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Internal Audit Final Report



COYCHURCH CREMATORIUM 2025/26

Final Report Issue Date 30th May 2025

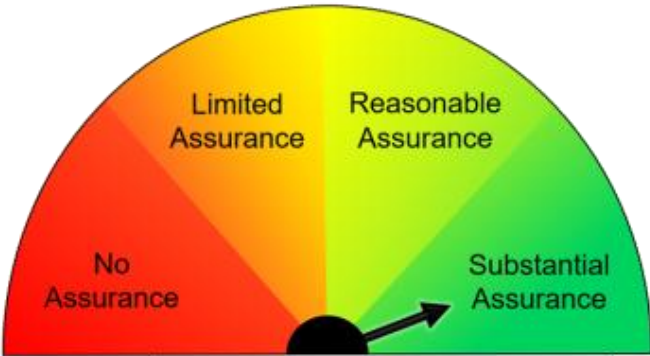
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**REGIONAL INTERNAL AUDIT SERVICE /
GWASANAETH ARCHWILIO MEWNOL RHANBARTHOL**



AUDIT OPINION	RECOMMENDATION SUMMARY	
	High Priority	0
	Medium Priority	0
	Low Priority	0
	Total	0
<p style="text-align: center;">SUBSTANTIAL ASSURANCE</p> <p style="text-align: center;">A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.</p>		
STRENGTHS & AREAS FOR IMPROVEMENT		
<p>During the audit a number of strengths and areas of good practice were identified as follows:</p> <ul style="list-style-type: none"> • The Crematorium follows the Council's Financial Procedure Rules, and uses its main bank account and ledger system. • Payments reviewed were properly authorised, VAT was accounted for, and purchases deemed appropriate. • The Joint Committee operates in accordance with the Host Authority's Rules of Procedure and Policies. • Fees for the Crematorium were agreed by the Joint Committee on the 1st of March 2024. • Crematorium's budget and reserves are monitored and reported to the Joint Committee • Staff are paid via NJC payscales through the central payroll system and work in Crematorium-related roles. • The Joint Committee met three times, fulfilling quorate requirements as outlined in its Memorandum of Agreement. <p>There were no significant issues identified during this review.</p>		

DISTRIBUTION LIST – FINAL REPORT	
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Finance Manager – Financial Control and Closing	Christopher Morris

1. INTRODUCTION & BACKGROUND

An audit of Coychurch Crematorium was undertaken in accordance with the Regional Internal Audit Service plan 2025/26.

This report sets out the findings of the audit and provides an opinion on the adequacy and effectiveness of internal control, governance and risk management arrangements in place. Where controls are not present or operating satisfactorily, recommendations have been made to allow Management to improve internal control, governance and risk management to ensure the achievement of objectives.

Coychurch Crematorium provides a cremation service and offers a variety of memorial options. Coychurch Crematorium is governed by the Joint Committee under a Memorandum of Agreement between Bridgend, Rhondda Cynon Taf and Vale of Glamorgan Councils.

2. OBJECTIVES & SCOPE OF THE AUDIT

The purpose of the audit is to provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in respect of Coychurch Crematorium.

Audit testing was undertaken in respect of financial year(s) 2024/25.

The internal control, governance and risk management arrangements have been evaluated against the following audit objectives:

A compliance review to complete the Annual Accounting Statement 2024/25.

The scope included:

- Budgetary Control
- Management
- Staffing
- Data Security
- Statutory Obligations & Governance

3. AUDIT APPROACH

Fieldwork takes place following agreement of the audit objectives.

A draft report has been prepared and provided to Management for review and comment with an opportunity given for discussion or clarification.

The final report will incorporate Management comments together with a Management Action Plan for the implementation of recommendations.

Governance and Audit Committee will be advised of the outcome of the audit and may receive a copy of the Final Report.

Management will be contacted and asked to provide feedback on the status of each agreed recommendation, once the target date for implementation has been reached.

Any audits concluded with a No Assurance or Limited Assurance opinion will be subject to a follow up audit.

4. ACKNOWLEDGMENTS

A number of staff gave their time and co-operation during the course of this review. We would like to record our thanks to all of the individuals concerned.

The work undertaken in performing this audit has been conducted in conformance with the Global Internal Audit Standards.

The findings and opinion contained within this report are based on sample testing undertaken. Absolute assurance regarding the internal control, governance and risk management arrangements cannot be provided given the limited time to undertake the audit. Responsibility for internal control, governance, risk management and the prevention and detection of fraud lies with Management and the organisation.

Any enquires regarding the disclosure or re-issue of this document to third parties should be sent to the Head of the Regional Internal Audit Service via awathan@valeofglamorgan.gov.uk.

FINDINGS**COYCHURCH CREMATORIUM****Control Objective:**

Suitable governance and financial controls are in place to help enable Coychurch Crematorium to operate effectively.

Strengths:

- The Crematorium uses the Council's main bank account and ledger system and follows the Corporate Financial Procedure Rules.
- Sample testing confirmed that payments were supported by invoices which were recorded on the EDRM system, they had been correctly authorised by the Bereavement Services Manager & Registrar, VAT had been accounted for correctly and purchases appeared appropriate for the Crematorium.
- The Joint Committee operates in accordance with the Host Authority's Rules of Procedure and Policies.
- The Crematorium comes under the Bridgend County Borough Council Corporate Risk Management Policy and forms part of the Corporate and Communities Risk Register.
- Minutes of meetings evidence that the Crematorium's budget and reserves are monitored and reported to the Joint Committee.
- Fees for the Crematorium were agreed by the Joint Committee on the 1st of March 2024 and all income received is recorded in the Council's central system.
- Staff are paid on NJC payscales via the central payroll system. Testing verified that all staff paid during the period were employed in roles that are related to the Crematorium
- The Crematorium is included in the Council's Asset Register.
- The Joint Committee convened 3 times and met quorate requirements as set out in the Joint Committee's Memorandum of Agreement.

DEFINITIONS

AUDIT ASSURANCE CATEGORY CODE	
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

RECOMMENDATION CATEGORISATION	
Risk may be viewed as the chance, or probability, one or more of the systems of governance, risk management or internal control being ineffective. It refers both to unwanted outcomes which might arise, and to the potential failure to realise desired results. The criticality of each recommendation is as follows:	
High Priority	Action that is considered imperative to ensure that the organisation is not exposed to high risks.
Medium Priority	Action that is considered necessary to avoid exposure to significant risks.
Low Priority	Action that is considered desirable and should result in enhanced control.