (**) and low (*) priority agreed actions which remain applicable from the last audit have been fully implemented. Failure to i

Ongoing	Draft	Final	Date of Final Report	Actions					Date of Last Audit	Conclusions
				Current		Previous				
				Made	Agreed	Agreed	Act'd	Not Due		
		Trade Refuse	-	-	-	-	-	-	The 3 high priority (***) agreed actions which remain applicable from the last audit were confirmed as implemented by the service manager on 11 July 2005. Of these, 2 high priority actions had been fully implemented at the time of this follow up audit. The third high priority action was not able to be implemented at that time. Managers should also seek to ensure that any medium (**) and low (*) priority agreed actions which remain applicable from the last audit have been fully implemented. Failure to implement the agreed actions will be included in our later review and reports to Audit Committee and directorate management teams.	

APPENDIX 3

INTERNAL AUDIT– AUDIT FULL YEAR PLANNED TIME 2010/11

	Team 1	Team 2	Comp Audit	HofIA	Total	Less	Revised Total
<b>Available days</b>	<u>1,566</u>	<u>1,566</u>	<u>110</u>	<u>261</u>	<u>3,503</u>	<u>* 131</u>	<u>3,372</u>
<b>Allowances</b>							
Annual Leave	161	162	-	30	353	-	353
Bank Holidays	72	72	-	12	156	-	156
<b>Sub Total (a)</b>	<u>233</u>	<u>234</u>	<u>-</u>	<u>42</u>	<u>509</u>	<u>-</u>	<u>509</u>
Administration	20	20	-	109	149	-	149
Contingency	59	30	-	-	89	-	89
Training – Post Entry	50	-	-	-	50	-	50
- Other	30	30	-	5	65	-	65
<b>Sub total (b)</b>	<u>159</u>	<u>80</u>	<u>-</u>	<u>114</u>	<u>353</u>	<u>-</u>	<u>353</u>
<b>PLAN DAYS AVAILABLE</b>	<u><b>1,174</b></u>	<u><b>1,252</b></u>	<u><b>110</b></u>	<u><b>105</b></u>	<u><b>2,641</b></u>	<u><b>131</b></u>	<u><b>2,510</b></u>
<b>Allocation :</b>							
FR6/Unplanned	356	344	-	71	771	-	771
Systems	607	477	-	-	1,084	96	988
Regularity	71	269	-	20	360	35	325
Computer	-	-	110	-	110	-	110
Contracts	-	120	-	-	120	-	120
Council Strategic	140	42	-	14	196	-	196
<b>TOTAL</b>	<u><b>1,174</b></u>	<u><b>1,252</b></u>	<u><b>110</b></u>	<u><b>105</b></u>	<u><b>2,641</b></u>	<u><b>131</b></u>	<u><b>2,510</b></u>

\* On 18 January 2011 Audit Committee endorsed amendments to the internal audit workplan for 2010/11 reducing the total audit days by 131.



## INTERNAL AUDIT– AUDIT ACTUAL TIME – PERIOD ENDING 31 MARCH 2011

## APPENDIX 4

						ORIGINAL YEAR	DIFFERENCE
	HIA	Team 1	Team 2	Cons	Total	Full Year	Col (7) - Col (6)
	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>Available days (a)</b>	261	1,566	1,382	65	3,274	3,372	(-) 98
Less:							
Annual Leave	22	125	122	-	269	353	84
Bank Holidays	6	60	51	-	117	156	39
Compassionate Leave	-	-	4	-	4	-	(-) 4
Vacancies	72	320	89	-	481	-	(-) 481
Sickness/Medical Appointments	-	16	102	-	118	-	(-) 118
Administration	40	110	85	-	235	238	3
Training - Post Entry	-	74	-	-	74	50	(-) 24
- Other	7	16	13	-	36	65	29
<b>Sub Total (b)</b>	147	721	466	-	1,334	862	(-) 472
<b>Plan days available (a) - (b)</b>	<b>114</b>	<b>845</b>	<b>916</b>	<b>65</b>	<b>1,940</b>	<b>2,510</b>	<b>570 less days available</b>
Comprising:							
Unplanned	64	232	331	-	627	771	144
Systems/Regularity/VFM	56	621	516		1,193	1,509	316
Computer	1	-	9	65	75	110	35
Contract	1	1	60	-	62	120	58
<b>GRAND TOTAL</b>	<b>122</b>	<b>854</b>	<b>916</b>	<b>65</b>	<b>1,957</b>	<b>2,510</b>	<b>553 less days available</b>

**INTERNAL AUDIT**

**1) Structure at 31 March 2011**

