

Flintshire Internal Audit

Progress Report



March 2019

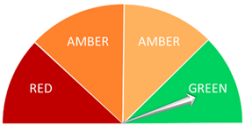
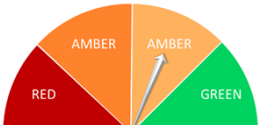
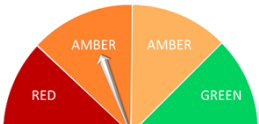

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Levels of Assurance – Standard Audit Reports

Appendix A

The audit opinion is the level of assurance that Internal Audit can give to management and all other stakeholders on the adequacy and effectiveness of controls within the area audited. It is assessed following the completion of the audit and is based on the findings from the audit. Progress on the implementation of agreed actions will be monitored. Findings from **Red** assurance audits, and summary findings from Amber Red audits will be reported to the Audit Committee.

Level of Assurance	Explanation
<p>Green – Substantial</p> 	<p>Strong controls in place (all or most of the following)</p> <ul style="list-style-type: none"> • Key controls exist and are applied consistently and effectively • Objectives achieved in a pragmatic and cost effective manner • Compliance with relevant regulations and procedures • Assets safeguarded • Information reliable <p>Conclusion: key controls have been adequately designed and are operating effectively to deliver the key objectives of the system, process, function or service.</p> <p>Follow Up Audit: 85%+ of actions have been implemented. All high priority actions have been implemented.</p>
<p>Amber Green – Reasonable</p> 	<p>Key Controls in place but some fine tuning required (one or more of the following)</p> <ul style="list-style-type: none"> • Key controls exist but there are weaknesses and / or inconsistencies in application though no evidence of any significant impact • Some refinement or addition of controls would enhance the control environment • Key objectives could be better achieved with some relatively minor adjustments <p>Conclusion: key controls generally operating effectively.</p> <p>Follow Up Audit: 51-85% of actions have been implemented. All high priority actions have been implemented.</p>
<p>Amber Red – Some</p> 	<p>Significant improvement in control environment required (one or more of the following)</p> <ul style="list-style-type: none"> • Key controls exist but fail to address all risks identified and / or are not applied consistently and effectively • Evidence of (or the potential for) financial / other loss • Key management information exists but is unreliable • System / process objectives are not being met, or are being met at an unnecessary cost or use of resources. <p>Conclusion: key controls are generally inadequate or ineffective.</p> <p>Follow Up Audits - 30-50% of actions have been implemented. Any outstanding high priority actions are in the process of being implemented.</p>
<p>Red – Limited</p> 	<p>Urgent system revision required (one or more of the following)</p> <ul style="list-style-type: none"> • Key controls are absent or rarely applied • Evidence of (or the potential for) significant financial / other losses • Key management information does not exist • System / process objectives are not being met, or are being met at a significant and unnecessary cost or use of resources. <p>Conclusion: a lack of adequate or effective controls.</p> <p>Follow Up Audit - <30% of actions have been implemented. Unsatisfactory progress has been made on the implementation of high priority actions.</p>
<p>Categorisation of Actions</p>	<p>Actions are prioritised as High, Medium or Low to reflect our assessment of risk associated with the control weaknesses</p>
<p>Value for Money</p>	<p>The definition of Internal Audit within the Audit Charter includes ‘It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper economic, efficient and effective use of resources.’ These value for money findings and recommendations are included within audit reports.</p>

Final Reports Issued Since February 2019

Appendix B

The following reports and advisory work have been finalised since the last Audit Committee. Action plans are in place to address the weaknesses identified.

Project Reference	Portfolio	Project Description	Audit Type	Level of Assurance	Actions		
					High	Med	Low
44-2018/19	Gov	Council Tax and NNDR	System Based	Green	0	1	0
01-2018/19	Cross Cutting	Deferred Charges on Properties (<i>Gov, H&A and SS</i>)	Risk Based	Amber Green	0	7	4
13-2018/19	Gov	P2P – Transfer of Process	Risk Based	Amber Green	0	3	0
07-2018/19	H&A	Homelessness Follow Up	Follow Up	Amber Green	0	2	2
38-2018/19	P&R	Collaborative Planning	Advisory	Advisory	-	-	-
AC 01-2018/19	P&R	MTFS Forecasting Statements	Advisory	Advisory	-	-	-

Audit Assurance Summary

Appendix C

Portfolio	Number of Reports & Assurance						Priority & Number of Agreed Actions			
	Red	Amber Red	Amber Green	Green	Advisory - No Opinion Given	In Total	High	Medium	Low	In Total
Corporate					2	2				
Education & Youth			4	4	3	11		11	10	21
Governance	1	1	2	1		5	3	30	8	41
Housing & Assets		1	2		2	5	2	6	4	12
People & Resources		1	3		1	5	2	11	12	25
Planning, Environment & Economy					2	2				
Social Services			2			2		1	7	8
Streetscene & Transportation					1	1				
External		1	1		2	4	1	2	6	9
Total	1	4	14	5	13	37	8	61	47	116

Appendix D

Action Tracking – Portfolio Performance Statistics

Portfolio	February 2018 Statistics			Live Actions - As at February 2018			Actions beyond <u>Original</u> due date	
	Number of Actions Raised Since January 2016	Actions Implemented since Jan 2016 <i>(including Actions No Longer Valid)</i>	% of Actions Cleared To Date	Live Actions	Actions Beyond Due Date <i>(excludes Actions with revised due date)</i>	Actions with a Revised Due Date	Actions between 6 & 12 months	Actions Greater than 12 Months (13+)
Chief Executives *	45	41	90%	4	1	1	1	0
Education & Youth	65	62		3	2	2	2	0
Governance *	139	120		19	0	9	2	3
Housing & Assets *	137	111		26	0	4	4	1
People & Resources	150	139		11	3	6	3	2
Planning, Environment & Economy *	60	50		10	0	10	2	4
Social Services	101	89		12	0	5	0	1
Streetscene & Transportation	75	75		0	0	0	0	0
External	27	25		2	0	2	1	1
Individual Schools	87	86		1	0	1	0	0
Total	886	798			88	6	40	15

* Actions removed and relocated within External e.g. Clwyd Pension Fund

* Actions removed from Community & Enterprise and reallocated between Governance, Housing & Assets and Strategic Programmes & Planning, Environment & Economy

Actions Overdue and Older than 6 months (where overdue)

Appendix E

Audit	Ref	Action	Priority	Original Due Date	Revised Due Date	Age of Action from Original Due Date (Months)	Reason for Revised Due Date and Current Position	How Risk is Being Managed
Chief Executive								
Risk Management 2016/17	2004	Inclusion of Operational risk in Business Plans	M	31/03/2018	30/11/2018	11		Chief Officers have all been involved in the revision of the Risk Management Strategy and discussion about the escalation protocol. Performance Leads have also been updated as to the diligence needed around risk management at a service level.
Education & Youth								
Youth Justice 2016/17	2013	A nominate resource from social services for children is not in place. Review to be completed with the Children Services	M	31/03/2018	31/12/2018	11	Matter to be raised to the YJS Executive Delivery Group and Executive Management Board.	Commenced discussions with Children's Services Senior Managers. However at present Children's Services

		Executive Board Representatives to implement solution in line with the Crime and Disorder Act 1998.						are unable to provide us with an allocated social worker. Action not met. Matter to be raised to the YJS Exec
Youth Justice (2016/17)	2045	Devise a contingency business case to identify and mitigate risks against statutory and non-statutory grants to assist with the business continuity. Review opportunities identified by the external review to develop a succession plan. Approval to be obtained for both of these initiatives from the Chief Executive.	M	31/03/2018	31/08/2018	11	Discussions has commenced with Chair of Exec Board but awaiting for final budget confirmation (final grant amount from YJB pending). Discussions ongoing.	A Business Case to Chief Officer, Education & Youth and Chief Executive has been submitted for consideration.
People and Resource								
Working Time Regulations 2017/18	2120	A report will be produced on a quarterly basis for each Portfolio to identify all employees who have worked on average in excess of 48 hours over a 26 week period (this new timeframe is documented within the latest Council policy). This information will be shared with each Chief Officer for review and action and concerns will be escalated as	M	31/07/2018	-	7	We prepared working time leaflets in advance of preparing and launching the policy. The policy is on the Infonet and from memory went out originally via workforce news. Managing working time is a management responsibility so we have targeted managers rather than staff. The TUs adopt the same approach. As you might expect, effort is concentrated on the areas where there are lots of additional hours and/or overtime worked - some services do not have any spend recorded	

		required to the Senior Manager HR & OD and Head of Paid Service.					in this record. We also run reports periodically to establish average hours worked over the 17 week reference period. The policy agreed with the TUs enables us to increase the reference period to accommodate seasonal peaks (for example Panto season, winter maintenance) which should mean going forward that there are fewer opportunities for non-compliance. This is an area that will remain under scrutiny as it is critical from a health and well-being perspective, especially when stress is recorded as the number one reason for absence (as working regular, long hours without the required rest breaks contributes).
Working Time Regulations 2017/18	2123	A report will be produced on a quarterly basis for each Portfolio to identify all employees who have worked on average in excess of 48 hours over a 26 week period (this new timeframe is documented within the latest Council policy). This information will be shared with each Chief Officer for review and action and concerns will be escalated as required to the Senior Manager HR & OD and Head of Paid Service.	M	31/07/2018	-	7	We prepared working time leaflets in advance of preparing and launching the policy. The policy is on the Infonet and from memory went out originally via workforce news. Managing working time is a management responsibility so we have targeted managers rather than staff. The TUs adopt the same approach. As you might expect, effort is concentrated on the areas where there are lots of additional hours and/or overtime worked - some services do not have any spend recorded in this record. We also run reports periodically to establish average hours worked over the 17 week reference period. The policy agreed with the TUs enables us to increase the reference period to accommodate seasonal peaks

							(for example Panto season, winter maintenance) which should mean going forward that there are fewer opportunities for non-compliance. This is an area that will remain under scrutiny as it is critical from a health and well-being perspective, especially when stress is recorded as the number one reason for absence (as working regular, long hours without the required rest breaks contributes).	
Working Time Regulations 2017/18	2201	The overall position of the Council is to provide a work life balance for all employees. In respect of Social Services employees, management were aware of the working time regulations and the challenges of meeting these versus the regulatory requirements in terms of continuity of care for vulnerable people who require overnight support. Managers have taken actions to minimise the tensions of this by engaging staff on a rota basis and increasing the use of concessionary rest periods. The service is not in a position to make additional appointments to cover sleep in work hours as the service has to ensure continuity of care for service users it is essential that this is maintained. No concerns have been raised by	M	31/07/2018	-	7	Possibly going close due to risk accepted waiting for confirmation	

		<p>the employees identified, however any issues reported would be addressed. In addition, it is worth noting that employees who work sleep-ins are rarely 'called-on' to work and therefore are not actually working during this period despite being recorded as working to comply with the Regulations.</p> <p>Taking into account all of the above, the level of risk has been considered and accepted in operational terms.</p> <p>The introduction of the monitoring reports (2A & 3A) will assist in identifying any further significant concerns which will be actioned as necessary.</p> <p>In addition for Social Services Portfolio, a report will be produced on a quarterly basis to identify the number and frequency of employees called-on to provide reassurance. This should prompt management intervention, if required.</p>					
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Actions with a Revised Due Date Six Months Beyond Original Due Date (Not Overdue)

Appendix F

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
Governance									
PCIDSS Compliance (2015/16)	1516	The officer working group should ensure that the self-assessment is completed drawing on the full range of professional expertise and experience of the group.	H	31/12/2016	29/07/2019	08/03/2019	The Council has implemented the necessary changes to ensure compliance with web payments and with payments taken via kiosks in Connects Centres. There is a remaining area of non-compliance with payments taken over the phone that will require new software. The council is looking at how many licences it needs and whether to simply divert some payments from phone to web prior to purchasing and implementing the new software. If/when funding is agreed the council will be able to commission a software supplier and establish a firm date for	A PCIDSS review was undertaken by a specialist QSA provider, ECSC, on 4th October 2017. The review has identified areas of compliance and areas of risk. Overall, the Council is deemed to be 50% compliance to PCIDSS. The findings of the report are now being considered by the Project Group and Chief Officer to identify what measures are required to increase compliance but this will undoubtedly require substantial investments in IT to achieve 100% compliance.	The completed detailed SAQ'S will be completed in Q1 of 2019/20 Revised workforce procedures have now been introduced as part of managing risks associated with PCIDSS (aligned to another audit recommendation) and work to complete the SAQ'S will now commence in January 2018 as part of a join

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
							implementation and thus achieving compliance		
Flintshire Connects	1505	<p>Services accessed by Flintshire Connects cannot always be delivered in full.</p> <p>A fundamental review of all customer facing services will be undertaken to explore the best future method of delivery, including face to face, through Connects centres backed up by feasibility studies for areas where greatest efficiency could be achieved. This review will look in the first instance at service delivery methods across all Portfolios and assess if they are sufficiently lean and a decision made on what services could</p>	M	30/09/2017	31/03/2020	05/03/2019	<p>Following this audit and the revision of the Customer Service Strategy a Customer Service Strategy Review Group was formed and tasked to begin reviewing all customer contact across the Council with a focus on how we currently deliver services (face to face, telephone and digital) and looking at the aspirations of how we could deliver differently to ensure we are utilising the most appropriate channels for services/customer contact.</p>	<p>The review group have now finished the initial analysis and met with all portfolio's to determine where change is required. The work carried out by the group has identified a number of areas across the council where the digital offer needs to be improved to enable reduction in both telephone calls and face to face provision for a number of services, examples include, logging repairs and Streetscene general report it type functions. It has also identified tasks that could be better delivered by Connects and release back office efficiencies.</p> <p>The work completed has identified that the delivery of the Customer Service Strategy and the</p>	<p>A Programme Manager to lead this transformation project has now been appointed.</p>

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
		<p>be delivered through Connects without overlap and duplication. Following the review a strategy will be formulated on how services will be delivered in the future.</p>						<p>Customer Workstream of the Digital Strategy need to be closely aligned and also that the scale of the work that needs to be done to deliver the transformation across the council is beyond what the review group can deliver in the timescales required. It has been agreed that a dedicated resource is required to programme manage this transformational project going forward and work is now underway to recruit to this position so that the work required can be driven forward.</p>	
Flintshire Connects	1514	<p>Services are not always being delivered in the most efficient ways. Services delivered through Flintshire Connects Centres will be evaluated for the most</p>	M	30/09/2017	31/03/2020	21/09/2018	<p>Following this audit and the revision of the Customer Service Strategy a Customer Service Strategy Review Group was formed and tasked to begin reviewing all customer contact across the Council with a focus on</p>	<p>The review group have now finished the initial analysis and met with all portfolio's to determine where change is required. The work carried out by the group has identified a number of areas across the council where the digital</p>	<p>A Programme Manager to lead this transformation project has now been appointed.</p>

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		appropriate, efficient and effective delivery methods.					<p>how we currently deliver services (face to face, telephone and digital) and looking at the aspirations of how we could deliver differently to ensure we are utilising the most appropriate channels for services/customer contact.</p>	<p>offer needs to be improved to enable reduction in both telephone calls and face to face provision for a number of services, examples include, logging repairs and Streetscene general report it type functions. It has also identified tasks that could be better delivered by Connects and release back office efficiencies.</p> <p>The work completed has identified that the delivery of the Customer Service Strategy and the Customer Workstream of the Digital Strategy need to be closely aligned and also that the scale of the work that needs to be done to deliver the transformation across the council is beyond what the review group can deliver in the timescales required. It has been agreed that a dedicated resource is</p>	

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
								required to programme manage this transformational project going forward and work is now underway to recruit to this position so that the work required can be driven forward.	
Procurement 2016/17	1649	The supplier performance management template is now available in Proactis for completion by contract officers. Contract officers will receive a reminder from Proactis to use the contract management module. All relevant contract officers should receive notification so they know the supplier performance management template is available and must be used.	M	31/03/2018	31/10/2019	11/03/2019	To promote the current functionality would be counterproductive in light of the need to re-train officers when new product release is launched.	<p>With respect of action 1649, it is still a work in progress, due to awaiting on PROACTIS to develop their product to allow more streamlined functionality to allow performance questionnaires to be undertaken. This has now been done a few weeks ago.</p> <p>We are also seeking clarifications from the Procurement Manager in how she wants to undertake contract / supplier performance management going forward in the light she is revising the CPRs as well.</p>	

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Procurement 2016/17	2010	<p>Council officers are not following CPRs in regard to</p> <ul style="list-style-type: none"> - Not entering contracts above £25K onto Contracts Register - Contract officer state they are unaware of how to send out email reminders for annual PPQ checks - Contract officers state they are unaware on how to enter contractor performance and management information into the PROACTIS system. - There was no supplier performance management template in operation to score contractors in a consistent manner. 	M	31/08/2018	29/03/2019	19/09/2018	<p>The contract management and supplier performance management modules within the PROACTIS Portal is being enhanced with new functionality that will make it easier and more user friendly for officers to undertaken contract and supplier performance reviews. The new modules are due to be launched before the end of this calendar year, hence re-training of officers would be best utilised on the new functionality. Contract Procedure Rules (CPR's is ongoing and reminders are being given to officers of the requirements of populating the contract register etc. A revised date of end of March 2019 has been given to allow for the new PROACTIS modules to be released and a period of time to allow</p>		

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							for the training to be delivered.		
Housing & Assets									
Housing Allocations 15/16	1616	The current SARTH policy is under review. Following this, any required changes to procedural notes will be implemented.	M	31/03/2017	31/03/2019	06/03/2019	<p>Comprehensive procedures have been developed and provided to audit. Through November meetings have been held with regional partners to tweak and ensure a consistent approach will be implemented across the partnership.</p> <p>January date is to allow for the development of some user guides to complement the procedures and linked guidance on affordability to be finalised.</p> <p>Staff have been trained and are aware of the new procedures so risks are mitigated whilst final sign off is undertaken.</p>	<p>Feedback from the staff consultation/training sessions held has resulted in some minor tweaks and access issues to be resolved but in the main there have been no major changes to the revised procedures and these will now be progressed for final sign off.</p> <p>Action plan shows that the development of user guides to compliment these procedures will be completed by 25.10.19. It is important that these are in place at the same time as full implementation of new procedures to ensure staff have the correct guidance on how to complete the actions required on the housing</p>	Staff have been made aware of any amendments to the procedures subject to final versions being signed off. This is confirmed within 1:1s and team meetings.

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								<p>system</p> <p>It has therefore been agreed to move to a full implementation date of 01.11.18 to ensure the new procedures are rolled out robustly and correctly.</p>	
SARTH 2017/18	1995	Controls relating to SLA adherence require enhancement. Investigate system developments through the utilisation of new system codes to assist with the automation of cancellations due to non-receipt of evidence. KPIs to be set to measure adherence to process.	L	29/06/2018	31/03/2019	21/02/2019	Project plan for CRM integration attached with revised completion date of 17th December. The team will then need time to catch up with the actions as per the SLA.	<p>Integration work was delayed and went partially live in early February 2019. There are faults with the implementation and these have been reported to ICT and are being worked through with Capita. The solution implemented still requires further work and therefore released the expected capacity to undertake other duties.</p> <p>Without additional resource it is not possible to fully adhere to SLA timescales and maintain this performance level until the integration work is completed and working</p>	Low risk (green)

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								correctly.	
DFG 2016/17	2024	The current Private Sector Housing Renewal and Improvement Policy is out of date and was due for review by 30 June 2015. The policy also does not align to current practices in operation within the service. An example of this is the condition of the DFG Relocation Grant where the property must be occupied by the applicant as their main residence for a period of 5 years. Currently there is no process to facilitate the measurement or assessment of this condition.	M	30/06/2018	30/04/2019	13/03/2019	Due to all DFG activities having to be approved by the DFG oversight board, this action date has been extended to facilitate review of all documentation by the board members.	The Policy will be drafted once the service has been realigned and will reflect the recommendations from the WG consultation on Housing Adaptations Service Standards	
DFG 2016/17	2058	Not all DFG applications which have been	M	31/05/2018	31/03/2019	13/03/2019	Due to all DFG activities having to be approved by the DFG oversight	Extensive work has been completed to develop accurate	

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
		<p>approved are reflected in the DFG spreadsheet which is utilised to track application progress and budget spend. Internal audit were provided with a list of all approved DFGs which was generated from the FLARE system. This list formed the basis for the sample testing selection.</p>					<p>board, this action date has been extended to facilitate review of all documentation by the board members.</p>	<p>contractor reporting processes and for performance of the service. The new reporting mechanism will be fully implemented ready for the new financial year</p>	
DFG 2016/17	2079	<p>Contractors are monitored on a case by case basis, however management information is not maintained to provide oversight of all contractor performance including variation of work and costs, timescales for completion, customer</p>	M	31/05/2018	31/03/2019	13/03/2019	<p>Due to all DFG activities having to be approved by the DFG oversight board, this action date has been extended to facilitate review of all documentation by the board members.</p>	<p>All processes have and continue to be reviewed will be fully implemented by the beginning of the new financial year. The final versions will include information regarding expected timescales and budget monitoring and will be in place at the beginning of the new financial year</p>	

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		satisfaction survey, etc. Manual spreadsheets have been subsequently developed as the current Flare system does not support reporting capability.							
People & Resources									
Compulsory and Voluntary Redundancies 2016/17	1933	A new database will be formulated after Lotus Notes is closed down and this will have the involvement of HR, IT and Finance to ensure the necessary controls are inbuilt.	M	31/12/2017	29/03/2019	04/02/2019	Yet to finalise ICT solution	New system in testing stage	Instruction issued to users of the system to ensure that fields are populated. Problems with the system itself still exist and we are waiting for ICT to provide an alternative solution
Compulsory and Voluntary Redundancies 2016/17	1925	The Databases will be reviewed and improved to ensure all appropriate information is captured. Regular reviews will be undertaken to ensure all relevant fields are	M	31/07/2017	29/03/2019	04/02/2019	Awaiting for IT to make necessary changes to system as per follow on notes	New database on trial with HR & OD. Not available electronically to applicants at this stage – VR requests are being manually updated by HR and testing taking place in relation to workflow.	The service are keeping paper records whilst awaiting the new database.

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		completed and due process is being adhered to.							
Planning and Environment									
Planning Enforcement 2016-17	1885	<p>The service will review how enforcement referrals are investigated through process mapping and ensure that consistency exists within the team.</p> <p>Alternative software providers are also being sought to assist with the process with short, medium and long term digital aims to be agreed by July 2017.</p>	H	31/08/2017	30/04/2019	18/12/2018	The service firstly needs to be restructured and embedded with new policy in use. This may not be completed to late November. Time is then required to review mapping and reflect, plan change to process and implement.	Whilst the structure of the teams and the overall process has been reviewed and changes made, documented procedures have yet to be produced for the team. A process mapping exercise is planned which will further assist Officers in how this work is to be undertaken. Up to date procedures will help ensure compliance and consistency across the service.	As reflected in the update audit report. The two planning assistant posts are now established and the process of registering, plotting, prioritising and acknowledging complaints is fully underway. Standard correspondence in relation to warning letters, enforcements notices and appeals have been developed. Unfortunately as there was a delay to securing funding to procure a new software system ML is reluctant to map processes to a defunct current software system. In October 2018 Asset Programme Board agreed the funding to procure a new system. ML has undertaken

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									primary project planning meetings with procurement and IT. The required IT specification for the enforcement process and every other service within development management will be reflected within that IT specification requirement.
Section 106 - 15/16	285	<p>The Local Planning Guidance Notes are currently being brought up to date to allow continued use of the Unitary Development Plan (UDP). Whilst the UDP has technically expired, the intention is to keep the plan 'alive' for as long as possible.</p> <p>The bulk of the 'comments' from the LPGN consultation process were reported to the</p>	M	31/07/2016	30/06/2019	18/12/2018	<p>The LPG 22, as overarching guidance, can only be updated once all individual LPGs have been updated, and there is still work to be done to update LPG13 (see below).</p> <p>Lastly, as each individual LPG is up to date (except LPG 13) each can be applied to the consideration of planning applications and any developer obligations that arise.</p> <p>The risk in not updating LPG 22 is therefore very low and can be</p>	<p>Follow up audit report 18.5.18: LPGN 22 Planning Obligations (adopted by the Council in February 2007) has not been updated. Discussion with Planning Strategy has suggested that as LPGN 22 acts as a signpost to other planning guidance around developer contributions, it can only be updated once the full suite of planning guidance is in place. LPGN 13, Outdoor Playing Space & New Development, is in the process of being</p>	<p>Monitoring progress with LPG13 via service manager and with reports to S106 working group.</p>

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
		<p>Planning Strategy Group on 25th February 2016. LPGN 22 will be reviewed as required following the adoption of the updated LPGN's.</p> <p>The updated LPGN's (which are still in the consultation period) will be adopted by 30th April 2016. If it is determined that further update to LPGN 22 is required (in particular to take account of the adoption of LPGN 23, Education Contributions - adopted July 2012) then we could expect the adoption of an updated LPGN 22 by 31st July 2016.</p>	M				<p>managed in due course once individual LPGs are updated. This must therefore be a 'green' in terms of risk status.</p>	<p>revised. Once the revised planning guidance is adopted LPGN 22 can be updated. Following discussion of the Follow Up audit findings the due date for this Agreed Action has been revised to 31/12/18.</p>	
Section 106 15/016	313	Update of SPG 13 Open Space	M	31/07/2016	28/02/2019	13/03/2019	The revised SPG has not been completed whist		

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
		Requirements					work on the production of the LDP is prioritised.		
Greenfield Valley Trust Follow Up 17/18	2195	<ul style="list-style-type: none"> 2018-2021 Business Plan to be agreed by the Board of Trustees. Management Agreement to be completed and to be agreed by the Board of Trustees. 	M	31/07/2018	28/09/2018	13/03/2019	Both parties have commented on drafts of the Management Agreement with the Trust now committed to signing the Agreement at their Board Meeting on 7 th May. The delay from the revised September 2018 date is a result of the Trust wishing to seek legal advice before they sign a new Agreement		
Pollution Control 2017/18	2048	Not all tasks relating to reviewing planning enquiries for potential statutory nuisance are logged or monitored.	L	31/03/2018	31/05/2019	01/06/2018	Computer system will take a length of time to be agreed upon and implemented, and further impacted by move to Ewloe. Smarter apps for efficient working practices are being considered in the meantime.	I have put in a revised due date of 31/05/2019 for the new computer system. In the meantime they are pursuing ways of working smarter through the purchasing of apps.	
Planning Enforcement 2016-17	1892	Process mapping to be commenced in July 2017 will form the basis of training notes in order for	L	30/11/2017	31/04/2019	18/12/2018	Intended that the restructure will be complete by end of November 2017 then time required to	Officers have been booked onto the waiting list for the Trevor Roberts Association Enforcement residential	Newly appointed enforcement officer for the South Team and the North Team leader have been booked onto the

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
		<p>any officer to be able to use the Flare enforcement system.</p> <p>Completion of training notes November 2017.</p>					<p>complete lean process and set down in procedures for the service to rely on.</p> <p>Restructure completed 1st January 2018. The newly created teams need time to reflect on the processes recorded prior to the restructure and how to change and update these to reflect new and best practice.</p> <p>Following the restructure a Senior Officer has resigned and following interviews the existing Enforcement Officer has been promoted to that role. Further advertisement and interviews took place to appoint a new enforcement officer. This appointment commenced on 30th April 2018. During that time focus has been on dealing with other enforcement actions required.</p>	<p>course since September 2017. The budget for this training is in place, and we are hoping to be advised of our attendance dates soon.</p>	<p>Trevor Robert intensive enforcement training course in February 2019. The North Team enforcement officer remains on the waiting list. Formal training notes for the use of Flare have not yet been produced as time has instead been directly to the pursuit of the new software system.</p>

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
Social Services									
Flying Start Childcare Placements 2015/16	1608	<p>Management have agreed the following actions:</p> <p>(a) To review the sessional rate offered to existing providers considering pricing across Wales and what elements the fee will cover.</p> <p>(b) To contact Corporate Procurement to discuss the undertaking of a tender exercise to include support for smaller organisations</p> <p>(c) To review similar processes and paperwork undertaken by other local</p>	M	30/06/2017	01/04/2019	11/02/2019	As advised by Procurement - In agreement with Flying Start Welsh Government Account Manager.	<p>(a) Actioned. A review has been completed of the sessional rates across North Wales. A phased reduction was introduced June 2017 in alignment with the childcare offer too.</p> <p>(b) Actioned. Work is in progress with Procurement. A tender document has been produced.</p> <p>(c) Actioned. A review has been undertaken through the Flying Start Network and best practice examples and lessons learnt are being applied in preparation for procurement.</p> <p>(d) Revised due date. Due to the implementation of the Childcare Offer</p>	<p>The Flintshire model is considered to be exemplar, as Flintshire Flying Start only pay for places booked. There are no block booking for FS childcare places, unlike many other Authorities. Attendance is closely monitored, alongside quality and staff qualification level. This is undertaken by specialist advisory teachers. The monthly payments to Settings is also closely monitored with the necessary audit trail. All Flying Start settings are approved by WG.</p> <p>Two actions currently being worked on, all others have been actioned for this recommendation:</p> <p>Undertake tender exercise for the procurement of</p>

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
		<p>authorities in Wales and the viability for using best practice examples in Flintshire.</p> <p>(d) To ensure any tendering exercise is aligned with the Welsh Government 3-4 year old pilot for funded childcare to ensure consistency of rates, and sustainability for childcare settings.</p> <p>(e) Undertake tender exercise for the procurement of childcare placements, to include a briefing and support session</p>						<p>and ensuring stability in the Sector and sufficiency of places for Early Entitlement, Childcare and Flying Start placements the procurement exercise is being delayed until the early implementation childcare offer is completed.</p> <p>(e) Part-actioned. The briefing and support session material is prepared in readiness for a procurement exercise.</p> <p>(f) Successful and unsuccessful settings will be notified within timescale.</p>	<p>childcare placements, to include a briefing and support session with Settings.</p> <p>Notify successful/unsuccessful settings</p>

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
		with Settings. (f) Notify successful/ unsuccessful settings							
External									
Pensions Administration 2017/18:	2180	The KPIs show poor performance and lack of adherence to legal requirements.		30/06/2018	30/06/2019	06/02/2019	Team leaders will continue to monitor the KPIs and assign work accordingly.		
CPF Investment 2016/17	1943	An Operational Plan will be devised to assign roles and responsibilities for the core functions within the Clwyd Pension Fund team. This will assist with the identification of single points of failure within the team. Individuals to be trained outside of their core role in order to facilitate the delivery of service in the event	M	31/12/2017	31/03/2019	14/01/2019	Work is continuing with HR for a revised structure to the section which will accommodate the ongoing needs of the section. The 2018/19 Business Plan includes a structure review of the Finance Team. Work is still ongoing with HR to finalise the structure and carry out recruitment. This should be substantially complete in Q1 2018 but full completion may take to Q3 2018.	Work is continuing with HR for a revised structure to the section which will accommodate the ongoing needs of the section.	The risks are being managed by outsourcing essential work to third parties.

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Date of Last Update Provided by Service	Reason for Revised Due Date	Current Status	How Risk is Being Managed
		of long term absence or attrition. Succession planning will also be considered given the relative age of individuals completing these functions relative to retirement age.							

Investigation Update

Appendix G

Ref	Date Referred	Investigation Details
1. New Referrals		
1.1	12/02/2019	A referral was received from management relating Houses to Homes Loan.
1.2	02/01/2019	A complaint was received from a service provider in relation to contract variation and termination.
2. Reported to Previous Committees and still being Investigated		
2.1	03/01/2019	A whistleblow was received concerning a Council contract. The investigation is ongoing.
2.2	16/10/2018	A complaint was received concerning the awarding of contracts where there is a potential conflict of interest of a member of staff with a contractor. The investigation is ongoing.
2.3	20/08/2018	An allegation was received concerning the awarding of work to a company being run by a former employee of the Authority. The investigation is ongoing.

Internal Audit Performance Indicators

Appendix H

Performance Measure	Qtr 1 18/19 <small>(as at 21/5)</small>	Qtr 2 18/19 <small>(as at 31/10)</small>	Qtr 3 18/19 <small>(as at 2/11)</small>	Qtr 3 18/19 <small>(restated)</small>	Qtr 4 18/19	Target	RAG Rating	
Audits completed within planned time	87%	86%	75%	83%	67%	80%	A	↓
Average number of days from end of fieldwork to debrief meeting	7	11	9	9	9	20	G	→
Average number of days from debrief meeting to the issue of draft report	1	3	2	1	5	5	G	↓
Days for departments to return draft reports	3	16	7	5	9	7	R	↓
Average number of days from response to issue of final report	3	0	0	1	2	2	G	↓
Total days from end of fieldwork to issue of final report	19	33	22	21	30	34	G	↓
Productive audit days	80%	79%	88%	78%	82%	75%	G	↑
Client questionnaires responses as satisfied	100%	100%	100%	100%	100%	95%	G	→
Return of Client Satisfaction Questionnaires	40%	86%	100%	40%	75%	80%	R	↑

Key					
R	Target Not Achieved	A	Within 20% of Target	G	Target Achieved
↑	Improving Trend	→	No Change	↓	Worsening Trend

Internal Audit Operational Plan 2017/18 (Carry Forward)

Appendix I

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
Corporate			
Income from Fees and Charges / Efficiency Savings	H	In progress	On hold pending the completion of the consultancy work
Organisational Change 2			
County Hall Campus Working Group	Advice & Consultancy	On going	Attendance at Working Group
People & Resources			
Main Accounting – Accounts Payable (AP) / P2P	Annual	Draft report with Service	Draft report with the Service
Streetscene & Transportation			
Integrated Transport Unit (ITU)	H	Draft report with Service	
Fleet Management	M	Draft report with Service	Additional work requested and currently in progress

Internal Audit Operational Plan 2018/19

Appendix J

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
Corporate			
Budget Planning Challenge	H	Not Started	Defer until 2019/20
Business Planning, Risk and Performance Management	H	Not Started	Defer until 2019/20
North Wales Residual Waste Project (FCC)	H	In Progress	Qtr 4
North Wales Residual Waste Project (Lead)	H	Combine	Combine both Lead and FCC audit
Declaration of Interests	H	In Progress	
Clwyd Theatre Cymru (CTC)	H	Complete	
Collaborative / Partnerships Arrangements (CC - Social Services)	M	In Progress	On hold until end of qtr 4
Integrated Impact Assessments	M	Defer	Defer until 2019/20
National Grant Funded Schemes	M	Defer	Defer until 2019/20
Use of Consultants	Annual	Complete	
NWRW - Validation of Local Labour Figures	Advice & Consultancy	Complete	Request to review CNIMs local labour figures
Education & Youth			
Risk Based Thematic Reviews	H	In Progress	
School Funds	H	In Progress	
School Funding Formula (CC - People & Resources)	M	Complete	
Pupil Statistics - Cross Cutting	M	Complete	
Early Entitlement	M	Defer	Defer until 2019/20
Education Grants - Including Education Improvement Grant (EIG) & Pupil Development Grant (PDG)	Annual	Complete	
Governance			
Digital Strategy	H	Combine	Combine with Online Transactions DS
Cloud Computing	H	In Progress	

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
Procurement - Contract Monitoring (Joint Working - Denbighshire)	H	In Progress	Qtr 4
Deferred Charges on Properties (CC - Social Services & Planning, Environment & Economy)	H	Complete	
Online Transactions (Digital Strategy) (CC – Strategic Programmes)	H	In Progress	Combine with Digital Strategy – now part of the working group (advisory)
Members Allowances	M	Complete	
Procurement of Hardware & Software	M	Defer	Defer until 2019/20
GDPR	Annual	In Progress	
Housing & Assets			
Welsh Housing Quality Standards (WHQS) Investment Plan	H	In Progress	
CAT – New	H	No longer relevant	No new CAT's
ADM – New	H	Not Started	No new ADM's presently
Property Valuations	H	In Progress	Qtr 4
Right to Buy (buyback) / Home Loans	M	Defer	Defer until 2019/20
Empty Property (Void) Mgt	M	In Progress	Scoped
Travellers	M	Complete	
New Homes - Contract Management	M	In Progress	
Property Maintenance	M	In Progress	
Technology Forge (TF)	M	In Progress	
Supporting People	Grant	Complete	
Council Tax and NNDR	Annual	Complete	
Housing Benefits	Annual	In Progress	
Main Accounting - Accounts Receivable, including Corporate Debt Management (CC - People & Finance)	Annual	In Progress	
Homelessness	Follow Up	Complete	
SARTH	Follow Up	Complete	Interim report issued
People & Resources			
Financial Model, incorporating Collaborative Planning	H	Complete	
P2P – Transfer of Process	H	Complete	

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
School Funding Formula (CC - Education & Youth)	M	Complete	
Corporate Grants	M	Defer	Defer until 2019/20
Main Accounting - Accounts Payable (AP) and P2P	Annual	In Progress	Qtr 4
Main Accounting - Accounts Receivable (AR), include Debt Management (Cross cutting with Community & Enterprise)	Annual	In Progress	Qtr 4
Main Accounting - General Ledger (GL)	Annual	Complete	Qtr 4
Budget Workforce Group	New	Complete	
Method Statements	New	Complete	
Appraisals	H	In Progress	
Pay Modelling 2018/19	New	Complete	
Exist Packages	New	In Progress	
Project Apple	New	In Progress	
Pay Deal 2019/20	H	In Progress	
Notification of Start, Leavers and Changes to Clwyd Pension Fund	M	Defer	Defer until 2019/20
Annual Leave	M	In Progress	
Occupational Health Unit	M	In Progress	
Payroll	Annual	In Progress	
Planning, Environment & Economy			
Minerals and Waste	H	In Progress	
Corporate Health & Safety – Near Misses, including Plant, Machinery and Work Equipment (CC - Social Services & Streetscene & Transportation)	H	In Progress	
Deferred Charges on Properties (CC - Governance & Social Services)	H	Complete	
Community Safety Partnership	M	Defer	Defer until 2019/20
Bailey Hill	M	Complete	
Planning & Enforcement	Follow Up	Complete	
Disabled Facility Grants (DFGs)	Follow Up	Ongoing	Oversight board
Carbon Reduction Scheme (CRC)	New	Complete	
Social Services			

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
Children out of County Care & Education	H	In Progress	
Collaborative / Partnerships Arrangements (CC - Corporate)	H	In Progress	
Deferred Charges on Properties (CC - Governance & Community & Enterprise)	H	Complete	
Corporate Health & Safety – Near Misses, including Plant, Machinery and Work Equipment (CC – Planning, Environment & Economy & Streetscene & Transportation)	H	In Progress	
Direct Payments	M	Complete	Nov
Flying Start - WG Funding	M	Defer	Defer until 2019/20
Safeguarding - Children's	M	In Progress	
Social Services Financial Processes	Follow Up	In Progress	
Streetscene & Transportation			
Highways - Cost Recovery	H	In Progress	
Service Efficiency and Income Targets	H	In Progress	
Corporate Health & Safety – Near Misses, including Plant, Machinery and Work Equipment (CC - Planning, Environment & Economy & Social Services)	H	In Progress	
Regional Transport	M	In Progress	
Alltami Stores	Follow Up	In Progress	
Public Burials	New	Complete	
External			
Aura	SLA (20 Days)	In Progress	Qtr 4
NEWydd	SLA (10 Days)	Complete	
Advisory / Project Groups			
Corporate Governance Working Group	Advice & Consultancy	Ongoing	
Accounts Governance Group	Advice & Consultancy	Ongoing	
Annual Governance Statement	Advice & Consultancy	Ongoing	
Council's Constitution	Advice & Consultancy	-	Not required to date
North Wales Residual Waste Project	Advice & Consultancy	Ongoing	

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
E Procurement Working Group	Advice & Consultancy	Ongoing	
GDPR Working Group	Advice & Consultancy	Ongoing	
County Hall Campus / Relocation/ Working Group	Advice & Consultancy	Ongoing	
Programme Coordinating Group	Advice & Consultancy	Ongoing	
Financial System	Advice & Consultancy	-	Not required this year
Anti-Fraud and Corruption			
National Fraud Initiative (NFI)	Proactive Fraud	Complete	
Review and Update the Counter Fraud Policies and Plans	Proactive Fraud	Complete	
Develop On-line Fraud Reporting Solution	Proactive Fraud	-	
Annual CIPFA Fraud & Corruption Survey	Proactive Fraud	-	
Fraud Risk Awareness	Proactive Fraud	Ongoing	
Audit Developments			
Continue to develop the use of Computer Assisted Audit Tools and Techniques	Development	Ongoing	
Continue to develop and refine the use of Control Risk Self-Assessments	Development	Ongoing	
Develop the use of Root Cause Analysis	Development	-	
Assurance Mapping Exercise	Development	Ongoing	

Glossary

Risk Based Audits	Work based on strategic and operational risks identified by the organisation in the Improvement Plan and Service Plans. Risks are linked to the organisation's objectives and represent the possibility that the objectives will not be achieved.
Annual (System Based) Audits	Work in which every aspect and stage of the audited subject is considered, within the agreed scope of the audit. It includes review of both the design and operation of controls.
Advice & Consultancy	Participation in various projects and developments in order to ensure that controls are in place.
VFM (Value For Money)	Audits examining the efficiency, effectiveness and economy of the area under review.
Follow Up	Audits to follow up actions from previous reviews.
New to Plan	Audits added to the plan at the request of management. All new audits to the plan are highlighted in red.
Audits to be Deferred	Medium priority audits deferred. These audits are highlighted in green within the plan.