

Final Internal Audit Report Coulsdon C of E Primary School October 2023

Distribution: Head Teacher

Chair of Governors

School Business Manager

Corporate Director of Children, Young People and Education

(Final only)

Director Education

Interim Head of Finance

Director of Finance (Deputy S151 Officer)

Corporate Director Resources and S151 Officer (Final only)

Assurance Level	Recommendations Made	
Substantial Assurance	Priority 1	0
	Priority 2	1
	Priority 3	3

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Please refer to the Statement of Responsibility in Appendix 3 of this report for further information about responsibilities, limitations and confidentiality.



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Executive Summary

1. Introduction

- 1.1 Coulsdon C of E School is a voluntary aided Church of England School for up to 210 boys and girls. The School had an expenditure budget of approximately £1,345,889 for 2022/23.
- 1.2 The most recent Ofsted inspection was in November 2011 and the School was assessed as 'Outstanding' for overall effectiveness.
- 1.3 The fieldwork for this review was completed remotely. We were able to obtain all relevant documents necessary for the fieldwork.
- 1.4 The audit was undertaken as part of the agreed Internal Audit Plan for 2022/23 based on a risk assessment. The objectives, approach and scope are contained in the Audit Terms of Reference at Appendix 1.

2. Key Issues

Priority 2 Recommendation

There was no privacy notice in place for the School's governors. (Issue 2)

The Priority 3 recommendations are included under item 4 below.

Acknowledgement

We would like to thank the following members of staff for their time and contribution to this audit:

- Head Teacher
- School Business Manager





Detailed Report

3. Actions and Key Findings/Rationale

Audit Area: Information Governance

Priority	Recommendation 3	Detailed Finding/Rationale
2	The School should ensure there is a privacy notice specified for all types of personal data collected and held at the School, including notices for Governors.	 Expected Control The Information Commissioner's Office outlines the following: Individuals have the right to be informed about the collection and use of their personal data. This is a key transparency requirement under the UK GDPR. You must provide individuals with information including: your purposes for processing their personal data, your retention periods for that personal data, and who it will be shared with. We call this 'privacy information'. You must provide privacy information to individuals at the time you collect their personal data from them. If you obtain personal data from other sources, you must provide individuals with privacy information within a reasonable period of obtaining the data and no later than one month Therefore the School should have in place an up to date and comprehensive privacy notice for governors which outlines all types of personal data collected and held. Finding A review of the School's privacy notices found that, whilst there were notices in place for parents, pupils, staff and contractors, there was no privacy notice for governors. Risk Where there are no privacy notices in place for Governors, there is a risk they may not be aware of how their own personal data may be handled by the School. This may also





	lead to an incident occurring which results in action by the ICO leading to a loss in reputation.		
Management Response	Agreed/Disagreed	Responsible Officer	Deadline
All governors are aware of the School's GDPR policy and we felt they were therefore covered under our contractors and visitors' privacy notice.	Agreed	Head Teacher	31 December 2023
We have drawn one for Governors to be approved at the next Finance and Premises meeting.			





4. Priority 3 Recommendations

Recommendation	Detailed Finding/Rationale		
Information Governance – GDPR Breaches Guidance The School should update the GDPR Staff Training Leaflet and the Information Governance Procedures to include the consequences of breaches of GDPR outside of the GDPR training. School's Response In November 2022 the Information Governance Procedures was incorporated into our GDPR Policy. The staff leaflet is an introduction only	Expected Control In order to comply with the Data Protection Act (DPA) 2018 and UK General Data Protection Regulations (UK GDPR) and help ensure the protection of personal data, appropriate information governance should be in place. Issue/Finding The GDPR Staff Training Leaflet and the Information Governance Procedures (November 2021) provided by the School did not include the consequences of breaches of GDPR. Risk Where there are no written consequences of breaches of GDPR in place, there is a risk staff are not aware of these and can result in inappropriate management of breaches.		
The staff leaflet is an introduction only to GDPR and read in addition to our GDPR Policy. We have added a line onto the leaflet that says it should be read in conjunction with our GDPR Policy.			
Information Governance - Loan Agreement The School should ensure that the Equipment Loan form is reviewed and updated to include the duration of the loan.	Expected Control There should be effective controls in place to ensure that the removal of all equipment from the School premises is monitored and logged. Staff should sign 'laptops for teachers' forms to verify that they are aware the terms and conditions of use and on returning the laptops these forms should evidence the receipt back into school of the machine. Finding		





Recommendation	Detailed Finding/Rationale
This should be completed and monitored to ensure laptops are returned on the required date. School's Response We have loan agreements for equipment. We have added a return date.	A review of the School's loan agreement noted that this did not provide a specified loan period. Risk Where there is no return date on the loan agreement, there is a risk that staff may not return their equipment at the end of their employment / need and that this may not be identified.
Health and Safety	Expected Control
The School should ensure that risk assessments for the use of dangerous substance are carried out annually.	Adequate health and safety compliance checks should be undertaken by the School and that these are up to date. Finding
School's Response	When reviewing the Health and Safety questionnaire, it was found that there had been no completion
The school uses the same substances and updates the schedule if new/different substances are purchased.	of a risk assessment for the use of dangerous substances for the last 12 months. Risk Where there is a lack of relevant risk assessments being completed, pupils and staff may be at risk
Moving forward we will undertake a check annually.	on School premises.





Appendix 1

AUDIT TERMS OF REFERENCE Coulsdon C of E Primary School – 2022/23

1. INTRODUCTION & BACKGROUND

1.1 This audit was undertaken as part of the Internal Audit Plan for 2022/23, as agreed by the Council's Audit Committee.

2. AUDIT OBJECTIVES AND METHODOLOGY

- 2.1 To provide an independent and objective opinion on the degree to which the Council's internal control environment supports and promotes the achievement of the Council's objectives. The internal control environment comprises the policies, procedures and operations in place to:
 - establish, and monitor the achievement of the service's objectives;
 - identify, assess and manage the risks to achieving the services objectives;
 - facilitate policy and decision making;
 - ensure the economical, effective and efficient use of resources:
 - ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations;
 - safeguard the service's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption; and
 - ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.
- 2.2 To confirm that management have controls in place to detect and vigorously, pursue, fraud, corruption, other irregularities, errors and poor value for money.
- 2.3 To confirm that appropriate management action has been taken to implement recommendations for change leading to improvement in performance and/ or control.

3. SCOPE

The audit included the following areas (and number of recommendations made):

	Recommendations Made		
Audit Area	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Governance and Leadership	0	0	0
Budgetary Control & Monitoring	0	0	0
Payroll	0	0	0
Safeguarding	0	0	0





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	Recommendations Made		
Audit Area	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Procurement	0	0	0
Bank Accounts	0	0	0
Information Governance	0	1	2
Health and Safety	0	0	1
Income	0	0	0
School Fund	0	0	0
Totals	0	1	3



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Appendix 2

Definitions for Audit Opinions and Recommendations

In order to assist management in using our reports:

We categorise our **audit assurance opinion** according to our overall assessment of the risk management system, effectiveness of the controls in place and the level of compliance with these controls and the action being taken to remedy significant findings or weaknesses.

Full Assurance	There is a sound system of control designed to achieve the system objectives and the controls are constantly applied.
Substantial Assurance	While there is basically a sound system of control to achieve the system objectives, there are weaknesses in the design or level of non-compliance of the controls which may put this achievement at risk.
Limited Assurance	There are significant weaknesses in key areas of system controls and non-compliance that puts achieving the system objectives at risk,
No Assurance	Controls are non-existent or extremely weak, leaving the system open to the high risk of error, abuse and reputational damage.

Priorities assigned to recommendations are based on the following criteria:

Priority 1 (High)	Fundamental control weaknesses that require immediate attention by management to action and mitigate significant exposure to risk.
Priority 2 (Medium)	Control weakness that still represent an exposure to risk and need to be addressed within a reasonable period.
Priority 3 (Low)	Although control weaknesses are considered to be relatively minor and low risk, still provides an opportunity for improvement. May also apply to areas considered to be of best practice that can improve for example the value for money of the review area.



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Appendix 3

Statement of Responsibility

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

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

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

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

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