

COMMITTEE	<b>AUDIT COMMITTEE</b>
DATE	<b>9 FEBRUARY 2017</b>
TITLE	<b>OUTPUT OF THE INTERNAL AUDIT SECTION</b>
PURPOSE OF REPORT	<b>TO OUTLINE THE WORK OF INTERNAL AUDIT FOR THE PERIOD TO 27 JANUARY 2017</b>
AUTHOR	<b>LUNED FÔN JONES – AUDIT MANAGER</b>
ACTION	<b>TO RECEIVE THE REPORT, COMMENT ON THE CONTENTS AND SUPPORT THE ACTIONS THAT HAVE ALREADY BEEN AGREED WITH THE RELEVANT SERVICES</b>

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## **1. INTRODUCTION**

- 1.1 The following report summarises the work of the Internal Audit Section for the period from 21 November 2016 to 27 January 2017.

## **2. WORK COMPLETED DURING THE PERIOD**

- 2.1 The following work was completed in the period to 27 January 2017:

<b>Description</b>	<b>Number</b>
Reports on Audits from the Operational Plan	5
Grant Reviews	1
Follow-up Audits	2

Further details regarding this work are found in the body of this report and in the enclosed appendices.

## 2.2 Audit Reports

2.2.1 The following table shows the audits completed in the period to 27 January 2017, indicating the relevant opinion category and a reference to the relevant appendix.

TITLE	DEPARTMENT	SERVICE	OPINION	APPENDIX
Sale of Diesel	Economy and Community	Maritime and Country Parks	C	Appendix 1
Business Continuity Arrangements	Adults, Health and Wellbeing	Across the Department	B	Appendix 2
Bryn Blodau	Adults, Health and Wellbeing	Residential and Day	B	Appendix 3
Support Workers (Derwen)	Children and Family Support	Children and Families	C	Appendix 4
Animal Health	Regulatory	Public Protection	B	Appendix 5

2.2.2 The opinion categories within the reports affirm the following:

- Opinion "A" Assurance of financial propriety can be expressed as the controls in place can be relied upon and have been adhered to.
- Opinion "B" Controls are in place, and partial assurance of financial propriety can be expressed as there are aspects where some procedures can be strengthened.
- Opinion "C" Assurance of financial propriety cannot be expressed as the controls in place cannot be relied upon, but losses/fraud due to these weaknesses were not discovered.
- Opinion "CH" Assurance of financial propriety cannot be expressed as acceptable internal controls are not in place; losses/fraud resulting from these weaknesses were discovered.

## 2.3 Grants

2.3.1 There is a requirement for local authorities to provide 'evidence of appropriate expenditure' of the allocations in respect of sixth forms and adult continuing education. The 'Local Authority Audit Guidance for Welsh Government Funding' states that on an annual basis, the Local Authority will provide to the Welsh Government the following information:

- a) a list of all internal audit reports completed in that year that involve any school or community learning where all or part of the costs are covered by Welsh Government grants;
- b) for those reports, the main audit opinion is to be given together with any significant weaknesses identified plus the action plan / management comments to address those weaknesses;
- c) a copy of the Head of Internal Audit's (or equivalent) annual report; and
- d) a copy of the external audit management letter relating to the particular financial year after it has been presented to the Council. (This will be the audit certificate from your 2015-16 audited annual accounts).

2.3.2 The above information and the related checklists were sent to the Welsh Government on 11 January 2017, within the deadline for submission which was 31 January 2017.

## 2.4 Follow-up Audits

2.4.1 The following table summarises the follow-up work completed during the period:

TITLE	DEPARTMENT	SERVICE	FOLLOW-UP OPINION
Catering – Ysgol Ardudwy, Harlech	Education	Catering	Acceptable
Catering – Ysgol y Gader, Dolgellau	Education	Catering	Acceptable

2.4.2 The conclusion of follow-up work is placed in one of four categories:

- Excellent** - all recommendations implemented as expected.
- Acceptable** - most recommendations implemented as expected.
- Unsatisfactory** - several recommendations not implemented.
- Unacceptable** - most recommendations not implemented, and no evidence of efforts to improve internal controls.

2.4.3 The list below shows the 'C' or 'CH' opinion category reports presented to the Audit Committee as appendices to the quarterly reports, where a report to the Committee regarding the follow-up remains outstanding. The list shows the target completion date for each of these follow-up audits:

**Completion Target: Quarter ending 31 March 2017**

Plas y Don

Plas Hedd

Maintenance of Buildings and Sites

**3. WORK IN PROGRESS**

3.1 The following work was in progress as at 27 January 2017.

- Supporting Ffordd Gwynedd Reviews (*Corporate*)
- Safeguarding Arrangements – Disclosure and Barring Service Checks (*Corporate*)
- Health and Safety – Trees (*Corporate*)
- Safeguarding Arrangements – Employees' Awareness of the Policy (*Corporate*)
- Safeguarding Arrangements – Establishments (*Corporate*)
- Information Management – Establishments (*Corporate*)
- Use of Credit Cards (*Corporate*)
- National Fraud Initiative (*Corporate*)
- The Arrangements for Safeguarding and Protecting Children (*Education*)
- Statistics and Census – Secondary Schools (*Education*)
- Schools – General (*Education*)
- Benefits – Review of Key Controls (*Finance*)
- Storiell – Governance and Management Arrangements (*Economy and Community*)
- Youth Club Accounts (*Economy and Community*)
- Hafan (*Economy and Community*)
- Deprivation of Liberty (*Adults, Health and Wellbeing*)
- Support Workers - Adults (*Adults, Health and Wellbeing*)
- Social Services Complaints Procedures (*Adults, Health and Wellbeing*)
- Direct Payments (*Adults, Health and Wellbeing*)
- Fleet Management (*Highways and Municipal*)
- Commercial Waste (*Highways and Municipal*)
- Recruitment and Selection (*YGC*)

#### **4. RECOMMENDATION**

- 4.1 The Committee is requested to accept this report on the work of the Internal Audit Section in the period from 21 November 2016 to 27 January 2017, comment on the contents in accordance with members' wishes, and support the actions agreed with the relevant service managers.

## **SALE OF DIESEL ECONOMY AND COMMUNITY**

### **1. Background**

1.1 Harbours provide services to the public, such as moorings for boats, vessel launch locations, red diesel sales and other services. Each harbour has a Harbour Master, responsible for the day-to-day management of the harbour, and staff under his control.

### **2. Purpose and Scope of Audit**

2.1 The purpose of the audit was to ensure that there was an appropriate procedure to administrate and receive income from diesel expenditure at Aberdyfi, Barmouth and Porthmadog Harbours and look into the possibility of introducing a new system enabling customers to pay for a maritime service at the three harbours by using credit/debit cards.

### **3. Main Findings**

3.1 The main findings of the audit were that controls have been established by the Maritime Service, but these controls need to be tightened as they currently cannot be depended upon. Fields in need of attention are detailed below:

3.1.1 Cases were seen at each of the Harbours where the income collected had not been banked weekly as expected. A delay of over a month was found at Barmouth Harbour and a delay of over three weeks at Porthmadog Harbour.

3.1.2 It was seen that income from red diesel sales at the Harbours, which at times included the additional duty of £0.4681, was directed to short code D 'Diesel Sales', which means that additional duty is treated as income including VAT. The additional duty does not include VAT. This means that 5% of income collected in additional duty is unnecessarily paid to HM Revenue and Customs.

3.1.3 Cases were seen at Barmouth and Porthmadog Harbours where correct fees had not been charged for diesel sales. A procedure is in place where the Senior Maritime and Country Parks Officer sends an e-mail to Harbour Masters to inform them when there are changes in fuel prices following the purchase of new stock and Harbour Masters are expected to act on this.

3.1.4 It was found that a good system was in place at the three Harbours ensuring that customers completed a statement detailing what % of diesel purchased is used for commercial and domestic purposes. Of the audited sample, it was found that statements existed for all sales; however, cases were seen at Barmouth and Porthmadog Harbours where customers had not always signed the statements.

3.1.5 When auditing Aberdyfi Harbour's list of customers who receive credit from the Council to purchase diesel, it was found that customer number 016785 had debts for the costs of electricity and water dating back to 2010. Following further discussions regarding the matter with the Senior Maritime and Country Parks Officer, he stated that an arrangement was needed to write-off the debts due to the business

circumstances of the customer at the time.

- 3.1.6 The Maritime Service had a good system for recording the details of diesel sold, the diesel stock purchased as well as details of the diesel stock in hand for every Harbour. However, errors were found in the figures of stock in hand on Porthmadog Harbour's spreadsheet for the months of June 2016 and July 2016; errors have now been rectified.
- 3.1.7 It was seen that Barmouth Harbour Master had a system of allowing customers to receive credit but instead of raising an invoice for them every month, they were allowed credit for a longer period than a month and they were then allowed to pay the debt when it was convenient. It was found that one customer had been given up to three months' credit before the customer had paid his/her debts. This system is only administrated by the Harbour Master. This system affects the Council's cash flow. It is understood that the Senior Maritime and Country Parks Officer intends to terminate the system of raising invoices on customers when the new system of paying with cards will be established at the three Harbours.
- 3.1.8 When auditing Barmouth's spreadsheet details of diesel sales and purchases and the receipt and banking books, several errors were found such as incorrect income collected from the customer and receipt numbers had been inserted in the wrong places on spreadsheets.
- 3.1.9 It is understood that the Maritime Service had considered the possibility of installing card machines at the Harbours, but it had not undertaken any research work on the matter thus far. The Income Service could provide guidance for the Maritime Service once the Maritime Service has identified what type of machines are required at every Harbour.

#### **4. Audit Opinion**

**(C) The Audit Opinion is that the propriety of the arrangements for Sale of Diesel at Aberdyfi, Barmouth and Porthmadog Harbours cannot be stated with certainty since the controls in place cannot be depended upon. The Service is committed to implement the following steps to alleviate the risks highlighted:**

- Banking on a weekly basis. The Harbour Masters will confirm banking dates by completing a weekly spreadsheet on i-Gwynedd where the spreadsheet will be monitored.
- Establish a short code for the 'Additional Duty' element. The Senior Maritime and Country Parks Officer will discuss with the Finance Unit in order to establish an appropriate income code.
- Harbour Masters will differentiate income and use an appropriate code for Tolls. This will be added to the spreadsheet reporting on diesel every month.
- Correct fees will be charged after a change is made to fuel prices (+ or -). A spreadsheet will be sent (as usual) to Harbour Masters at the end of each month confirming the correct fee.

- A file will be located near the diesel pump so that customers purchasing diesel do not have to visit the office to sign a statement. Commercial users will sign one form for the entire financial year and not sign on every occasion they receive red diesel.
- The debt of customer number 016785 will be written-off. At the time, the individual had become bankrupt and therefore, it was not possible to recover the debt. The Senior Maritime and Country Parks Officer will contact the Finance Unit to arrange this.
- Ensure that figures of stock in hand on diesel report spreadsheets are completed correctly and undertake random checks on the diesel stock. Harbour Masters will inspect the diesel tank at the end of each month to confirm an estimate of red diesel stock in the tank at the end of each month. This figure will be recorded on the sales report spreadsheet every month.
- Ensure that Barmouth Harbour does not continue to give credit without raising an Invoice with the aim of ending credit once payment machines are installed. Red diesel will not be given unless payment is immediately received either by means of a card payment or cash. It will need to be ensured that appropriate payment machines have been identified and authorised by the Income Unit before action can be taken.
- The administration of diesel sales needs to be tightened in Barmouth - ensure that correct income is collected and that spreadsheets are completed correctly. Managers (AFJ and BD) will discuss this with Harbour Masters. A payment machine using cards will reduce the risk.
- Contact the Income Unit to ensure that a modern arrangement is in place before Easter 2017.



## **BUSINESS CONTINUITY ARRANGEMENTS ADULTS, HEALTH AND WELL-BEING**

### **1. Background**

- 1.1 Business continuity plans detail schemes and actions that ensure that users are not left without a service they depend upon in cases when there would be an unexpected substantial interruption or a total failure to provide the service. When considering social services provided by the Adults, Health and Well-Being Department, business continuity is essential in order to sustain users' lives.

### **2. Purpose and Scope of Audit**

- 2.1 The purpose of the audit was to ensure that suitable arrangements are in place for the Council to be able to continue delivering a service for users, by reviewing the Department's processes and networking arrangements with external providers to verify the Council's control over the continuity of their services, including the Council's ability to find other providers that could meet the need in a case of service failure.
- 2.2 In order to achieve this, discussions were held with the Department's relevant officers to identify the level of the Council's readiness to act should a business failure occur. The Department's current business continuity plans were verified, ensuring that the necessary details had been included, such as the Department's operational matters, policies and mindset. In addition, agreements with external providers were audited to verify that clauses were in place to defend the Council's ability to ensure that users' needs were met.

### **3. Main Findings**

- 3.1 As a result of its proactive planning, the Adults, Health and Well-being Department had been placed in an advantageous position should service continuity be at risk as business continuity plans were in place, including additional arrangements that went beyond what is documented in the plans.
- 3.2 The principles of the business continuity plans are still relevant, but the details are out-of-date and it is believed that it is time for them to be reviewed and updated. In doing so, points raised in this report should be considered. This is also an opportunity to increase staff ownership of the plans, especially those who have been recently appointed.
- 3.3 It is fitting that there are differences between Services' plans, but there is room to share good practices across the Department. A number of useful additions were provided separately to individual plans, but including them formally as part of the arrangements would strengthen their effectiveness.
- 3.4 There was no clarity in terms of the role of core staff in the plans. Also, not all staff members had access to the plans. If there are expectations within the plan for staff to respond or act, an effort to communicate this plan with them was expected and that they had continuous access to them which would promote a clear awareness of it.

- 3.5 Staff contact details are key to the success of communication in cases where a business continuity plan will need to be implemented. It is accepted that storing the personal contact details of the Department's staff, and protecting them, is a contentious matter and it is appreciated that Services had agreed upon various arrangements for the storing of personal contact details, in the interests of the plans. Good practice was seen where contact details, resources and useful skills are noted for staff and other persons who could be of assistance in relevant cases.
- 3.6 When references are made to individuals in the plan, some are vague such as "registered manager" where it is not possible to work out who the officers are from the contact list. In cases where there will be a need to implement the plan, such contacts should be clear for any reader.
- 3.7 When planning in order to spur the instigation of a response, an instruction to respond must come from a team of Council Senior Officers or the Police, that could delay an early response which could be critical. In reality, when discussing with Services, managers are sufficiently qualified to be able to act initially at least, and there is evidence that this has worked in the past. National publications on the matter suggest that good practice is having criteria to start responding which has already been approved by Senior officers and agreed upon as powers to equip and empower managers to act.
- 3.8 It was seen that the interface of business continuity plans with wider schemes (such as the National Emergency Plan for Fuel) was weak and that there is no full awareness of these plans. Establishing contact with the Regional Emergency Planning Service is an opportunity to identify these schemes, and also to consider a collaborative response for business continuity.
- 3.9 The framework for contracts with external providers detail that a business continuity plan must be in place. It is anticipated that there will be potential barriers to ensure that these are complete and robust as a result of re-structuring and reduced resources within the Contracts and Monitoring Service.

#### **4. Audit Opinion**

**(B) The Audit opinion is that partial assurance can be expressed of the propriety of the Business Continuity Plans as there are controls in place but there are aspects where arrangements can be tightened. The service has committed to implement the following steps to alleviate the risks highlighted:**

- To discuss and share good practice at the Department's Management Team meetings, and the possibility of implementing them across the department.
- To refer to key additions in the plans and also considering access to them on the Council's computerised system as well as other forms in an emergency.
- Ensure that discussions are held with staff at every level at regular meetings when there are changes to the business continuity plans.

- Raise awareness of the plan in the department's newsletter and monitor the success of the communication.
- Refer to access to the contact details of Department officers in the business continuity plans.
- Clearly note the job titles of officers who operate in an emergency.
- Note in the business continuity plans that there are individual plans for registered organisations, and that these can be implemented for a proactive response.
- Discuss the possibility of empowering staff to be able to respond pro-actively to prevent situations from developing into emergencies at the department's Management Team meetings.
- Include emergency plans from outside the department (such as fuel) and the department's relevant plan, in the business continuity plans.
- Hold a discussion with the Regional Emergency Planning Service to add any relevant schemes to the business continuity plans.

**BRYN BLODAU, LLAN FFESTINIOG  
ADULTS, HEALTH AND WELL-BEING DEPARTMENT**

**1. Background**

1.1 Bryn Blodau residential home is located in the village of Llan Ffestiniog. The home has been registered to provide care for 41 people including 8 individuals with dementia/mental weakness. The home also offers day care to non-residents who wish to use the service.

**2. Purpose and Scope of Audit**

2.1 The purpose of the audit was to ensure that the management and maintenance arrangements of Bryn Blodau Residential Home are appropriate and in accordance with relevant regulations and standards.

2.2 The audit encompassed verifying that the home's arrangements were sufficient in terms of administration and staffing, budgetary control, procurement of goods and receiving income, health and safety, and monitoring performance along with ensuring that the service users and their property are safeguarded.

**3. Main Findings**

3.1 It was seen that robust internal controls are in place at Bryn Blodau Home, but that some aspects need to be tightened, mainly regarding staff training. Areas in need of attention are detailed below:

3.1.1 Only two out of a sample of 12 audited invoices had been stamped with the date on which they were received, the home had an old stamp, but it is understood that the Manager wanted a new one. It is important to note the date the invoice is received on the invoice, because that date is the one that the Clerk should record in the 'Tax Point' box on the TR252 coding slip.

3.1.2 The front door of the Home is kept closed and there is a need to ring a bell to access the Home and press a button to leave the Home. On the day of the visit, the door had not been locked during the day. However, the Manager explained that a Carer had brought a service user in a wheelchair into the Home for day care and had left without taking the door off the latch.

3.1.3 Three members of staff had not received medication training since 2013 and one since 2009. In accordance with the medication policy, there was an expectation to try to update this training every 2-3 years. *"Training will be updated, the target being to update every 2-3 years."* (page 21). The medication competence tests of three staff members were verified and the date of the latest ones was 2014 even though these needed to be undertaken every year.

3.1.4 It was found that two staff members administered medication but they had not signed the appropriate form to confirm that they had read and understood the Medication Policy for 2016. However, the Home Manager stated that he was certain that these staff members had read it but had forgotten to sign the sheet as he had

completed competence tests with both of them. He said that he would ensure that they signed the sheet to confirm this.

- 3.1.5 Bryn Blodau Home was issued with a 'Notice of Non-Compliance' from Care and Social Services Inspectorate Wales (CSSIW) in May 2016 due to a lack of staff training. It had become apparent that a lot of mandatory training had not been renewed for many years and therefore, there was no certainty that the staff here were qualified. Many training courses had taken place since the publication of this report. When verifying the Home's training records, it can be seen that many staff members still needed to renew their training and attend courses. The Home Manager is aware of the need to continue renewing training to ensure that they comply with requirements and he explained that courses had been arranged for the near future.

#### **4. Audit Opinion**

**(B) The Audit's opinion is that partial assurance can be expressed of propriety in the administration of Bryn Blodau Residential Home, Llan Ffestiniog as controls have been established, but there are aspects where some arrangements can be tightened. The establishment has committed to implement the following steps to mitigate the risks highlighted:**

- Manager to get a new 'received' stamp or to sign and date invoices when they arrive at the home to confirm the date they have been received.
- Ensure that all members of staff who provide medication sign to express that they have read and understood the Medication Policy.
- Continue to work on renewing staff training to ensure that every member of staff is qualified and has received the latest training.

## **SUPPORT WORKERS CHILDREN AND FAMILIES**

### **1. Background**

- 1.1 Derwen's Integrated Team provides support for young people with disabilities. Derwen Support Workers help the young people to be included in community activities and life and increase their skills to make them more independent. Derwen can also provide overnight respite periods at home for families.

### **2. Purpose and Scope of Audit**

- 2.1 The purpose of the audit was to ensure that appropriate internal controls are in place for meeting the needs of users as outlined in their Care Plans. The audit encompassed ensuring that arrangements for the recruitment of Support Workers, training, monitoring of activities and administration of employment and cost repayments were appropriate.

### **3. Main Findings**

- 3.1 A report was published by Care and Social Services Inspectorate Wales (CSSIW) on 30/11/16 following a visit at short notice to Derwen on 26/07/16. The purpose of the audit was to consider the quality and lives of young people who receive the service. Although the scope of this audit overlapped the CSSIW inspection, audit tests were not reduced so that progress since the inspection could be verified. CSSIW reported that no areas of non-compliance were discovered, but recommendations were proposed in order to improve the service. In response to the report, Derwen drew up an action plan to meet the recommendations.
- 3.2 The Person Specification for the post of a Support Worker states that it is 'essential' that workers have a 'NVQ Level 3 Health and Social Care - Childcare Pathway' qualification or are willing to work towards it. The Service's training database and purposeful spreadsheet were verified for a sample of workers and a variety of different qualifications were seen, some with a lot and some with not many. An example was seen of a Support Worker providing a service to a client where there was no evidence that 'Respect' training had been received, in accordance with the risk assessment. It was found that not many workers had the NVQ Level 3 qualification. Workers are required to work a minimum number of hours as part of the qualification which makes it difficult for casual workers to qualify. There is also not as much financial support for workers aged 25+ to train to NVQ level. In addition, it was stated that qualified workers tend to move on to other posts after they qualify which makes it difficult to appoint and keep hold of workers who have qualified in NVQ Level 3.
- 3.3 It was found that a variety of training courses were available for workers should they wish to attend them. However, workers without an office-base such as Support Workers currently do not have access to i-Gwynedd and the Policy Centre, but this is

expected to change once Learning and Development's Integrated System is in place (Summer 2017), which will allow all workers to have access to Learning and Development systems at any time via personal devices.

- 3.4 Support Workers are expected to have a full driving licence and use of a car. When appointing, Derwen will ask for a copy of the driving licence, MOT and insurance certificates to be kept on file and will note the details on a spreadsheet. However, the spreadsheet was not complete and up-to-date. In addition, there is no continuous arrangement to ensure that workers' licences have not accumulated penalty points that can increase risks for clients.
- 3.5 The Service has relied on the Support Service (Corporate Support Department) to inform Support Workers when their Disclosure and Barring Service certificates should be renewed. As the job system was verified, it was found that there were delays between expiry and renewal dates. The CSSIW report reinforces this by recommending that Derwen is more proactive and devises a robust system of issuing workers with early warnings.
- 3.6 The travelling costs of a sample of workers were verified, which were traced back to their time-sheets, session reports and client care plans. It appears that travelling costs are appropriate, and that no unreasonable journeys had been claimed, whether it was location or distance. However, an inconsistency was found in relation to claiming costs, such as refreshments. Support Workers can claim up to specific amounts towards the costs of refreshments depending on time of day, but claims exceeding this threshold were found.
- 3.7 Of the sample of time-sheets verified, the signature of the client/Case Manager was usually not seen on them, despite it being a requirement for them to sign it after every session.
- 3.8 For the sample of Support Workers, travelling costs forms and timetables were verified in order to select a client, which then traced the session report back to the Care Plan to see whether or not they matched. Generally, it was found that session reports were in accordance with the Care Plans, such as going swimming, going for a walk etc. However, an example was seen of a client visiting cafés, although the Care Plan specifically noted that the client was not allowed to eat anything while in the company of Support Workers. From the sample of Support Workers that was verified, it was found that they had not signed their client's Care Plan, therefore, there is no evidence that their contents were known to the Workers.
- 3.9 From what can be found from session reports, it appears that Support Workers meet the requirements and needs of clients. However, consideration must be given to the fact that session reports do not provide the full picture, and that it is not possible for the audit to encompass the soft skills of Support Workers that are key to meet the client's needs.
- 3.10 When verifying Care Plans and risk assessments, it was found that a number of them were now out-of-date. The Social Services and Well-being Act (Wales) 2014 states the need to review plans on a regular basis. Also, one Plan was found referring to a client several times using the wrong name, this can suggest that Plans are not often read or

that "cut & paste" is used from another plan. As part of the action plan of CSSIW's audit, Derwen agreed to review and update Care Plans, client profiles and risk assessments.

- 3.11 Support Workers are expected to receive four supervision sessions every year. However, CSSIW's audit highlighted that sessions are not spread throughout the year, as expected. A spreadsheet is now in place to monitor dates. However, it is premature to see how robust the new arrangements are at the time of this audit.

#### **4. Audit Opinion**

**(C) The Audit Opinion is that assurance cannot be given of propriety in the arrangements of Support Workers as the controls in place cannot be depended upon. The Service is committed to implement the following steps to alleviate the risks highlighted:**

- Ensure that Support Workers have received specialist training that corresponds with the risk assessment requirements of clients.
- Consider an arrangement of undertaking up-to-date licence checks.
- Continue with the arrangement of devising a system to issue early warnings to renew Disclosure and Barring Service certificates, in accordance with the action plan already in place.
- Remind Support Workers of rules in relation to claiming costs.
- Send a letter to remind Support Workers again of the need to sign timetables, noting the intention to return any unsigned timetables.
- Keep a copy of Care Plans, profiles and risk assessments signed by everyone involved with the client, including the Support Workers.
- Adopt an arrangement to regularly update Care Plans, profiles and risk assessments.
- Continue with the system of undertaking supervision sessions on a quarterly basis.



## **ANIMAL HEALTH REGULATORY**

### **1. Background**

- 1.1 The Trading Standards unit is part of the Public Protection service, which is within the Regulatory Department. One of the duties of Trading Standards is to address the health and welfare of animals in agricultural establishments such as farms, markets and collection points. A grant by Welsh Government has been available in the past, which contributed towards funding the service provided in terms of Animal Health, but it came to an end during 2015/16. The provision is now fully funded from the budget of the Trading Standards.

### **2. Purpose and Scope of Audit**

- 2.1 The purpose of the audit was to assess the effectiveness of provision in the area of animal health and welfare, to ensure that the Service continues to manage to achieve its objectives following the end of the grant.
- 2.2 The audit encompassed verifying arrangements in terms of planning, maintaining the work, monitoring and use of resources, to ensure that the Service is provided in accordance with the Animal Health and Welfare Framework 2015-2017.

### **3. Main Findings**

- 3.1 Six officers work in the Animal Health and Welfare. However, officers' duties are not limited to this area alone, as they also undertake work in areas such as agriculture and animal food, food hygiene - basic production and fair trading.
- 3.2 It was found that collaboration was proceeding within the area, on a regional and national level, and that joint schemes had been established which contribute towards ensuring the efficiency of the provision. This is essential in a climate where an inevitable reduction in resources is seen. For example, a Welsh Government grant has reduced over the years (from being approximately £83,000 in 2011/12), and it has now ended completely.
- 3.3 The service is required to prioritise visits based on the risk of the agricultural establishment (low, moderate or high), which is assessed in accordance with the National Risk Assessment Scheme. In the work timetable for the current year, there are approximately 730 establishments that need to be visited; approximately 30 high risk establishments, 510 with a moderate risk and 190 with a low risk.
- 3.4 As well as undertaking usual visits, officers are required to undertake responsive work, deal with complaints and service requests. They also offer an 'out of hours' service for emergency cases. This can lead to slippage in the audit programme for establishments that have a low risk as a result of a lack of resources.
- 3.5 With over 2,000 agricultural establishments in Gwynedd, as well as a reduction in resources as already mentioned, it is therefore essential that officers use their knowledge and understanding when undertaking their day-to-day work.

- 3.6 The outcomes of visits are recorded in a computerised system, Civica Flare, but no visit form is necessarily attached to the system for establishments that fully comply. No doubt had arisen during the course of the audit that officers do not keep full records for visits where an offence had been found or rules had been breached. However, after a discussion with the Manager, it is considered that it would be good practice to keep a full electronic record of every visit.
- 3.7 The service does not achieve the performance measure regarding the number of visits to new businesses. However, the team is fully aware of this, and as mentioned in the above points, prioritising based on risk in the current climate is essential.
- 3.8 The Trading Standards unit does not necessarily receive direct information about new businesses that are established. Therefore, the possibility of receiving information from other Council services, for example Revenues – Rates and Benefits service (Business Rates) was discussed.
- 3.9 Evidence was received that the service achieves the performance measure regarding visiting 100% of establishments that have a high risk. Due attention is also given to complaints and cases of misconduct in establishments.

#### **4. Audit Opinion**

**(B) The Audit's opinion is that partial assurance can be given of the propriety of Animal Health arrangements as controls have been established, but there are aspects where some arrangements can be tightened. The service is committed to implement the following to alleviate the risks highlighted:**

- Ensure that the visit form given to the establishment being inspected is attached to the Civica system for every visit, whether the outcome indicates that they fully comply or not.
- Establish an arrangement of receiving information from other Council services, or from Welsh Government, regarding new businesses, and review arrangements for visits depending on the number and nature of those businesses.