### General Purposes and Audit Committee 9 December 2015 Agenda item 10 – Appendix 1



# London Borough of Croydon Internal Audit Report for the period

1 April to 30 September 2015

This report has been prepared on the basis of the limitations set out on page 16.

This report and the work connected therewith are subject to the Terms and Conditions of the Contract dated 1 April 2008 between the London Borough of Croydon and Mazars Public Sector Internal Audit Limited. This report is confidential and has been prepared for the sole use of London Borough of Croydon. This report must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law, we accept no responsibility or liability to any third party who purports to use or rely, for any reason whatsoever, on this report, its contents or conclusions.

# Internal Audit activity

- 1. During the first six months of the 2015/16 financial year the following work has been delivered:
  - 43% of the 2015-16 planned audit days have been delivered.
  - 80 planned audits (excluding ad hoc and fraud work) commenced, either by setting up the files, attending scope meetings or by performing the audits.

This was made up of:-

- 58 system audits commenced and/or were completed;
- 17 probity audits commenced and/or were completed; and,
- 5 computer audits commenced and/or were completed.

### In addition:

new ad hoc reviews or fraud investigations commenced and/or were completed.

### **Internal Audit Performance**

- 2. To help ensure that the internal audit plan supported the Risk Management Framework and therefore the Council Assurance Framework, the 2015/16 internal audit plan was substantially informed by the risk registers. The 2015/16 internal audit plan was approved by the General Purposes and Audit Committee on 25 March 2015.
- 3. Work on the 2015/16 audit plan commenced in April 2015 and delivery is now well underway.
- 4. Table 1 details the performance for the 2015/16 audit plan against the Council's targets. At 30 September 2015 Internal Audit had delivered 43% of the planned audit days. While the year to date performance in terms of draft reports issued is slightly behind target, it should be recognised that this follows a similar pattern to previous years where 100% of the plan was delivered in-year. Internal Audit is well placed to complete the audit plan by year end as required.

Table 1: Performance against targets

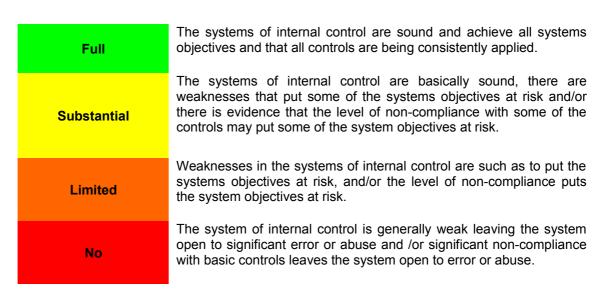
Performance Objective	Annual Target	Year to Date Target	Year to Date Perform ance	Perform ance
% of planned 2015-16 audit days delivered	100%	42%	43%	<b>A</b>
Number of 2015/16 planned audit days delivered	1022	429	437	<b>A</b>
% of 2015/16 planned draft reports issued	100%	32%	29%	▼
Number of 2015/16 planned draft reports issued	97	31	28	▼
% of draft reports issued within 2 weeks of exit meeting with the Client	85%	85%	100%	<b>A</b>
2014/15 % of priority one recommendations implemented at the time of the follow up audit	90%	90%	60%	•
2014/15 % of all recommendations implemented at the time of the follow up audit	80%	80%	71%	•



Performance Objective	Annual Target	Year to Date Target	Year to Date Perform ance	Perform ance
2013/14 % of priority one recommendations implemented at the time of the follow up audit	90%	90%	98%	•
2013/14 % of all recommendations implemented at the time of the follow up audit	80%	80%	86%	•
2012/13 % of priority one recommendations implemented at the time of the follow up audit	90%	90%	100%	•
2012/13 % of all recommendations implemented at the time of the follow up audit	80%	80%	92%	•
% of qualified staff engaged on audit	40%	40%	42%	<b>A</b>

### **Audit Assurance**

5. Internal Audit provides four levels of assurance as follows:



6. Table 2 lists the 2015/16 audits for which final reports were issued during the six months from 1 April to 30 September 2015. Details of the key issues arising from these reports are shown in Appendix 1.

Table 2: 2015/16 Final audit reports issued from 1 April to 30 September 2015

Audit Title	Risk Level	Assurance Level	Planned Year
Non-school audits			
Risk Management	High	Substantial	2015/16
Pension Fund Admitted Bodies	High	Substantial	2015/16
Establishment Control	High	Substantial	2015/16
School audits			
Beulah Junior School	Medium	Substantial	2015/16
Elmwood Junior School	Medium	Substantial	2015/16
Gilbert Scott Primary School	Medium	Substantial	2015/16



Audit Title	Risk Level	Assurance Level	Planned Year
Rockmount Primary School	Medium	Substantial	2015/16
The Federation of St Joseph's Catholic Junior, Infant and Nursery Schools	Medium	Substantial	2015/16
Winterbourne Junior Girls' School	Medium	Substantial	2015/16

### Follow-up audits – effective implementation of recommendations

- 7. During 2015/16, in response to the Council's follow-up requirements, Internal Audit has continued to follow-up the status of the implementation of the 2012/13, 2013/14 and 2014/15 audits.
- 8. Follow-up audits are undertaken to ensure that all the recommendations raised have been successfully implemented according to the action plans agreed with the service managers. The Council's target for audit recommendations implemented at the time of the follow-up audit is 80% for all priority 2 & 3 recommendations and 90% for priority 1 recommendations.

Performance Objective	Torgot	Performance (to date*)						
	Target	2010/11	2011/12	2012/13	2013/14	2014/15		
Percentage of priority 1 recommendations implemented at the time of the follow up audit	90%	100%	100%	100%	98%	60%		
Percentage of all recommendations implemented at the time of the follow up audit	80%	88%	93%	92%	86%	71%		

<sup>\*</sup> The follow ups for 2010/11 and 2011/12 are now complete. The results of the 2012/13, 2013/14 and 2014/15 audits that have been followed up are included in Appendixes 2, 3, and 4 respectively. There are no 2015/16 follow up audits due to date.

- 9. Appendix 2 shows the follow-up audits of 2012/13 audits undertaken to date and the number of recommendations raised and implemented. 92% of the total recommendations were found to have been implemented and 100% of the priority 1 recommendations which have been followed up have been implemented.
- 10. Appendix 3 shows the follow-up audits of 2013/14 audits undertaken to date and the number of recommendations raised and implemented. 86% of the total recommendations were found to have been implemented and 98% of the priority 1 recommendations which have been followed up have been implemented. The outstanding priority 1 recommendation is detailed below:

Audit Title	Executive Director Responsible	Risk Level	Assurance Level	Summary of priority 1 recommendations
Brokerage	Paul Greenhalgh	High	Limited	A recommendation was raised as the process of selecting service users to visit had not been formalised and a number of these visits were outstanding.
				While the follow up process has confirmed that outstanding visits were conducted, the process of selection for future visits to conduct is still being



Audit Title	Executive Director Responsible	Risk Level	Assurance Level	Summary of priority 1 recommendations
				resolved.  The response received on 23/9/15 stated, "This action is still outstanding as the ICU and SCCP have not yet agreed a contract monitoring process and framework for the Integrated Framework for domiciliary care. Without the implementation of this Brokerage cannot implement their own QA process. This is not within Brokerage control"

11. Appendix 4 shows the follow-up audits of 2014/15 audits undertaken to date and the number of recommendations raised and implemented. 71% of the total recommendations were found to have been implemented and 60% of the priority 1 recommendations which have been followed up have been implemented. The outstanding priority 1 recommendations are detailed below:

Audit Title	Executive Director Responsible	Risk Level	Assurance Level	Summary of priority 1 recommendations
Multi Agency Safeguarding Hub (MASH)	Paul Greenhalgh	High	Limited	A recommendation was raised after examination of five MASH intelligence forms identified that three had not been completed within the required 3 days, with the longest process time being 8 working days.
				The response provided stated that, "The recent external MASH audit commissioned by the CSCB will evidence that the MASH processes are sound and that decision making is good. Additional management capacity introduced in August 2014 has made the decision making and timeliness more robust. Children are therefore being appropriately safeguarded. However electronic systems are not yet in place which will allow professionals to monitor the number of hours the enquiry has stayed in the MASH. The MASH module in CRS is in development and is due to become live in 2015".
Financial Management of Bed and Breakfast Accommodatio	Paul Greenhalgh	High	Limited	Two priority 1 recommendations were raised that management should ensure that rent accounts were set up for all users in a timely manner and that urgent action be taken to institute appropriate debt recovery actions.
n				While actions had been taken in response to the audit, effect from 5th October 2015 the Service transferred to Gateway and Welfare, which has resulted in the entire customer journey being reviewed. Furthermore, a separate project of looking at the entire process of accepting and housing homelessness cases was initiated. These are still ongoing.
Direct Payments Dave	Paul Greenhalgh	High	Limited	A priority 1 recommendation was raised as, although checks were undertaken on changes made to bank account details on Swift, these were made retrospectively and were thus not sufficient to prevent payments being made to inappropriate accounts.
				A recommendation was raised as there was a large back log of outstanding quarterly returns not returned by clients.
Home Energy Conservation Act	Nathan Elvery	High	Limited	A priority 1 recommendation was raised that controls be put in place, including the monitoring of stated actions in the current HECA report, to ensure the timely submission of the next HECA report.
				The response to the follow up was that a 'process map' was being put together that clearly defined



Audit Title	Executive Director Responsible	Risk Level	Assurance Level	Summary of priority 1 recommendations
				the timeline for information submission required by the various stakeholder team. The process map will be fully developed after consultation with the stakeholders by the end November
				A second Priority 1 recommendation was raised that the HECA 'Further Report' 2013 and the action plans contained therein be shared with relevant officers across the Council to help ensure that these officers are aware of their respective roles and that appropriate monitoring information is available for the drafting of the subsequent report.
				The response to the follow up is that this is complete, however, supporting documentation requested to support this has not yet been provided.
School Building Programme	Paul Greenhalgh	High	Limited	A recommendation was raised as regular and timely site condition surveys were not being undertaken to inform the Major Maintenance programme.
				A recommendation was raised as the Development Agreement for the new build on the Haling Road site had not been completed before works commenced.
				A further recommendation was raised as the February 2014 minutes of the Education Estate Operational Board indicated that two projects worth a total of £400,000 may have commenced without financial approvals being received; however, there was no evidence of follow-up in the subsequent Operational Board or Strategy Board minutes.
Park Hill Junior School	Paul Greenhalgh	Medium	Limited	A recommendation was raised as examination of a sample of 15 transactions identified seven instances where order forms had been raised after the receipt of the corresponding invoice.
				A further recommendation was raised as examination of a sample of 15 transactions identified eight instances where a goods receipt/delivery note has not been completed.
Regina Coeli Catholic Primary School	Paul Greenhalgh	Medium	Limited	A recommendation was raised as sample testing established that purchase orders were not consistently produced in advance of the corresponding invoice being received or evidenced as appropriately approved.
				A recommendation was raised as sample testing established that invoices were not always being authorised in accordance with the Finance Policy and Procedures Manual.
				The above issues were also identified and reported during the previous audit in July 2013 as Priority 1 recommendations but had not been fully actioned.
Smitham Primary School	Paul Greenhalgh	Medium	Limited	A recommendation was raised as goods/services received checks had not been conducted for the majority of the transactions sampled.
				A recommendation was raised as invoices were not consistently authorised in accordance with the School's Finance Policy and Procedures Manual.  Similar issue s were identified and reported from
				the previous audit of the School in 2010/11.
The Hayes Primary School	Paul Greenhalgh	Medium	Limited	A recommendation was raised as the majority of purchase orders examined were raised retrospectively of goods/services and invoices being received.



# London Borough of Croydon

Audit Title	Executive Director Responsible	Risk Level	Assurance Level	Summary of priority 1 recommendations		
				A recommendation was raised as inadequate supporting evidence was retained of goods/services received checks being carried out, for the majority of transactions examined.		



# Appendix 1 - Key issues from 2015/16 finalised audits

Audit Title	Risk Level	Assurance Level & Number of Issues	Summary of key issues raised.
Non-School Audits			
Risk Management	High	Substantial (One Priority 2 recommendation)	No priority 1 recommendations were raised
Pension Fund Admitted Bodies	High	Substantial (One Priority 2 recommendation)	No priority 1 recommendations were raised
Establishment Control	High	Substantial (Five Priority 2 recommendation)	No priority 1 recommendations were raised
School Audits	School Audits		
Beulah Junior School	Medium	Substantial (Four Priority 2 and two Priority 3 recommendations)	No priority 1 recommendations were raised
Elmwood Junior School	Medium	Substantial (One Priority 2 and one Priority 3 recommendations)	No priority 1 recommendations were raised
Gilbert Scott Primary School	Medium	Substantial (One Priority 2 recommendation)	No priority 1 recommendations were raised
The Federation of St Joseph's Catholic, Junior, Infant and Nursery School	Medium	Substantial (Three Priority 2 recommendations)	No priority 1 recommendations were raised
Rockmount Primary School	Medium	Substantial (Two Priority 2 recommendations)	No priority 1 recommendations were raised
Winterbourne Junior Girls' School	Medium	Substantial (Two Priority 2 and one Priority 3 recommendation)	No priority 1 recommendations were raised



# Appendix 2 - Follow-up of 2012/13 audits (with outstanding recommendations only)

Financial	Audit Followed-up	Executive Director	Risk Level	Assurance Level &	Total	Implemented	
Year	Audit Followed-up	Responsible	RISK Level	Status	Raised	Total	Percentage
Non Schoo	ol Audits						
2012/13	Building Control	Jo Negrini	High	Satisfactory	2	1	50%
				(2 <sup>nd</sup> follow up in progress)			
2012/13	E-GENDA Application	Nathan Elvery	High	Satisfactory (4 <sup>th</sup> follow up in progress)	5	2	40%
2012/13	Contender Windows Operating System (computer audit)	Nathan Elvery	High	Satisfactory (5th follow up in progress)	4	3	75%
	ol Audits Sub Total: ndations and implementation f	rom audits that h	ave had resp	oonses	240	226	93%
	ol Audits Sub Total: Recommendations from audits	that have had res	sponses		19	19	100%
	dits Sub Total: ndations and implementation f	rom audits that h	ave had resp	oonses	314	287	91%
School Audits Sub Total: Priority 1 Recommendations from audits that have had responses					18	18	100%
Recommendations and implementation from audits that have had responses						510	92%
Priority 1 F	Priority 1 Recommendations from audits that have had responses						100%



# Appendix 3 - Follow-up of 2013/14 audits (with outstanding recommendations only)

Financial	A I'd F . II	Executive	District soul	Assurance Level	Total	lmp	Implemented	
Year	Audit Followed-up	Director Responsible	Risk Level	& Status	Raised	Total	Percentage	
Non Schoo	ol Audits							
2013/14	Brokerage	Paul Greenhalgh	High	Limited (5 <sup>th</sup> follow up in progress)	8	7	91%	
2013/14	Biking the Borough	Jo Negrini	High	Limited (3 <sup>rd</sup> follow up in progress)	4	2	50%	
2013/14	Cohort	Nathan Elvery	High	Limited (1st follow up in progress)	11	-	-	
2013/14	IT Network	Nathan Elvery	High	Limited (2 <sup>nd</sup> follow up in progress)	8	6-	75%	
2013/14	Information Management	Nathan Elvery	High	Satisfactory (2 <sup>nd</sup> follow up in progress)	3	1	33%	
2013/14	Programme and Project Management	Nathan Elvery	High	Satisfactory (4 <sup>th</sup> follow up in progress)	5	1	20%	
2013/14	Recharging	Nathan Elvery	High	Satisfactory (1st follow up in progress)	3	-	-	
2013/14	Data Quality – DASHH - Social Care	Paul Greenhalgh	High	Satisfactory (2 <sup>nd</sup> follow up in progress)	7	2	28%	
2013/14	Mobile Field Flex	Nathan Elvery	High	Satisfactory (2 <sup>nd</sup> follow up in progress)	11	4	36%	
2013/14	Procurement – Strategy, Governance and Communication	Nathan Elvery	High	Satisfactory (3 <sup>rd</sup> follow up in progress)	3	0	0%	
	School Audits    Paul Greenhalgh   High   Limited (5th follow up progress)		oonses	186	157	84%		
Non Schoo	ol Audits Sub Total:				27	26	96%	
School Aud	School Audits Sub Total: Recommendations and implementation from audits that have had responses					318	89%	
		s that have had re	sponses		30	30	100%	
Recommer	ndations and implementation	from audits that h	ave had res	oonses	551	474	86%	
Priority 1 R	Recommendations from audit	s that have had re	sponses		57	56	98%	



# Appendix 4 - Follow-up of 2014/15 audits

Financial	Audit Followed-up	Executive Director	Risk Level	Assurance Level &	Total	Implemented	
Year	Addit I ollowed up	Responsible	INISK ECVE	Status	Raised	Total	Percentage
Non Schoo	ol Audits						
2014/15	43 Carmichael Road - Vertical	Nathan Elvery	High	No (1 <sup>st</sup> follow up in progress)	9	-	-
2014/15	Community Care Payments	Paul Greenhalgh	High	Limited (1st follow up in progress)	7	-	-
2014/15	Parking Enforcement	Jo Negrini	High	Limited (1st follow up in progress)	6	-	-
2014/15	Third Sector Commissioning	Nathan Elvery	High	Limited (1st Follow up in progress)	8	-	-
2014/15	Corporate and Departmental Asset Management	Nathan Elvery	High	Limited (2 <sup>nd</sup> follow up in progress)	9	6	67%
2014/15	Registrars	Paul Greenhalgh	High	Limited (No further follow up	8	7	88%
2014/15	Multi Agency Safeguarding Hub	Paul Greenhalgh	High	Limited (3 <sup>rd</sup> follow up in progress)	11	8	73%
2014/15	Direct Payments	Paul Greenhalgh	High	Limited (2 <sup>nd</sup> follow up in progress)	5	1	20%
2014/15	Financial Management of Bed and Breakfast Accommodation	Paul Greenhalgh	High	Limited (2 <sup>nd</sup> follow up in progress)	9	1	12%
2014/15	Substance Misuse	Nathan Elvery	High	Limited (1st follow up in progress)	7	-	-
2014/15	Cashless Parking	Jo Negrini	High	Limited (No further follow up)	8	7	88%
2014/15	Cemeteries and Crematorium	Jo Negrini	High	Limited (No further follow up)	5	5	100%
2014/15	Home Energy Conservation Act (HECA)	Nathan Elvery	High	Limited (2 <sup>nd</sup> follow up in progress	4	2	50%
2014/15	School Building Programme	Paul Greenhalgh	High	Limited (3 <sup>rd</sup> follow up in progress)	8	4	50%
2014/15	Waste Contract Management	Paul Greenhalgh	High	Limited (1 <sup>st</sup> follow up in progress)	7	-	-
2014/15	Housing Rents	Paul Greenhalgh	High	Satisfactory (1 <sup>st</sup> follow up in progress)	5	-	-



Financial	Audit Followed-up	Executive Director	Risk Level	Assurance Level &	Total	Imp	lemented	
Year	Addit Followed-up	Responsible	KISK Level	Status	Raised	Imp   Total   -	Percentage	
2014/15	Main Accounting System	Nathan Elvery	High	Satisfactory (1 <sup>st</sup> follow up in progress)	8	-	-	
2014/15	Housing Benefits	Paul Greenhalgh	High	Satisfactory (1 <sup>st</sup> follow up in progress)	1	-	-	
2014/15	Pensions	Nathan Elvery	High	Satisfactory (1 <sup>st</sup> follow up in progress)	4	-	-	
2014/15	Housing Repairs	Nathan Elvery	High	Satisfactory (1 <sup>st</sup> follow up in progress)	3	-	-	
2014/15	NNDR	Nathan Elvery	High	Satisfactory (1 <sup>st</sup> follow up in progress)	4	-	-	
2014/15	Payments to Schools	Nathan Elvery	High	Satisfactory (No further follow up)	3	3	100%	
2014/15	HMRC Compliance	Nathan Elvery	High	Satisfactory (1 <sup>st</sup> follow up in progress)	3	-	-	
2014/15	People Strategy	Nathan Elvery	High	Satisfactory (1 <sup>st</sup> follow up in progress)	2	-	-	
2014/15	SharePoint roll out and usage	Nathan Elvery	High	Satisfactory (1 <sup>st</sup> follow up in progress)	7	-	-	
2014/15	Programme and Projects management – Wandle Rd Surface Car Park	Jo Negrini	High	Satisfactory (1st follow up in progress	5	-	-	
2014/15	Programme and Projects Management – New Addington Phase 2	Jo Negrini	High	Satisfactory (1st follow up in progress)	2	-	-	
2014/15	Programme and Projects Management – West Croydon Interchange	Jo Negrini	High	Satisfactory (No further follow up)	2	2	100%	
2014/15	Programme and Projects Management – Fairfield Halls Refurbishment	Nathan Elvery	High	Satisfactory (1st follow up in progress)	4	-	-	
2014/15	Programme and Projects Infrastructure Delivery Plan	Jo Negrini	High	Satisfactory (No further follow up)	3	3	100%	
2014/15	Business Support Integration	Nathan Elvery	High	Satisfactory (1 <sup>st</sup> follow up in progress)	5	-	-	
2014/15	Electoral Registration	Nathan Elvery	High	Satisfactory (No further follow up)	6	5	84%	
2014/15	Disabled Facilities Grant	Paul Greenhalgh	High	Satisfactory (No further follow up)	15	13	87%	
2014/15	Gas Servicing Contract	Jo Negrini	High	Satisfactory	2	-	-	



Financial	Audit Followed-up	Executive Director	Risk Level	Assurance Level &	Total	lmp	olemented	
Year	Addit I ollowed-up	Responsible	NISK LEVEI	Status	Raised	Total	Percentage	
	Management			(1 <sup>st</sup> follow up in progress)				
2014/15	Graffiti Removal	Jo Negrini	High	Satisfactory (1 <sup>st</sup> follow up in progress)	4	-	-	
2014/15	Houses with Multi- Occupancy Licensing (HMO)	Jo Negrini	High	Satisfactory (1st follow up in progress)	6	-	-	
2014/15	School Recruitment	Nathan Elvery	High	Satisfactory (2 <sup>nd</sup> follow up in progress)	7	2	29%	
2014/15	Agency Use and the New Revruitment Drive	Paul Greenhalgh	High	Satisfactory (1st follow up in progress)	3	-	-	
2014/15	Domestic Violence Email from PD With dave	Paul Greenhalgh	High	Satisfactory (2 <sup>nd</sup> follow up in progress	4	3	75%	
2014/15	Abandoned Vehicles	Jo Negrini	High	Satisfactory (No further follow up)	2	2	100%	
2014/15	CapGemini Final Account	Nathan Elvery	High	Satisfactory (1st follow up in progress)	3	-	-	
2014/15	Contract Management Framework	Nathan Elvery	High	Satisfactory (1st follow up in progress)	7	-	-	
2014/15	Bernard Weatherwill House  - Post Occupancy Evaluation	Nathan Elvery	High	Satisfactory (1st follow up in progress)	3	-	-	
2014/15	Highways Clienting	Jo Negrini	High	Satisfactory (No further follow up)	7	6	86%	
2014/15	Express Electoral Registration	Nathan Elvery	High	Satisfactory (2 <sup>nd</sup> follow up in progress)	5	3	60%	
2014/15	ICT Asset Management	Nathan Elvery	High	Satisfactory (1st follow up in progress)	6	-	-	
2014/15	Social Media	Nathan Elvery	High	Satisfactory (1st follow up in progress)	2	-	-	
2014/15	Si Dem Parking Application	Jo Negrini	High	Satisfactory (No further follow up)	9	8	89%	
2014/15	Liquid Logic Application	Paul Greenhalgh	High	Satisfactory (2 <sup>nd</sup> follow up in progress)	9	6	66%	
2014/15	AIS Application	Nathan Elvery	High	Satisfactory (2 <sup>nd</sup> follow up in progress)	6	2	33%	
2014/15	One Oracle (Local Arrangements)	Nathan Elvery	High	Satisfactory (2nd follow up in	6	2	33%	



Financial	Audit Followed-up	Executive Director	Risk Level	Assurance Level &	Total	Implemented	
Year	radit i diorioù ap	Responsible	KISK Level	Status	Raised	Total	Percentage
				progress)			
2014/15	Windows OS Security	Nathan Elvery	High	Satisfactory (No further follow up)	5	4	80%
	ol Audits Sub Total: ndations and implementation t	rom audits that h	ave had res	ponses	156	105	67%
	ol Audits Sub Total: Recommendations from audits	that have had re	sponses		18	8	44%
School Au	dits						
2014/15	Kensington Avenue Primary School	Paul Greenhalgh	Medium	Limited (1 <sup>st</sup> follow up in progress)	24	-	-
2014/15	Monks Orchard School	Paul Greenhalgh	Medium	Limited (No further follow up)	11	10	91%
2014/15	Park Hill Junior School	Paul Greenhalgh	Medium	Limited (3 <sup>rd</sup> follow up in progress)	9	7	78%
2014/15	Ridgeway Primary School	Paul Greenhalgh	Medium	Limited (No further follow up)	15	13	86%
2014/15	Regina Coeli Catholic Primary School	Paul Greenhalgh	Medium	Limited (2 <sup>nd</sup> follow up in progress)	20	15	75%
2014/15	Smitham Primary School	Paul Greenhalgh	Medium	Limited (2 <sup>nd</sup> follow up in progress)	12	10	84%
2014/15	Thomas More Catholic School	Paul Greenhalgh	Medium	Limited (No further follow up)	25	22	88%
2014/15	The Hayes Primary School	Paul Greenhalgh	Medium	Limited (2 <sup>nd</sup> follow up in progress)	15	11	74%
2014/15	Thornton Heath Nursery School	Paul Greenhalgh	Medium	Limited (1 <sup>st</sup> follow up in progress)	16	-	-
2014/15	Coloma Convent Girls' School	Paul Greenhalgh	Medium	Limited (1 <sup>st</sup> follow up in progress)	12	-	-
2014/15	Coningsby PRU	Paul Greenhalgh	Medium	Limited (No further follow up)	12	12	100%
2014/15	Cotelands	Paul Greenhalgh	Medium	Limited (No further follow up)	10	10	100%
2014/15	Moving On PRU	Paul Greenhalgh	Medium	Limited (No further follow up)	13	12	93%
2014/15	Phil Edwards PRU	Paul Greenhalgh	Medium	Limited (No further follow	11	10	91%



# London Borough of Croydon

Financial	Audit Followed-up	Executive Director	Risk Level	Assurance Level &	Total	Implemented	
Year	Audit Followed-up	Responsible	KISK Level	Status	Raised	Total	Percentage
				up)			
2014/15	Davidson Primary School	Paul Greenhalgh	Medium	Substantial (2 <sup>nd</sup> follow up in progress)	12	7	59%
2014/15	Heavers Farm Primary School	Paul Greenhalgh	Medium	Substantial (2 <sup>nd</sup> follow up in progress)	7	2	28%
2014/15	Virgo Fidelis Catholic Secondary School	Paul Greenhalgh	Medium	Substantial (No further follow up)	18	15	83%
2014/15	Edenham High School	Paul Greenhalgh	Medium	Substantial (No further follow up)	11	9	82%
2014/15	Priory School	Paul Greenhalgh	Medium	Substantial (2 <sup>nd</sup> follow up in progress)	18	8	45%
	dits Sub Total: ndations and implementation f	rom audits that h	ave had res	ponses	219	162	74%
School Audits Sub Total: Priority 1 Recommendations from audits that have had responses						19	70%
Recommen	Recommendations and implementation from audits that have had responses						71%
Priority 1 F	Recommendations from audits	that have had res	sponses		45	27	60%

# Statement of Responsibility

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

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by us should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud. Our procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our work and to ensure the authenticity of such material. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

#### **Mazars Public Sector Internal Audit Limited**

#### London

### October 2015

This document is confidential and prepared solely for your information. Therefore you should not, without our prior written consent, refer to or use our name or this document for any other purpose, disclose them or refer to them in any prospectus or other document, or make them available or communicate them to any other party. No other party is entitled to rely on our document for any purpose whatsoever and thus we accept no liability to any other party who is shown or gains access to this document.

In this document references to Mazars are references to Mazars Public Sector Internal Audit Limited.

Registered office: Tower Bridge House, St Katharine's Way, London E1W 1DD, United Kingdom. Registered in England and Wales No 4585162.

Mazars Public Sector Internal Audit Limited is a subsidiary of Mazars LLP. Mazars LLP is the UK firm of Mazars, an international advisory and accountancy group. Mazars LLP is registered by the Institute of Chartered Accountants in England and Wales to carry out company audit work.

