



RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2019/20

<p>AUDIT COMMITTEE</p> <p>10th June 2019</p>	<p>AGENDA ITEM NO. 7</p>
<p>REPORT OF THE DIRECTOR OF FINANCE & DIGITAL SERVICES</p>	<p>FINALISED AUDIT ASSIGNMENTS</p>

Author: Paul Griffiths (Service Director – Finance and Improvement Services) /
Mark Thomas (Head of Regional Internal Audit Service)

1. PURPOSE OF THE REPORT

- 1.1 This report provides Members with a summary of audit assignments completed between 13th April 2019 and 24th May 2019.

2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Seek clarity and explanation where there are areas of concern.
- 2.2 Identify further action to be taken where deemed necessary.

3. REASON FOR RECOMMENDATION

- 3.1 To help ensure that Audit Committee discharges its responsibilities in respect of reviewing the overall control environment in place across the Council.

4. BACKGROUND

- 4.1 The Audit Committee Terms of Reference (Point D) requires it to '*Review, scrutinise and issue reports and recommendations in relation to the Authority's financial affairs, and providing the opportunity for direct discussion with the auditor(s) on these*'.
- 4.2 In line with this requirement **Appendix 1** provides a summary of the audit assignments completed between 13th April 2019 and 24th May 2019. Members

will note that the summary provides for each assignment: the Introduction, Scope & Objectives, Auditor's stated opinion and a summary of all recommendations made for each audit review completed to final report stage within the stated period.

4.3 To help ensure Audit Committee effectively discharges the responsibility as set out in its Terms of Reference (and replicated at point 4.1 above), Members may wish to consider the principles noted below in addition to their own lines of enquiry:

- Are the conclusions made by Internal Audit reasonable / backed up by the findings reported?
- Are the recommendations made by Internal Audit likely to support the necessary improvement in internal control?

4.4 Members will note that 4 audit assignments have been finalised in the period and are set out in Table 1 below.

Table 1 – finalised audit assignments

<p>FINANCE & DIGITAL SERVICES</p> <ul style="list-style-type: none">• TAXATION <p>COMMUNITY & CHILDREN'S SERVICES</p> <ul style="list-style-type: none">• CONTACT SERVICE <p>CHIEF EXECUTIVE</p> <ul style="list-style-type: none">• CASE MANAGEMENT• SICKNESS ABSENCE COMPLIANCE – FOLLOW UP SCHOOLS

5. EQUALITY AND DIVERSITY IMPLICATIONS

5.1 There are no equality and diversity implications as a result of the recommendations set out in the report.

6. CONSULTATION

6.1 There are no consultation implications as a result of the recommendations set out in the report.

7. FINANCIAL IMPLICATION(S)

- 7.1 There are no financial implications as a result of the recommendations set out in the report.

8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 8.1 The provision of regular information in respect of the Council's Internal Audit Service supports the Council in demonstrating compliance with the Accounts and Audit (Wales) (Amendment) Regulations 2018.
- 8.2 Regulation 7 (Internal Audit) of Part 3 of the 2018 Regulations directs that: "*A relevant body must maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control.*"

9. LINKS TO CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT

THE COUNCIL'S CORPORATE PLAN PRIORITIES

- 9.1 The work of Internal Audit aims to support the delivery of the priorities contained within the Council's Corporate Plan – *The Way Ahead*, in particular 'Living Within Our Means' through ensuring that appropriate internal controls are in place to effectively manage resources.

WELL-BEING OF FUTURE GENERATIONS ACT

- 9.2 The Sustainable Development Principles, in particular Prevention, can be applied to the systematic reviews undertaken in order to provide assurance that risks to the achievement of objectives are being managed.

10. CONCLUSION

- 10.1 The regular provision of all summarised audit assignments to Audit Committee throughout the year is aimed at assisting Members in evaluating the effectiveness of Internal Audit work across all Council systems and services.
- 10.2 In doing so, it informs Members knowledge of the overall control environment of the Council.

Other Information:-

Relevant Scrutiny Committee

Not applicable.

Contact Officer – Paul Griffiths / Mark Thomas



LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

AUDIT COMMITTEE

10th June 2019

FINALISED AUDIT ASSIGNMENTS

REPORT OF REPORT OF THE DIRECTOR OF FINANCE & DIGITAL SERVICES

Author: Paul Griffiths (Service Director – Finance and Improvement Services)

Mark Thomas (Head of Regional Internal Audit Service)

Item: 7

Background Papers

None.

Officer to contact: Paul Griffiths / Mark Thomas

Appendix 1 - Summary of audit assignments completed between 13th April 2019 and 22nd May 2019

FINANCE & DIGITAL SERVICES

AUDIT NAME: TAXATION

DATE FINAL REPORT WAS ISSUED: 22/05/2019

INTRODUCTION

Value Added Tax (VAT) was introduced to the UK in April 1973 and is administered by Her Majesty's Revenues and Customs (HMRC). The Council is VAT registered and, therefore, VAT is a tax chargeable on the value added by this Council for the supply of goods and services.

At present there are 5 VAT rates:-

- Taxable Standard Rate (ST) 20%
- Reduced Rate (SU) 5%
- Zero Rate (ZR) 0%
- Non Taxable Exempt (EX)
- Non Business Outside the Scope (OS)

The circumstances in which these rates apply vary according to the goods or services being supplied.

The Council prepares and submits returns on a monthly basis, in order to reclaim VAT, which are generated from the Council's financial systems.

In the late 1980's legislation was introduced, which gave HMRC greater powers against those who failed to comply with VAT regulations. The result has been that failure to charge VAT appropriately on income or the reclaiming of VAT inappropriately on expenditure now attracts, at least, an interest charge by HMRC, and in the case of larger sums a misdeclaration penalty may also be imposed.

RCT Cheque Book Schools

All RCT schools (cheque book and non-cheque book) fall under the VAT registration number of the Council.

Cheque book schools are responsible for ensuring that VAT is correctly accounted for within the Financial Management System (FMS) of their Schools Information Management System (SIMS) and this information is manually added into the Council's monthly VAT return to HMRC. It is also periodically uploaded into the Council's financial ledger.

SCOPE & OBJECTIVES

In accordance with the agreed Internal Audit Plan for the Financial Year 2018/2019 a review of Taxation was undertaken specifically focussing on the administration of VAT within cheque book schools.

The specific control objective examined was to ensure that:-

- VAT is being correctly administered on expenditure incurred by cheque book schools.

AUDIT OPINION

Overall the control environment specifically relating to the administration of VAT at cheque book schools is considered to be effective with opportunity for improvement.

It was established that there is a designated VAT team based in the Accountancy Section who undertake both regular monitoring of schools and site visits to review transactions and offer VAT advice as required.

New Suppliers Created within FMS at Schools

A guidance note from the VAT team referring to the treatment of new suppliers within FMS was issued to schools in September 2014.

This review has identified that the checks required are not being undertaken at the schools sampled in accordance with the guidance issued.

VAT Treatment of Invoices/Receipts

If an invoice/receipt contains no VAT registration number it should be processed as Outside the Scope of VAT in the FMS system as without further investigation it must be assumed that the supplier is not VAT registered.

At 3 of the 5 schools sampled, purchases from suppliers not displaying a VAT registration number on their invoice/receipt were not processed as Outside the Scope; instead the VAT treatment applied were as if they were a VAT registered supplier and applicable to the type of goods/services supplied.

Examination of a sample of VAT reports for each of the 5 schools also identified payments to both VAT registered and non-VAT registered suppliers using the incorrect VAT codes where no VAT was being charged i.e. Zero Rate, Exempt or Outside the Scope.

The FMS Computer System

Each of the schools examined have created detail codes in FMS to facilitate budget monitoring. It was noted that the narrative linked to each detail code was not always consistent with the Council's Financial system and the default VAT code was not always the most likely to be used. Unlike the Council's Financial system, it is compulsory for a VAT code to be attached to each detail code in FMS.

With effect from 1st April 2019 Primary Schools will no longer operate under the cheque book scheme and, therefore, the recommendations will only relate to Middle and Secondary Schools going forward.

The recommendations in the report need to be addressed in order to provide the necessary improvements in management control and to comply with HMRC guidelines.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.1.1 Medium	<p>All schools received a VAT guidance note from the VAT team in September 2014 which stated that a check must be undertaken to confirm the VAT registration number of a supplier is valid prior to the creation of the new supplier record and payment of the invoice.</p> <p>At a sample of 5 schools (2 Middle Schools, 1 Secondary School and 2 cheque book Primary Schools) it was established that this check was not being undertaken.</p>	<p>All cheque book schools should be reminded that when creating a new Creditor record on FMS that the VAT registration number is checked for authenticity on the EU VAT Information Exchange System (VIES) website and evidence of the check taking place is retained.</p>	30 June 2019
5.1.2 Medium	<p>Where an invoice / receipt is obtained with no VAT registration number recorded, VAT should not be reclaimed on the purchase, even if the goods would normally be taxable (not unless further investigation is undertaken to ascertain the VAT status of the supplier).</p> <p>The correct VAT treatment of the expenditure would be Outside the Scope.</p> <p>Testing identified that at 3 of the 5 schools sampled, invoices/receipts received without a VAT registration number are not being processed as Outside the Scope.</p> <p>Instead, the processing officers will typically check if the goods are taxable and if so reclaim VAT at the appropriate rate.</p>	<p>All schools should correctly account for VAT on purchases made.</p> <p>Schools should be informed / reminded on how to account for VAT on all purchases made, in particular, if the supplier is not VAT registered the VAT treatment should be Outside the Scope.</p>	30 June 2019
5.1.3 Low	<p>The VAT reports for September/October 2018 for 5 schools were examined to establish whether transactions correctly accounted for VAT.</p> <p>Discrepancies were noted at 4 of the schools, examples include:-</p> <p>Mountain Ash Comprehensive</p> <ul style="list-style-type: none"> 03/08/2018 – Shoe Zone Ltd £22.98 Zero Rate items purchased, processed as Outside the Scope. 	<p>Guidance should be re-issued to all schools on the treatment of VAT when processing invoices/receipts for payment on FMS.</p> <p>The guidance should include how to establish whether VAT can be reclaimed and how to determine the appropriate VAT code to be applied.</p>	30 June 2019

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	<p><u>Ysgol Nant-gwyn</u></p> <ul style="list-style-type: none"> 25/09/2018 – KR £274.97 Reimbursement of a member of staff so should be Outside the Scope. 21/09/2018 – EB £58.28 Reimbursement of a member of staff so should be Outside the Scope. <p><u>Bryncelynnog Comprehensive</u></p> <ul style="list-style-type: none"> 04/10/2018 – Purchasing Card (Fuel) £40.00 Standard Rate expenditure, processed as Zero Rate. 10/10/2018 – Manav (UK) Ltd £435.00 Standard Rate/Exempt expenditure, processed as Outside the Scope. <p><u>Ysgol Garth Olwg</u></p> <ul style="list-style-type: none"> 04/09/2018 – Rhondda Cynon Taff CBC £34.95 - Outside the Scope rated supply processed as Zero Rate. 14/08/2018 – Dwr Cymru Welsh Water £8897.32 - Zero Rate supply processed as Outside the Scope. 		
5.1.4 Low	<p>FMS is the financial management system used by cheque book schools to manage income and expenditure. Each school sets up detail codes they need to use and to each of these they link a narrative and a default VAT code.</p> <p>Examination of the FMS system at 3 Middle Schools and 1 Secondary School identified that:-</p> <p>The narrative of the detail code does not always correspond to the</p>	<p>A report of all detail codes (numbers/narrative) set-up within Financials should be shared with all cheque book schools. The narrative of the detail codes used within FMS at each school should correspond to the report.</p>	30 June 2019

SUMMARY OF RECOMMENDATIONS:

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE										
	<p>narrative within the Council's Financials system, for example:-</p> <ul style="list-style-type: none"> - Detail code 1401: narrative in FMS is Business Rates or Rates whilst the narrative in Financials is NNDR. - Detail Code 1701: narrative in FMS is Cleaning Contractor Payments whilst the narrative in Financials is Contractor Payments. - Detail code 1601: narrative in FMS is Variation Orders whilst the narrative in Financials is Fixtures and Fittings. <p>The default VAT code attached to detail codes is not always the most appropriate VAT treatment option, for example:-</p> <ul style="list-style-type: none"> - Detail code 2014 (Insurance): 3 different default VAT codes set-up in FMS at the 4 schools sampled, Code A x 1, Code C x 1 and Code G x 2. - Detail code 3052 (Books): 3 different default VAT codes set-up in FMS at the 4 schools sampled, Code A x 1, Code D x 1 and Code G x 2. <p>Narrative of VAT codes in FMS:-</p> <table border="1" data-bbox="369 986 884 1161"> <thead> <tr> <th>Vat Code</th> <th>Narrative</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Standard Rate Input 17.5% DO NOT USE</td> </tr> <tr> <td>C</td> <td>Exempt Input</td> </tr> <tr> <td>D</td> <td>Zero Rate Input</td> </tr> <tr> <td>G</td> <td>Standard Rate Input 20%</td> </tr> </tbody> </table> <p>The detail code for Internet Services SLA was duplicated at one of the schools sampled using detail codes 3146 and 3416. Detail code 3416 does not exist in the Financials system.</p>	Vat Code	Narrative	A	Standard Rate Input 17.5% DO NOT USE	C	Exempt Input	D	Zero Rate Input	G	Standard Rate Input 20%	<p>All detail codes within FMS at each school should default to the most appropriate VAT code for that type of expenditure, for example, detail code 3052 Books should default to VAT code Zero Rate.</p>	<p>30 June 2019</p>
Vat Code	Narrative												
A	Standard Rate Input 17.5% DO NOT USE												
C	Exempt Input												
D	Zero Rate Input												
G	Standard Rate Input 20%												

COMMUNITY & CHILDREN'S SERVICES

AUDIT NAME: CONTACT SERVICE

DATE FINAL REPORT WAS ISSUED: 17/04/2019

INTRODUCTION

Children who are looked after by the Council have the right to contact with their families. When an interim / full Care Order is granted by the Courts it will determine the level of contact that is to be provided.

In order to satisfy this requirement the Council has a dedicated Contact service whose function is to arrange and supervise contact sessions between children looked after and their parents, siblings and close family members.

Parents / family members sign a contact agreement with the Council which stipulates the level and frequency of contact. A contact worker within each of the 3 districts is allocated to the case and organises the sessions with all parties. A recording form is completed at the end of each session and this is provided to the designated social worker and to the respective Court office for information.

The responsibility for administering the Contact Service lies within the Community and Children's Services Group.

The service consists of 18 staff (17.3 FTE) spread across three contact centres and had a budget of approximately £521k for 2018/19.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for financial year 2018/19, agreed by Audit Committee, a review of key controls within the system was undertaken.

Testing was carried out on a sample of contact agreements across each of the three contact centres.

The primary purpose of the audit review is to provide management with an opinion on the adequacy and effectiveness of the internal control system. The objective of the review is:

- To examine the arrangements in place within the Contact Centres located within each of the three districts to determine if their processes are operating consistently and effectively.

AUDIT OPINION

The overall control environment in relation to the Contact Service is considered to be effective with opportunity for improvement.

Audit fieldwork focussed on visits made to the 3 Contact Centres to ensure that each is working effectively, consistently and in accordance with the Council's Contact Service Policy from initial referral to reduction*.

** A reduction plan is put in place in the event there is a change to the Contact Agreement. For example in the event there is a change of placement, or change of Legal status, such as the child being placed for adoption or Special Guardianship status.*

As a result, the allocated Social Worker for the Child / young person will advise the Contact Service of the changes to the set contact arrangements and liaise with the Contact Centre staff to make the necessary amendments to the frequency / pattern of contact (reduce) over a set period of time.

A sample of 30 cases across each Contact Centre was selected for review and the referrals and case recordings examined for appropriateness, timeliness and consistency of approach.

This review can confirm that the 3 teams are working consistently; however some compliance issues with the Council's Contact Service Policy were identified:

Referrals

- Only 12 referral forms had been dated by the Social Workers.
- Of the 12 dated referrals, only 6 Contact Agreement meetings took place within the specified 5 working days.
- 8 Contact Agreements had not been signed by all parties.
- The level of background information provided by Social Workers varies, but generally the level of information provided is limited.
- Carer's full contact details had not been provided on 14 referral forms.

Contact

- Attendance by Social Workers to observe contact sessions is limited.
- There were delays between a contact session and the subsequent case recording being provided to the Social Worker / Legal Team in 2 of the 3

Centres.

Of concern is that case recordings are not being stored in accordance with the Council's Case Recording Policy for Children's Services. They are currently being stored on Officer's 'C' drives or 'Y' drives and are being emailed as attachments to Officers within the Council, as the service does not have access to the Welsh Community Care Information System (WCCIS).

The possibility of Contact Service staff attaching Case Recordings directly onto WCCIS (and staff reviewing the basic information and family history tabs) should be explored by Management to avoid the need for confidential information to be stored unsecurely and emailed separately.

By implementing the associated recommendations contained within this report, management will enhance further the standard of control.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.1.1 Low	<p>Point 14.4 of the Council's Contact Policy states that "Prior to any contact taking place, and within a maximum of five working days from referral, there must be a Contact Agreement Meeting. This is attended by the Senior Contact Worker, the child's Social Worker or appropriate representative and the parents".</p> <p>Point 14.5 of the policy also states that "An agreement will be drawn up and signed by all parties".</p> <p>Of the 30 referrals examined, 1 referral form was missing, and only 12 referral forms had been dated by the Social Workers. Of the 12 dated referrals, a Contact Agreement meeting took place within the specified five working days in only 6 cases.</p> <p>Furthermore, 8 occasions were noted whereby the Contact Agreement had not been signed by all parties, i.e. either not signed by the Social Worker or the Senior Contact Worker or both.</p>	<p>Staff should be reminded that in accordance with the Council's Contact Policy prior to any contact taking place, and within a maximum of five working days from referral, there must be a Contact Agreement Meeting attended by the Senior Contact Worker, the child's Social Worker or appropriate representative and the parents, and that the Contact Agreement is signed and dated by all relevant parties.</p>	31 May 2019
5.1.2 Medium	<p>From the 29 referral forms examined, a variance in the level of background information provided by the Social Workers was noted.</p> <p>Overall, there were 7 referral forms where detailed information had been provided, whereas only 1, 2 or 3 lines of information had been provided on others.</p> <p>In one case, no information had been provided by the Social Worker.</p>	<p>Management should remind all Social Workers to provide a comprehensive background of each family being referred to the service to ensure that the level of contact provided is suited to the family's needs.</p> <p>Management may wish to introduce a minimum information requirement allowing Contact Service staff to make informed</p>	31 May 2019

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
		decisions in the best interest of the child on the basis of key information.	
5.1.3 Medium	Further to 5.1.2, from the sample examined, full details of the names, addresses and telephone numbers of the carers had not been completed by the Social Worker on 14 referral forms.	Management should remind all Social Workers that complete contact information must be provided on all referral forms. This will ensure that families can be contacted without delay at the commencement of the contact process but also in the event that a contact needs to be cancelled at short notice.	31 May 2019
5.1.4 Low	<p>Dates and pattern of contact are established during the Contact Agreement meeting and are determined on individual circumstances.</p> <p>Although contact sessions are observed by a Contact Officer, audit testing identified limited attendance by Social Workers at any of the sessions.</p> <p>From the 30 families tested, a Social Worker had attended a contact Session in 11 cases, yet 23 of the 30 families tested had attended over 19 sessions each.</p>	<p>Management may wish to introduce a minimum specification / level of frequency for Social Workers to attend contact sessions and this should be included within the Contact Service Policy.</p> <p>This will ensure that any concerns are highlighted prior to any children looked after review.</p>	31 May 2019
5.1.5 Medium	Point 19.1 of the Contact Service Policy states that "Contact supervisors are required to complete full, clear and accurate contact reports following each session". 19.2 of the policy states that "Contact reports will be sent to the child's social worker and legal services within seven working days".	In accordance with the Contact Policy, Management should remind the Senior Contact Workers to ensure that Contact Reports are sent to the Social Workers within 7 working days.	31 August 2019

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	<p>It was established that although the approach in each of the contact centres is generally the same, at the time of the audit, only 1 Contact Centre was adhering to the Contact Policy, in that there were no outstanding Contacts reports to be written, compared to a backlog of approximately 3 weeks at the other 2 Centres.</p> <p>Audit testing identified significant delays (over a month) in some instances between the date of contact and the transfer of the Contact report to the Social Worker for some families (i.e. at 2 specific centres).</p>		
5.1.6 High	<p>The Council has a duty to keep records which are full, accurate, confidential and secure.</p> <p>Assurance cannot be given that the records held within the Contact Service are being held securely.</p> <p>Following each contact session, Contact supervisors are required to complete full, clear and accurate contact reports. Audit testing identified that Case Recordings / Contact Reports are completed using a Word template, and for each recording made, a copy is stored on individual Officer's personal 'Y' drives or 'C' drives as well as being sent via email to the Senior Contact worker for verification. This information is subsequently emailed to Childcare Administrative Officers for saving on the individual Children's files within the WCCIS system.</p>	<p>Management should determine if access to WCISS is beneficial to the service and if so progress the matter appropriately as the current system in place for storing information is not deemed appropriate.</p>	31 May 2019

CHIEF EXECUTIVE

AUDIT NAME: CASE MANAGEMENT

DATE FINAL REPORT WAS ISSUED: 20/05/2019

INTRODUCTION

The responsibility for the Case Management system lies with the Legal and Democratic Division and is delivered operationally by the Service Director, Legal Services reporting to the Director of Legal Services. The objective of the service is to provide an effective and comprehensive legal service to the Council, its elected members and staff, ensuring that the Council carries out all aspects of its functions lawfully and to provide assistance in achieving the Council's policies/aims.

Personal injury claims with a value of less than £50,000 (with some exclusions such as brain injuries etc.) are now dealt with in-house by Legal staff, and not outsourced to an Insurance Claims handling firm. There is a dedicated officer who deals with these claims, which mainly fall under the 'slips, trips and falls' category. Claims are reviewed and settled or refuted. Where refuted, these still could be challenged in court by the claimant's solicitor and for those cases in litigation, these are currently dealt with externally.

Since January 2015, 382 claims have been processed in-house using the Legal Services' Case Management System.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for the financial year 2018/2019 as agreed by Audit Committee, a review of the key controls within the system was undertaken. Audit testing was carried out on a sample of public liability claims dealt with in-house to ensure that the claims have been administered appropriately.

The primary purpose of the audit review was to provide management with an opinion on the adequacy and effectiveness of the internal control system.

The objective of the review was to ensure that;

- Appropriate procedures and processes are in place for overseeing and administering Public Liability Claims in-house.

AUDIT OPINION

The overall control environment in relation to the administration of Public Liability Claims is considered to be effective with opportunity for improvement.

Since January 2015 personal injury claims with a value less than £50,000 have been processed in-house, by an experienced member of staff with a good local knowledge of the area, which can be extremely useful when evaluating a personal injury claim. Notwithstanding this, it was established that whilst there are system user guides in place for the Case Management system, there are no Operational Procedure Guides. As only one member of staff is currently responsible for this function, and in the absence of a documented guide, it would be difficult to achieve continuity of service in their absence. This report therefore recommends that an Operational Procedure Guide documenting the administration of Public Liability Claims are compiled and issued to staff.

The majority of claims are low-value injuries and there is a high turn-down rate with most claims being repudiated. Ten Claims were selected and the process for overseeing the claim reviewed. All claims tested were found to have been repudiated successfully.

The process in place for processing the 10 claims selected was found to be appropriate, followed consistently and actioned on a timely basis, in line with agreed protocols. Testing did however identify some minor issues, which included:

- blank lines not crossed through on key documents,
- no rationale being provided for a delay in carrying out one quality assurance review and
- two compensation forms not being sent off, but this has now been rectified. By implementing the associated recommendations contained within this report, Management will enhance further the standard of control.

SUMMARY OF RECOMMENDATIONS:

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.1.1 Medium	There are no Operational Procedure Guides in place for overseeing Public Liability Claims (although there are system user guides).	Management should ensure that Operational Procedures documenting the administration of Public Liability Claims are compiled to facilitate continuity of process, in the event of staff absence.	01 July 2019
5.1.2 Low	<p>For each of the 10 files sampled, a Matter Plan, Key Dates Record and Personal Injury Matter Plan were attached to the front of the file. The following points were noted:</p> <ul style="list-style-type: none"> • For all 10 files the Matter Plan was blank and not crossed through as not applicable. • For 3 of the 10 files the end of Protocol Period and date forwarded to Business Support had not been recorded on the Key Dates Records (DFT92013-00298, DFT92013 -00213 and DFT92013-00208). Unused lines had been left blank in all 10 cases. • Of the 10 Personal Injury Matter Plans evidenced, none had been completed in full as boxes were not crossed through where not applicable. 	Standard documentation should be completed in full. Where the box/line is not applicable/not required to be completed, it should be crossed through to demonstrate completeness.	31 May 2019

<p>5.1.3</p> <p>Low</p>	<p>The Compensation Recovery Unit (CRU) sits within the Department for Work and Pensions (DWP). On receipt of a claim for compensation, the Council must send form CRU1 to the CRU within 14 days to register the claim. Registering the claim does not mean that the Council has accepted liability for the accident, injury or disease. The CRU will then seek to recover:</p> <ul style="list-style-type: none"> • amounts of social security benefits paid as a result of an accident, injury or disease, if a compensation payment has been made (the Compensation Recovery Scheme). • costs incurred by NHS hospitals and Ambulance Trusts for treatment from injuries from road traffic accidents and personal injury claims (Recovery of NHS Charges). <p>For 8 of the 10 claims sampled a 'Notification of a Claim for Compensation' form (CRU1) had been completed and sent off to the Compensation Recovery Unit. For the remaining 2 (DFT92013 -00301 and DFT92013-00307) no form had been completed and submitted. Discussion with the Legal Claims Officer established that at the time the officer was unaware that the forms had to be completed and submitted for those claimants who had not attended hospital in relation to that claim. Both claims were refuted and no compensation was paid out. A CRU1 form is now completed for all claimants.</p>	<p>Care should be taken to ensure that a CRU1 is completed in all cases. This process should be included in the Operational Guidance Notes for completeness.</p>	<p>01 July 2019</p>
<p>5.1.4</p> <p>Low</p>	<p>A Key File Information Sheet is attached to the front of each file. Detailed on this is the 42 day reminder for quality assurance review and update to the claimant, from the date the file was opened. For all 10 files selected, this process had been followed and the letter sent out corresponded to the dates recorded. For DFT9203-00306, the 6th review was due to take place on 27th November 2018 but did not take place until 4th December 2018, and no explanation could be provided. (2 further files sampled also had a delay on one of the quality assurance reviews, but explanations had been provided on the Key File Information Sheet.)</p>	<p>To ensure consistency, for all delays in issuing a quality assurance letter over an agreed number of days, an explanation should be provided on the Key File Information Sheet.</p>	<p>31 May 2019</p>

AUDIT NAME: SICKNESS ABSENCE COMPLIANCE – FOLLOW UP SCHOOLS

DATE FINAL REPORT WAS ISSUED: 03/05/2019

INTRODUCTION

Sickness Absence Compliance (Schools) was last subject to an Internal Audit review in April 2017. At this time, the overall control environment in respect of staff sickness absence across the sample of schools selected was considered to be insufficient and requires improvement.

Following the presentation of the final report to Audit Committee, a follow-up review was requested, to ascertain whether recommendations made at the time have been successfully implemented.

SCOPE & OBJECTIVES

Having given sufficient time for Management to implement the previous recommendations, the objective of this review is to:

- Establish the status of all recommendations raised within the previous Internal Audit report (issued April 2017).

AUDIT OPINION

This follow up review concludes that the overall control environment in respect of the management of staff sickness absence has shown limited improvement and it is still considered to be insufficient and requires improvement.

The previous audit report contained 8 recommendations. This follow up review can confirm that while each of the recommendations made has been implemented by Management, testing across a sample of individual schools identified limited improvement in the recording and review of sickness absence on Vision.

Compliance of Staff Absence Policies

Policy & Training

The Absence Management Policy and accompanying guides for Managers and Employees are in place.

Since the previous review, training sessions have been delivered to Head teachers / Governors and school staff can access sickness information on RCT Source.

Sickness Absence Management – Compliance

Timeliness of Updating Vision

All sickness absence should be promptly and accurately recorded on the Vision system. Testing of a sample of 20 sickness absences recorded in Vision between September and December 2018 identified that:

- Vision is still not always promptly updated with Day 1 absence information.
- Vision is still not always promptly updated with the end of sickness information.
- SA3 forms are still not always submitted to the Payroll Service.
- Return to work interview dates are still not always recorded on Vision.

Managers Homepage

When users log onto Vision they are greeted with the Managers homepage that highlights all outstanding tasks. This review has confirmed that users are still not routinely reviewing and actioning outstanding tasks, for example:

Type of Notification / Unresolved Trigger	Previous Review (Outstanding number of Notifications / Occasions)	Current Review (Outstanding number of Notifications / Occasions)
Day 4	101 – 37 schools	276 – 36 schools
Day 7	125 – 45 schools	276 – 40 schools
Day 14	64 – 36 schools	216 – 42 schools
3 sickness occasions in 12 months	415 – 56 schools	511 – 82 schools
10 sickness days in 12 months	405 – 53 schools	567 – 94 schools
14 consecutive sickness days	152 – 63 schools	225 – 81 schools

Recording Sickness Absence in Vision

A report of all sickness absence in schools was produced for the period September to December 2018. Similar to the previous audit review, sickness can vary significantly between similar size schools; however from discussions held with 4 schools, sickness absence hadn't been updated at 1 of the schools (a comprehensive school reported 7 incidents on Vision September to December 2018 compared to 130 incidents at another school for the same period).

Whilst the emphasis of the recommendations within this report is mainly directed at the Human Resources Service, the responsibility for ensuring compliance with sickness policies ultimately lies with the Senior Leadership Team at each School.

Implementing the recommendations within this report will help improve the overall control environment in place.

REF & PRIORITY	ORIGINAL FINDING	ORIGINAL RECOMMENDATION	ORIGINAL MANAGEMENT RESPONSE	OUTCOME OF THE FOLLOW-UP AUDIT	NEW MANAGEMENT RESPONSE																																																				
<p>5.1.1</p> <p>Low</p>	<p>Examination of a sample of 20 sickness absences recorded in Vision identified:-</p> <ul style="list-style-type: none"> 4 occasions where the delay in inputting the 1st day of sickness was over 10 days:- <table border="1" data-bbox="383 531 768 703"> <thead> <tr> <th>School</th> <th>Delay (days)</th> </tr> </thead> <tbody> <tr> <td>Abercynon Comm Primary</td> <td>23</td> </tr> <tr> <td>Cardinal Newman</td> <td>39</td> </tr> <tr> <td>Cwmdar Primary</td> <td>18</td> </tr> <tr> <td>YGG Aberdar</td> <td>21</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 8 occasions where the delay in inputting end sickness date was over 10 days:- <table border="1" data-bbox="383 847 768 1134"> <thead> <tr> <th>School</th> <th>Delay (days)</th> </tr> </thead> <tbody> <tr> <td>Abercynon Comm Primary</td> <td>16</td> </tr> <tr> <td>Cardinal Newman</td> <td>37</td> </tr> <tr> <td>Cwmdar Primary</td> <td>17</td> </tr> <tr> <td>YGG Aberdar</td> <td>12</td> </tr> <tr> <td>Cwmbach Church in Wales</td> <td>31</td> </tr> <tr> <td>Cwmclydach Primary</td> <td>13</td> </tr> <tr> <td>Cwmlai Primary</td> <td>33</td> </tr> <tr> <td>Coedpenmaen Primary</td> <td>12</td> </tr> </tbody> </table> <p>Continued over the page.</p>	School	Delay (days)	Abercynon Comm Primary	23	Cardinal Newman	39	Cwmdar Primary	18	YGG Aberdar	21	School	Delay (days)	Abercynon Comm Primary	16	Cardinal Newman	37	Cwmdar Primary	17	YGG Aberdar	12	Cwmbach Church in Wales	31	Cwmclydach Primary	13	Cwmlai Primary	33	Coedpenmaen Primary	12	<p>Headteachers should be reminded that:</p> <ul style="list-style-type: none"> Vision should be promptly updated to reflect all new staff sickness absence / staff returning from sickness. <p>The sickness end date on Vision should be entered on the system when staff physically return to work.</p>	<p>Agreed.</p> <p>School have received information schedules via the Vision teams and also the HR Teams work closely with schools to manage absence so message has been consistent to date.</p> <p>However a further reminder will be sent to all schools in terms of a joint circular from HR & Payroll.</p>	<p>Examination of a sample of 20 sickness absences recorded in Vision between September and December 2018 identified:-</p> <ul style="list-style-type: none"> 6 occasions where the delay in inputting the 1st day of sickness was over 10 days: <table border="1" data-bbox="1323 507 1832 751"> <thead> <tr> <th>School</th> <th>Delay (Days)</th> </tr> </thead> <tbody> <tr> <td>Capcoch Primary</td> <td>25</td> </tr> <tr> <td>Cardinal Newman</td> <td>31</td> </tr> <tr> <td>Cefn Primary</td> <td>15</td> </tr> <tr> <td>Coedpenmaen Primary</td> <td>11</td> </tr> <tr> <td>Ynyshir Primary</td> <td>15</td> </tr> <tr> <td>YGG Aberdar</td> <td>14</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 4 occasions where the delay in inputting the end sickness date was over 10 days: <table border="1" data-bbox="1323 871 1832 1043"> <thead> <tr> <th>School</th> <th>Delay (Days)</th> </tr> </thead> <tbody> <tr> <td>Capcoch Primary</td> <td>24</td> </tr> <tr> <td>Cardinal Newman</td> <td>25</td> </tr> <tr> <td>Cefn Primary</td> <td>19</td> </tr> <tr> <td>Coedpenmaen Primary</td> <td>20</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 3 occasions where the end date on Vision was entered the same day as the sickness ended: <p>Cwmbach Church in Wales Primary Ffynon Taf Primary Ynyshir Primary</p>	School	Delay (Days)	Capcoch Primary	25	Cardinal Newman	31	Cefn Primary	15	Coedpenmaen Primary	11	Ynyshir Primary	15	YGG Aberdar	14	School	Delay (Days)	Capcoch Primary	24	Cardinal Newman	25	Cefn Primary	19	Coedpenmaen Primary	20	<p>A follow up circular will be sent to all Governing Bodies and Headteachers to remind them of the requirements in managing absence. Once the updated circular has been received by Governing Bodies a period of monitoring will be undertaken. Where it is clear that schools are not conforming the Director of Education & Inclusion & Director of Human Resources Services will formally write to the Chair of Governors expressing their concern.</p>
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<p>5.1.1</p> <p>Continued.</p>	<p>Continued from previous page.</p> <p>3 occasions where the end date on Vision was entered the same day as the sickness ended:-</p> <p>Aberdare Park Primary Bodringallt Primary Capcoch Primary</p>	<p>31st May 2017 – Head of HR & Head of Payroll, Pension & Payments</p>	<p>See above.</p>	<p>Management should consider the best approach to ensure that Vision is being promptly and accurately completed by the appropriate officers in each school, with consideration to be given to additional training and to introduce Central monitoring.</p>	<p>Director of Human Resources & Service Director – Pensions, procurement & Transactional Services.</p> <p>September 2019 (to coincide with new academic year and Governing Body meetings in October 2019)</p>

REF & PRIORITY	ORIGINAL FINDING	ORIGINAL RECOMMENDATION	ORIGINAL MANAGEMENT RESPONSE	OUTCOME OF THE FOLLOW-UP AUDIT	NEW MANAGEMENT RESPONSE	
<p>5.1.2</p> <p>Low</p>	<p>It was established that SA3 forms for 4 of the 20 absences sampled had not been received by the Payroll Service.</p> <p>The schools where the forms hadn't been received were contacted, one school stated they had sent it to the Payroll Service; the others weren't aware the forms needed to be provided and were being retained by the schools.</p> <p>In addition, it was established that the Payroll Service do not always request missing SA3 forms from managers to support sickness absence recorded on the Vision system.</p>	<p>The Payroll Service should ensure that all SA3 forms are received to support staff sickness absence.</p> <p>All Headteachers should be informed / reminded that all SA3 forms have to be submitted to the Payroll Service to support all staff sickness absence.</p>	<p>Agreed.</p> <p>In line with 5.1.1 above, Schools will be reminded to forward all SA3 forms to Payroll to support the recorded absence.</p>	<p>It was established that SA3 forms for 3 of the 20 absences had not been received by the Payroll Service.</p> <p>3 schools where the forms had not been received were contacted:-</p> <p>Caegarw Primary – The school clerk wasn't aware that they are required by the Payroll section.</p> <p>Cwmbach Church in Wales – No SA3 form had been completed for this absence.</p> <p>YGG Aberdar – SA3 completed and present in the school but not sent to the Payroll section.</p>	<p>To be picked up as part of Circular referred to in 5.1.1 above.</p>	
		<p>ORIGINAL RESPONSIBILITY & TARGET DATE</p>			<p>UPDATED RESPONSIBILITY & TARGET DATE</p>	
		<p>31st May 2017 – Head of HR & Head of Payroll, Pension & Payments</p>			<p>Director of Human Resources & Service Director – Pensions, Procurement & Transactional Services.</p> <p>September 2019</p>	
				<p>UPDATED RECOMMENDATION</p>		
				<p>The Payroll Service should ensure that an SA3 form is received to support all staff sickness absence.</p> <p>All Headteachers should be reminded that all SA3 forms have to be completed and submitted to the Payroll Service to support all staff sickness absence.</p>		

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5.1.3 Low	<p>For 15 of the 20 absences sampled it was established that the return to work interview date had not been recorded in Vision.</p> <p>3 of the 15 schools where the return to work interview date had not been recorded on Vision were contacted, two school clerks stated they were not aware that the dates needed to be recorded and the other had forgotten to update the information.</p>	<p>All officers returning to work following sickness should receive a return to work interview.</p> <p>During or immediately after the Return to Work interview Vision should be updated.</p>	<p>Agreed.</p> <p>In line with 5.1.1 above, the proposed joint circular will also reflect this reminder of process.</p>	<p>For 11 of the 20 absences sampled it was noted that Vision had not been updated with the return to work interview date.</p> <table border="1"> <thead> <tr> <th>School</th> </tr> </thead> <tbody> <tr><td>Capcoch Primary</td></tr> <tr><td>Cardinal Newman</td></tr> <tr><td>Cefn Primary</td></tr> <tr><td>YGG Aberdar</td></tr> <tr><td>Caegarw Primary</td></tr> <tr><td>Cwmbach Church in Wales</td></tr> <tr><td>Cwmclydach Primary</td></tr> <tr><td>Cwmdar Primary</td></tr> <tr><td>Darran Park Primary</td></tr> <tr><td>Ffynnon Taf Primary</td></tr> <tr><td>Ton Infants</td></tr> </tbody> </table> <p>3 of the 11 schools where no return to work interview date was recorded on Vision were contacted:-</p> <ul style="list-style-type: none"> • Caegarw Primary – Return to Work interview undertaken, Vision not updated. • Cwmbach Church in Wales Primary – no evidence Return to Work interview taking place. • Darran Park Primary – Return to Work interview undertaken, Vision not updated. 	School	Capcoch Primary	Cardinal Newman	Cefn Primary	YGG Aberdar	Caegarw Primary	Cwmbach Church in Wales	Cwmclydach Primary	Cwmdar Primary	Darran Park Primary	Ffynnon Taf Primary	Ton Infants	<p>To be picked up as part of Circular referred to in 5.1.1 above</p>
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<p>31st May 2017 – Head of HR & Head of Payroll, Pension & Payments</p>	<p>All officers returning to work following sickness should promptly receive a return to work interview and Vision should be updated immediately to reflect this taking place.</p> <p>Headteachers should be reminded of this process and</p>	<p>Director of Human Resources & Service Director – Pensions, Procurement & Transactional Services.</p>															

REF & PRIORITY	ORIGINAL FINDING	ORIGINAL RECOMMENDATION	ORIGINAL MANAGEMENT RESPONSE	OUTCOME OF THE FOLLOW-UP AUDIT	NEW MANAGEMENT RESPONSE
				management should monitor Vision to ensure it is being updated.	September 2019
5.1.4 Low	<p>For each sickness absence, Vision needs to be updated with information which includes the:-</p> <p>i. start date, ii. end date, iii. self-certification (SA3) information, and iv. the return to work interview date.</p> <p>If any of the stages i to iii are not completed, Vision flags this, however stage iv is not flagged as needed to be completed.</p>	<p>Management should investigate the potential for an outstanding return to work to be 'flagged' on a Manager's Homepage.</p>	<p>Agreed.</p> <p>There is no scope to include a new flag on the existing system to support 'return to work' compliance. However an upgrade to the system which includes improved functionality and manager alerts is being considered for implementation.</p>	The new Vision system is currently under development.	N/A
		<p>ORIGINAL RESPONSIBILITY & TARGET DATE</p>		<p>UPDATED RECOMMENDATION</p>	<p>UPDATED RESPONSIBILITY & TARGET DATE</p>
		<p>Implementation review to commence May 2017 – Head of HR & Head of Payroll, Pension & Payments</p>		<p>No recommendation required.</p>	N/A

REF & PRIORITY	ORIGINAL FINDING	ORIGINAL RECOMMENDATION	ORIGINAL MANAGEMENT RESPONSE	OUTCOME OF THE FOLLOW-UP AUDIT	NEW MANAGEMENT RESPONSE
5.1.5 Low	<p>The Managers home page on vision highlights all outstanding tasks to be undertaken by the responsible officers at each school.</p> <p>A report of the Managers (all school based) homepages, produced from Vision on the 11/1/2017 identified the following unresolved triggers:-</p> <p><u>Trigger – 3 sickness occasions in 12 months</u> 56 schools had this trigger unresolved, total number of occasions amounted to 415.</p> <p><u>Trigger – 10 sickness days in 12 months</u> 53 schools had this trigger unresolved, total number of occasions amounted to 405.</p> <p><u>Trigger – 14 days of consecutive absence</u> 63 schools had this trigger unresolved, total number of occasions amounted to 152.</p>	<p>Headteachers should be reminded that all outstanding triggers on their Vision Homepage need to be resolved immediately and in conjunction with the Absence Management Policy.</p> <p>Thereafter, Headteachers should ensure that all triggers on the Vision homepage are resolved promptly.</p> <p>If Headteachers are unsure of how to resolve triggers, they should contact Human Resources for assistance.</p>	<p>Agreed.</p> <p>In line with 5.1.1 above, the proposed joint circular will also reflect this reminder of process.</p>	<p>A circular was issued to schools and training has taken place by HR officers to Headteachers and Governors, however the number of unresolved triggers on Vision has increased significantly.</p> <p>A report of the Managers (all school based) homepages, produced from Vision on 13th February 2019 identified the following unresolved triggers:-</p> <p><u>Trigger – 3 sickness occasions in 12 months</u> 82 schools had this trigger unresolved, total number of occasions amounted to 511.</p> <p><u>Trigger – 10 sickness days in 12 months</u> 94 schools had this trigger unresolved, total number of occasions amounted to 567.</p> <p><u>Trigger – 14 days of consecutive absence</u> 81 schools had this trigger unresolved, total number of occasions amounted to 225.</p>	<p>To be picked up as part of Circular referred to in 5.1.1 above.</p>
		<p>ORIGINAL RESPONSIBILITY & TARGET DATE</p> <p>31st May 2017 – Head of HR & Head of Payroll, Pension & Payments</p>		<p>UPDATED RECOMMENDATION</p> <p>Outstanding triggers on the Vision Homepage should be resolved immediately and in conjunction with the Absence Management Policy.</p> <p>Management should consider the best approach to ensure that Vision is being appropriately completed.</p>	<p>UPDATED RESPONSIBILITY & TARGET DATE</p> <p>Director of Human Resources & Service Director – Pensions, Procurement & Transactional Services.</p> <p>September 2019</p>

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5.1.6 Low	<p>The Managers home page also highlights the notifications outstanding for sickness absence reaching day 4, 7 and 14. A report from September 2016 to the 11th January 2017 identified that there were:-</p> <ul style="list-style-type: none"> • 101 outstanding day 4 notifications at 37 schools. • 125 outstanding day 7 notifications at 45 schools. • 64 outstanding day 14 notifications at 36 schools. 	<p>All Headteachers should be reminded of the requirement to ensure compliance with the policy and update Vision when notification is made.</p>	<p>Agreed.</p> <p>In line with 5.1.1 above, the proposed joint circular will also reflect this reminder of process.</p>	<p>A circular was issued to schools and training has taken place by HR officers to Headteachers and Governors, however the number of outstanding notifications has increased significantly.</p> <p>A report of the Managers (all school based) homepages, produced from Vision on 13th February 2019 identified the following unresolved triggers:-</p> <p>The Managers Homepage report as at 13th February 2019 highlighted the following outstanding notifications:</p> <ul style="list-style-type: none"> • 276 outstanding day 4 notifications at 36 schools. • 276 outstanding day 7 notifications at 40 schools. • 216 outstanding day 14 notifications at 42 schools. 	<p>To be picked up as part of Circular referred to in 5.1.1 above.</p>
		<p>ORIGINAL RESPONSIBILITY & TARGET DATE</p>		<p>UPDATED RECOMMENDATION</p>	<p>UPDATED RESPONSIBILITY & TARGET DATE</p>
		<p>31st May 2017 – Head of HR & Head of Payroll, Pension & Payments</p>		<p>Outstanding notifications on the Vision Homepage should be resolved immediately and in conjunction with the Absence Management Policy.</p> <p>Management should consider the best approach to ensure that Vision is being appropriately completed.</p>	<p>Director of Human Resources & Service Director – Pensions, Procurement & Transactional Services.</p> <p>September 2019</p>

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5.2.1 Low	<p>The Human Resources section has developed a Sickness absence policy and comprehensive Absence Management Policies / Guides.</p> <p>Headteachers / Schools have not received any training on the policies / documents and they are only available on view on Inform and the Source, systems that School's do not routinely have access to.</p>	<p>All Headteachers / schools should receive full sickness absence training.</p> <p>Consideration should be given to how staff in Schools can access the Absence Management Policies / Guides, to help ensure that all employees are treated in a consistent, fair, sympathetic and equitable manner.</p>	<p>Agreed.</p> <p>A review of Absence Management will take place shortly in respect of schools. This review will incorporate how the policy training of Headteachers / nominated representatives can be addressed</p> <p>Work is being finalised to give schools access to the HR system 'The Source' – which contains the necessary information for schools to act upon. The HR element has been completed and final stage is with the Education & Life Long Learning department to finalise their content.</p>	<p>On the 4th and 8th July 2017 Headteachers received training and in November / December 2018 Chairs of Governing bodies received training.</p> <p>The sickness absence policies for all school staff is on The Source – no login required.</p>	N/A
		ORIGINAL RESPONSIBILITY & TARGET DATE	UPDATED RECOMMENDATION	UPDATED RESPONSIBILITY & TARGET DATE	
		<p>31st August 2017 Head of HR</p> <p>31st May 2017 Head of HR & Director of Education</p>	N/A	N/A	

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5.2.2 Low	<p>Interrogation of the Vision for the month of October identified varying levels of sickness at schools, for example:</p> <ul style="list-style-type: none"> • 10 primaries recorded no incidents. • 14 primaries each recorded 1 incident. • 1 comprehensive recorded 2 incidents. • 1 primary recorded 16 incidents. • 2 comprehensives each recorded 23 incidents. • 1 special school recorded 35 incidents. <p>A sample of schools with low / no sickness were contacted to establish whether sickness is being updated onto Vision.</p> <p>Some Schools confirmed that Vision is not always promptly updated and at 2 Comprehensive Schools it was identified that Vision did not contain accurate sickness information.</p> <p>Two Primary schools have not updated Vision with sickness absence since 22/9/15 and 16/5/2016 respectively.</p>	<p>Management should remind all Headteachers / Officers responsible for updating Vision that sickness absence should be updated as soon as it is reported to ensure that the system contains accurate / up to date information.</p> <p>Management should monitor the sickness reported in the Vision system by each school, and investigate low levels of reported sickness to ensure that guidelines are being complied with and that management reports contain accurate information.</p>	<p>Agreed.</p> <p>In line with 5.1.1 above, the proposed joint circular will also reflect this reminder of process.</p>	<p>Interrogation of the Vision system for the 4 month period September to December 2018 identified varying levels of sickness at schools, for example:</p> <ul style="list-style-type: none"> • 3 Primary Schools (Abernant, Miskin and St.Michaels) each recorded only 1 incident compared to 5 other primary schools each recording 20 or more incidents in the same period. • 1 Comprehensive School (Treorchy) recorded 130 incidents compared to only 7 incidents at another (YG Rhydywaun). <p>This analysis highlights an improvement in sickness absence being recorded on Vision; however large variations were noted between similar size schools and discussions held with schools established that sickness is not always promptly / accurately recorded.</p>	<p>To be picked up as part of Circular referred to in 5.1.1 above.</p>
		ORIGINAL RESPONSIBILITY & TARGET DATE		UPDATED RECOMMENDATION	UPDATED RESPONSIBILITY & TARGET DATE
		<p>31st May 2017 – Head of HR & Head of Payroll, Pension & Payments</p>		<p>All sickness absence should be promptly and accurately recorded on Vision.</p> <p>Management should consider the best approach to ensure that Vision is being appropriately completed.</p>	<p>Director of Human Resources & Service Director – Pensions, Procurement & Transactional Services.</p> <p>September 2019</p>