

# Flintshire Internal Audit

Progress Report




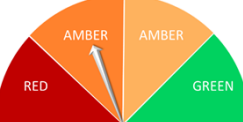
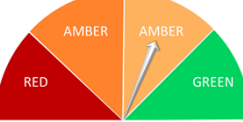
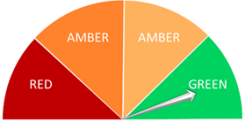
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# Levels of Assurance – Standard Audit Reports

# 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><b>Red – Limited</b></p> 	<p><b>Urgent system revision required (one or more of the following)</b></p> <ul style="list-style-type: none"> <li>• Key controls are absent or rarely applied</li> <li>• Evidence of (or the potential for) significant financial / other losses</li> <li>• Key management information does not exist</li> <li>• System / process objectives are not being met, or are being met at a significant and unnecessary cost or use of resources.</li> </ul> <p>Conclusion: a lack of adequate or effective controls.</p> <p><b>Follow Up Audit</b> - &lt;30% of actions have been implemented. Unsatisfactory progress has been made on the implementation of high priority actions.</p>
<p><b>Amber Red – Some</b></p> 	<p><b>Significant improvement in control environment required (one or more of the following)</b></p> <ul style="list-style-type: none"> <li>• Key controls exist but fail to address all risks identified and / or are not applied consistently and effectively</li> <li>• Evidence of (or the potential for) financial / other loss</li> <li>• Key management information exists but is unreliable</li> <li>• System / process objectives are not being met, or are being met at an unnecessary cost or use of resources.</li> </ul> <p>Conclusion: key controls are generally inadequate or ineffective.</p> <p><b>Follow Up Audits</b> - 30-50% of actions have been implemented. Any outstanding high priority actions are in the process of being implemented.</p>
<p><b>Amber Green – Reasonable</b></p> 	<p><b>Key Controls in place but some fine tuning required (one or more of the following)</b></p> <ul style="list-style-type: none"> <li>• Key controls exist but there are weaknesses and / or inconsistencies in application though no evidence of any significant impact</li> <li>• Some refinement or addition of controls would enhance the control environment</li> <li>• Key objectives could be better achieved with some relatively minor adjustments</li> </ul> <p>Conclusion: key controls generally operating effectively.</p> <p><b>Follow Up Audit:</b> 51-85% of actions have been implemented. All high priority actions have been implemented.</p>
<p><b>Green – Substantial</b></p> 	<p><b>Strong controls in place (all or most of the following)</b></p> <ul style="list-style-type: none"> <li>• Key controls exist and are applied consistently and effectively</li> <li>• Objectives achieved in a pragmatic and cost effective manner</li> <li>• Compliance with relevant regulations and procedures</li> <li>• Assets safeguarded</li> <li>• Information reliable</li> </ul> <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><b>Follow Up Audit:</b> 85%+ of actions have been implemented. All high priority actions have been implemented.</p>
<p><b>Categorisation of Actions</b></p>	<p>Actions are prioritised as High, Medium or Low to reflect our assessment of risk associated with the control weaknesses</p>
<p><b>Value for Money</b></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 March 2018

## 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	Project Description	Audit Type	Level of Assurance	Actions		
				High	Med	Low
16-2017/18	Disabled Facilities Grants	Risk	Red	2	8	2
5-2017/18	Working Time Regulations	Risk	Amber Red	0	4	2
21-2017/18	Housing Rent Arrears	Risk	Amber Red	0	3	0
10-2017/18	IR35 Compliance	Risk	Amber Red	0	3	1
30-2017/18	Main Accounting – Accounts Receivable (AR) including Debt Management	Risk	Amber Green	0	2	2
23-2017/18	Main Accounting General Ledger (Cash Receipting)	Risk	Amber Green	0	2	3
12-2017/18	IT Procurement in Schools	Risk	Amber Green	0	3	0
44-2017/18	Greenfield Valley Heritage Park Follow Up	Follow Up	Amber Green	0	1	2
45-2017/18	S106 Follow Up	Follow Up	Amber Green	0	1	2
47-2017/18	Planning Enforcement (including Building Control) Follow Up	Follow Up	Amber Green	0	3	2
22-2017/18	Treasury Management	Risk	Amber Green	0	1	2
26-2017/18	Housing Benefits	Risk	Green	0	1	1
31-2017/18	Council Tax and NDR	Risk	Green	0	0	2
AC15 – 2017/18	Aura Leisure & Libraries Ltd	External	n/a	n/a	n/a	n/a

## Reports Issued ‘Red / Limited’ Assurance

## Appendix C

### Disabled Facilities Grant (DFG)

#### Background

An audit of the Disabled Facilities Grant (DFG) was undertaken as part of the approved Internal Audit Annual Plan. The audit reviewed and considered:

- Compliance with relevant policies, procedures and regulations;
- Administration of DFG scheme;
- Third parties service level agreements and protocols; and
- Performance monitoring.

A DFG is a mandatory grant to help individuals living with a disability with the cost of adapting their homes to enable them to continue living at their residence with the maximum amount of independence. The administration of the DFG is performed by the Council's Regeneration team following a referral from an Occupational Therapist. The amount of grant will depend on the cost of the approved works and where applicable an applicant's financial circumstances. A means test will be carried out on applications with the exception of child applicants and where the adult applicant is in receipt of Council Tax Reduction and/or Housing Benefit. Depending on the outcome of this assessment the amount of grant payable offered may vary from zero to 100 per cent of the cost. The maximum grant payable in Wales is £36,000.

A Disabled Facilities Discretionary Top up loan will be considered in exceptional circumstances where the required works for the adaptations exceed the statutory limit of £36k. This loan is only provided to owner occupiers and the loan amount is registered as a financial charge against the property at the Land Registry. Additionally, where the adaptations required are unsuitable at the applicant's current residence, a Disabled Facilities Relocation Grant is available to cover the expenses of a disabled persons' move to a more appropriate property. This grant covers expenses such as removal costs and connection of services as well as bridging the affordability gap between the value of the applicant's existing home and the property to be purchased.

At the time of the audit the 2017/18 DFG budget was £1 million, however due to the rising cost of adaptations relating to inflationary increases in construction costs and the increase in complex referrals for adaptation work, a budget pressure was submitted by the service. In response to this a decision was later made to postpone non-emergency applications. Any emergency adaptation work would be considered via the Capital Asset

programme board. Enhancements are to be made to improve budget tracking to ensure the service is not underfunded and the Council meets its statutory duty.

Overall yearly performance data for 2016/17 showed the service performance had improved over the previous year as reflected by the National Performance Indicator for DFG however quarterly performance for 2016/17 was volatile. Currently this is the only performance indicator utilised by the service to monitor DFG performance and it is not effective to support management of service delivery and overall customer satisfaction.

The service has also identified that the nature of the DFG works required are increasingly more complex and thus impacting delivery timescales. The Welsh Government is in the process of consulting on the adequacy of this performance indicator and the Council have requested clarity and guidance on the DFG national PI measurement to ensure performance data comparison with other councils' is fair and accurate.

The review has highlighted a number of opportunities for control improvements relating to the holistic review of service and contract performance in order to reduce delivery timescales and deliver value for money. The DFG Adaptation Framework was devised and due to be implemented in February 2017. This framework set out the procedure for ordering works, the main terms and conditions for the provision of the Works and the obligations of the Supplier. A total of nine contractors form part of this framework. The service was unable to roll out the aforementioned framework due to two related investigations. In both instances the investigations were conducted internally with the first receiving external independent examination. In both instances, the outcome of the review was there was no case to answer however some opportunities to improve working practices were identified and these have been included within this report. During this interim period the service is currently inviting these contractors to tender for the various DFG work.

The service is in the process of fully implementing the adaptation work framework as this will address the tendering issue relating to the process for work allocation identified in the review. Those DFG cases deferred during 2017/18 will be considered in quarters 1 and 2 of 2018/19 under the new framework agreement.

There have been a number of changes to the management structure within the service over the last year and this combined with a number of open positions within the adaptation team has led to some areas for improvement identified throughout the review and mentioned above. It should be acknowledged that some of the DFG processes are currently under review since the audit commenced by the Regeneration Programme Lead who was recently appointed in July 2017. Due to his time in role, his knowledge of the systems and processes were still developing at the time of the audit.

#### Overall Conclusion:

The review confirmed adaptation referral forms submitted by Occupational Health were available for all approved DFG applications, there was evidence to support the approval of the DFG applications based on the current financial criteria and means test and the Housing and Regenerations Programme Board met as per the agreed frequency to provide oversight over the DFG delivery. However there were inadequate

or ineffective controls in place within the service which has resulted in a 'red' / limited assurance opinion being given. The impact of this assurance opinion requires urgent service revision to address the issues.

Work has commenced by the service to address the findings within the report. To provide additional assurance a professional oversight board will be established comprising of the chief Executive, Chief Officer, Service Manager, Internal Audit and a Service Manager independent of the portfolio. The purpose of the board will be to provide corporate oversight and challenge of the recovery plan, to sign off the implementation actions and monitor performance for a period of time.

A verbal update will be provided to Audit Committee and it has been agreed that as part of the Strategic Audit Plan for 2018/19 a follow up review will be undertaken of DFGs.

### Disabled Facilities Grant: Action Plan

No.	Findings and Implications	Agreed Action	Who	When	Current Status
1 (R)	<p>Since 2016/17, the staffing costs within the adaptations team has a reduction of £95k. Consequently there are key officers within the team whom are responsible for the majority of stages involved in an adaptation process.</p> <p>Although the review has not identified inappropriate practice, management oversight is not undertaken of the work completed by staff relating to the end to end grant allocation process.</p> <p>Where monitoring in place to track the rotation of contractors invited to tender as part of the current process, this was found to be incomplete and had not been adhered to since 2015. It is</p>	<p>Instigate documented review process of individual cases to monitor system compliance and progress.</p> <p>Full implementation of the new DFG Framework and continuous monitoring to demonstrate procedural adherence whilst monitoring budget spend and value for money.</p> <p>URN 02075</p>	Regeneration Programme Lead	31 May 2018	In Progress



No.	Findings and Implications	Agreed Action	Who	When	Current Status
	<p>recognised the latter will be addressed with the implementation of the new DFG framework as long as the process is being adhered to and compliance monitoring is reintroduced.</p> <p>In January 2017 the Regeneration Manager left the Council and the role remains vacant. A Regeneration Programme Lead was assigned to post six months after the departure of the Regeneration Manager. This contributed to both of these issues and prevented the facilitation of a handover between managers to ensure controls operated effectively.</p> <p>This poses a risk that the Council does not obtain value for money by utilising the DFG Adaptation framework and through the rotation or selection of contractors.</p>				
2 (R)	<p>Land charges are not always being placed against the property at the time of work completion as stipulated in the conditions for the Disabled Facilities Grant and DFG Top Up Loan. One of the conditions of the DFG grant is the repayment of grant if the applicant chooses to move within 10 years of the</p>	<p>Controls to be introduced to verify the conditions stipulated for the Disabled Facilities Grant, Disabled Facilities Relocation Grant and the Disabled Facilities Discretionary Top Up Loan in line with policy review.</p> <p>A review to be completed of all DFGs and</p>	<p>Service Manager – Enterprise and Regeneration</p> <p>Regeneration</p>	<p>30 July 2018</p> <p>30 June 2018</p>	<p>In Progress</p>



No.	Findings and Implications	Agreed Action	Who	When	Current Status
	<p>completion date for any grant above £5,000, up to a maximum repayment of £10,000.</p> <p>The DFG Top Up Loan amount is also registered as a financial charge against the property at the land registry to ensure the Top Up Loan is repaid in the event of a sale or property transfer. From a sample of 5 applications, it was identified in all cases land changes had not been placed against the respective properties totalling £107K.</p> <p>Additionally, there are limited controls to ensure all Disabled Facility Grant, Disabled Facilities Relocation Grant and Disabled Facilities Discretionary Top up Loan conditions are met. Testing has identified limited controls are in place to meet the following conditions:</p> <ul style="list-style-type: none"> <li>Relocation Grant - a condition of the grant is that the purchased property must have no category 1 hazards present. Testing has identified that there is no evidence on file to demonstrate this is being checked this is largely due to the grant being award prior to the purchase of the property. It is acknowledged the</li> </ul>	<p>DFG Top Up Loan which have been completed to ensure land charges have been placed against the relevant properties, where required.</p> <p>Check list for all DFGs to be put in place to ensure all process controls used and recorded on FLARE.</p> <p>URN 02066</p>	<p>Programme Lead</p> <p>Regeneration Programme Lead</p>	<p>31 May 2018</p>	

No.	Findings and Implications	Agreed Action	Who	When	Current Status
	<p>volume of relocation grants is minimal (only 3 have ever been awarded).</p> <ul style="list-style-type: none"> <li>Discretionary top up loan - one of the loan conditions is that the property must be covered by buildings insurance until the loan is repaid. A process is not in place to check this information.</li> </ul> <p>Whilst these grant conditions need to be verified, the grant application form does not stipulate these requirements and the applicant's responsibility to adhere to these terms and conditions. As a consequence it may be difficult to enforce compliance or seek reimbursement.</p>				
3 (A)	<p>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</p>	<p>The policy context remains unchanged. However, the details of each programme of work changes frequently as funding programmes change. A simple programme summary with eligibility criteria will be created and approved to replace this section of the policy.</p> <p>URN 02024</p>	Service Manager – Enterprise and Regeneration	30 June 2018	In Progress

No.	Findings and Implications	Agreed Action	Who	When	Current Status
	assessment of this condition.				
4 (A)	<p>A process has not been defined to deal with clients where the value of the eligible work exceeds the DFG amount and is below the Disabled Facilities Discretionary Top Up Loan value.</p> <p>Although these cases are reviewed on a case by case basis, this may lead to an inconsistent approach to clients' needs and a potential reputation impact for the Council should it be challenged.</p>	<p>A process to be defined on how to deal with client cases which exceed the DFG grant (36K) amount but are below the Disabled Facilities Discretionary Top Up Loan (Minimum loan amount of £3K). Officers will have discretion to manage these cases within new guidelines.</p> <p>URN 02028</p>	Service Manager – Enterprise and Regeneration	30 June 2018	In Progress
5 (A)	<p>The income eligibility amount for child tax credit and working tax credit within the DFG application form is out of date. Specifically, the eligibility amount is understated by £1055 and used to determine eligibility. This poses a risk that applicants may be declined due to the incorrect criteria.</p> <p>Additionally, the privacy notice on the Disabled Facilities Grant application is not compliant with current Data Protection Act and future GDPR. Specifically it does not advise the applicant on why and how the Council will be processing their information, the legal basis for processing the information, the retention period for the</p>	<p>A review to be completed of the application form to ensure it is in line with all current regulatory and legal requirements.</p> <p>URN 02055</p>	Regeneration Programme Lead	31 May 2018	In Progress

No.	Findings and Implications	Agreed Action	Who	When	Current Status
	<p>personal information, and whether the provision of personal data is part of a statutory or contractual requirement. The consequence to the Council of non-compliance will be greater with the introduction of GDPR in May as the Council may be subject to fines.</p>				
6 (A)	<p>There are currently 24 stages within the current DFG process. Documented procedures are not in place to provide guidance on the various DFG processes such as tendering, means test documentation, variation of orders, payments, etc. This has led to inconsistencies in approach and documentation retained for the various DFG applications processed.</p>	<p>A process review should be completed to identify areas where improvements can be made or the process could be streamlined.</p> <p>Documented procedures (desk instructions) for all DFG processes to be drafted.</p> <p>URN 02078</p>	Regeneration Programme Lead	31 May 2018	In Progress
7 (A)	<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 satisfaction survey, etc. Manual spreadsheets have been subsequently developed as the current Flare system does not support reporting capability.</p> <p>Control improvements would assist in identifying poor contractor performance,</p>	<p>Management information to be developed to report on contractor performance. Management to investigate system requirements to eliminate the need for manual spreadsheets and the potential to use Proactis, the Councils' contracts management system.</p> <p>URN 02079</p>	Regeneration Programme Lead	31 May 2018	In Progress

No.	Findings and Implications	Agreed Action	Who	When	Current Status
	emerging trends in variation costs and evaluating whether value for money is achieved and service delivery improved.				
8 (A)	<p>Not all DFG applications which have been 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>Sample testing identified that some applications which had been approved had not been reflected in the DFG spreadsheet. This spreadsheet was recently introduced by the Regeneration Programme Lead as the current Flare system are not adequate to track application progress. This spreadsheet is populated with data extracted from 2 main sources: P2P and FLARE.</p> <p>There are currently 24 steps within the current process to deliver a DFG. Reporting is not available to demonstrate the volume of applications at each stage of the process. The current national performance indicator</p>	<p>Monthly reconciliation to be completed between DFG spreadsheet with the information provided by finance to ensure budget spend is accurately reported and managed as well as providing an accurate overview of all grants in process.</p> <p>Following the review of the current process in an attempt to streamline, target dates to be assigned to all process steps.</p> <p>Monthly reporting to be generated to review progress of delivery against agreed SLAs.</p> <p>Review of cases where SLAs have not been achieved to understand reasons for delay and opportunities for process improvements.</p> <p>Internal KPIs to be established to monitor DFG delivery.</p> <p>URN 02058</p>	<p>Regeneration Programme Lead</p> <p>Regeneration Programme Lead</p> <p>Regeneration Programme Lead</p> <p>Regeneration Programme Lead</p> <p>Regeneration Programme Lead</p>	<p>31 May 2018</p> <p>31 May 2018</p> <p>31 May 2018</p> <p>31 May 2018</p> <p>31 May 2018</p>	<p>In Progress</p>

No.	Findings and Implications	Agreed Action	Who	When	Current Status
	<p>utilised by the service to monitor performance of DFG delivery is not sufficient and there are no internal indicators to assist with the identification of issues leading to delay in service delivery and contributing to customer dissatisfaction. Additionally, agreed time frames have not been defined for each step of the delivery process for which delivery can then be measured against.</p> <p>The service is missing an opportunity to measure service performance, manage budget spend and identify service process improvements.</p>				

## Reports Issued ‘Amber Red / Some’ Assurance

## Appendix D

### Working Time Regulations:

Areas Managed Well	Areas Identified for Further Improvement
<ul style="list-style-type: none"> <li>The review of individual contracts in place identified no contracts with hours over the maximum limits set.</li> </ul>	<ul style="list-style-type: none"> <li>Employees were identified with cumulative contracts exceeding maximum working hours in line with regulations. To address this the contractual position of the two identified employees has been reviewed and remedied. The new starter checklist will also be amended to prompt the Employment Services team to check the number of contracted hours if already employed by the Council or associated companies (AURA and NEWydd) and any issues will be reported to the Business Partner team and this work will be completed by 30 May 2018.</li> <li>Employees were identified working on average over the maximum hours as defined within the regulations and there was no defined process for the monitoring of employees working hours. To monitor this a report is to be produced on a quarterly basis for each Portfolio to identify all employees who have worked on average in excess of 48 hours over the defined period. 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 &amp; OD and Head of Paid Service and this process will be place by 31 July 2018.</li> <li>Whilst there is a Corporate Working Time document available, it doesn't clearly cover all employees in line with the regulations. A new Working Time Policy was formally approved in April 2018 with an effective date of May 2018. It will be circulated to managers and published on the Infonet. This will be implemented by 30 May 2018.</li> <li>The review identified a manual processing error and a number of duplicate records were identified. Employment Services are responsible for replacing / deleting bank details when notified rather than adding an additional bank account. To address this the Employee Services Manager will raise the issue at the next team meeting and an exercise will be undertaken to correct the records of the employees identified. The review confirmed there was no evidence duplicate payments had been made. This action will be implemented by 30 May 2018.</li> </ul>



**IR35 Compliance:**

Areas Managed Well	Areas Identified for Further Improvement
<ul style="list-style-type: none"> <li>• Our Managed Agency Staff Solution - Matrix has undertaken a review, prior to April 2017, of all agencies and individuals they work with to ensure their IR35 status is known.</li> <li>• Our off-payroll school worker provider New Directions has provided assurance all their workers are paid via their payroll.</li> <li>• Payroll have set up a process for the correct payment of IR35 status for off-payroll workers.</li> <li>• AP are providing some control through a review of invoices for potential off-payroll workers.</li> <li>• P2P staff assess all new vendors for whether an IR35 check is required to be completed by the engaging manager before the vendor is added to the system.</li> <li>• Procurement have included provision for IR35 status checks when setting up contracts.</li> <li>• The Theatre is raising awareness of IR35 rules amongst their engaging managers and carrying out checks prior to engagement of workers.</li> </ul>	<ul style="list-style-type: none"> <li>• The IR35 Compliance – Guidance for Managers is in draft and although on the infonet; has yet to be publicised across the Council Workforce. To address this the guidance will be reviewed and publicised as part of the confirmation of the new Matrix contract by 30 June 2018.</li> <li>• The current guidance does not include advice on dealing with IR35 status disputes and does not fully reflect the specialist circumstances found in the Theatre. The guidance does not define the process by which process for Council wide compliance will be measured. Documented procedures specific to the needs of the Theatre will be produced by 30 August 2018.</li> <li>• Engaging managers are not routinely carrying out IR35 checks prior to engaging off-payroll workers due to a lack of awareness of the process. Reminders will be issued across the Council that agency workers must be obtained via Matrix by 30 September 2018.</li> <li>• Agencies outside Matrix are not being contacted to establish if their agency workers provided are paid via their payroll. HR will contact service areas who are going outside of Matrix and remind them of their requirements to establish PAYE status of any agency worker they use by 30 September 2018.</li> <li>• Expenditure (£113,801) is being miscoded to the agency workers GL code. To address this agency codes will be a standard agenda item on practitioners meetings, monitored by Financial Systems to ensure accuracy of use and the development of more appropriate codes for the contracts and suppliers found miscoded will be undertaken by 30 September 2018.</li> </ul>

## Housing Rent Arrears:

Areas Managed Well	Areas Identified for Further Improvement
<ul style="list-style-type: none"> <li>• Introductory and Secure Tenancy arrears are identified and managed correctly according to their requirements.</li> <li>• Income Team deliver their service in accordance with the Corporate Debt Recovery Policy and their rent recovery procedures from first contact to dealing with Court appearances.</li> <li>• Income team deliver their service in compliance with the Housing Act (Wales) 2014</li> </ul>	<ul style="list-style-type: none"> <li>• The level of rent arrears has shown a recent increase as a result of various factors including the introduction of universal credit and pre tenancy checks. There is a need for change to the collection processes. To influence and manage this transition a workforce task group constituting of the Chief Officer, Housing &amp; Assets, Revenues Manager, Customer Support Manager &amp; Accommodation Support Services Manager will be formed. The task group will develop a planned programme and monitored its progress. Tangible signs of improvement are likely to be at least June 2019.</li> <li>• Evidence was found that there are a group of tenants who are in persistent arrears. The authority is looking to change this culture however this is a complex area of work requiring interventions at a number of levels and within a number of services. In order to influence positively the service needs to transition from a Housing First approach to a Rent First approach, this will take time. A number of pieces of work are being piloted and initial results have been positive, further work however, is necessary in order to change the customer mind-set to acknowledge that paying rent is equally as important as paying their rates. To influence and manage this transition a workforce task group constituting of the Chief Officer, Housing &amp; Assets, Revenues Manager, Customer Support Manager &amp; Accommodation Support Services Manager will be formed. The task group will develop a planned programme and monitored its progress. Tangible signs of improvement are likely to be at least June 2019.</li> <li>• A comparison was made with other Housing Authorities to compare the process followed for the collection of rent arrears, good practice was identified which has indicated that the Council should consider a radical change to their rent arrears process to develop a 'Rent First' culture in Flintshire. A 'proof of concept' will be undertaken to adopt a more commercial approach to rent collection, with targeted out-bound telephone calls, doorstep visits using debt recovery techniques and staff from the Councils debt collection/in-house enforcement service. The 'proof of concept' will ensure court action is taken quickly in those cases that fail to engage or co-operate with the Council, in a similar way to how Magenta Living recover un-paid rent from tenants. It is intended to complete this piece of work by March 2019.</li> </ul>

## Action Tracking – Portfolio Performance Statistics

Portfolio	May 2017 Statistics		
	Number of Actions Raised <b>Since January 2016</b>	Actions Implemented since Jan 2016 <i>(including Actions No Longer Valid)</i>	% of Actions Cleared To Date
Chief Executives *	31	30	<b>89%</b>
Education & Youth	57	45	
Governance *	83	69	
Housing & Assets *	105	94	
People & Resources	122	111	
Planning, Environment & Economy *	38	30	
Social Services	88	82	
Strategic Programmes*	39	32	
Streetscene & Transportation	75	75	
External	22	20	
Individual Schools	72	65	
<b>Total</b>	<b>732</b>	<b>653</b>	

Live Actions - As at May 2018		
Live Actions	Actions Beyond Due Date <i>(excludes Actions with revised due date)</i>	Actions with a Revised Due Date
1	0	1
12	0	3
14	0	10
11	0	3
11	0	6
9	0	10
6	0	5
7	0	1
0	0	0
2	0	2
7	0	6
<b>80</b>	<b>0</b>	<b>47</b>

Actions beyond <u>Original</u> due date	
Actions between 6 & 12 months	Actions Greater than 12 Months (13+)
<i>See Appendix E</i>	
0	0
1	0
2	5
1	1
2	0
1	5
4	0
0	0
0	0
0	0
6	0
<b>17</b>	<b>11</b>

\* 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

## Appendix E

Actions with a Revised Due Date Six Months Beyond Original Due Date

Appendix F

Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Reason for Revised Due Date	Current Status	How Risk is Being Managed
<b>Education &amp; Youth</b>								
Schools Risk Based Thematic Review	1855	<p>There is not a single system for purchase orders for schools using manual processes</p> <p>A spreadsheet will be developed and issue to schools with guidance on how to record and authorise purchase orders. Schools Financial Procedures will be updated.</p>	L	30-Se-17	31-May-18	<p>The new business manager of Holywell High School has come from a Denbighshire school where she already had P2P. She has requested her school is an early adopter, she has also offered to be available for support and encouragement for other schools transitioning to P2P.</p> <p>The move to roll out P2P to all schools is in progress however there are serious concerns about school budgets across the county and in all schools, dealing with this is the priority.</p>	The roll out of P2P is currently in progress for a number of schools.	Schools continue to use various methods of purchase orders, this is not a high risk and will be resolved by all schools adopting the P2P system which is the aim for this year.
<b>Governance</b>								
Data Protection - 15/16	1406	A new workflow process will be implemented to include subject access requests. This will also	M	31-Mar-17	31-May-18	Service to confirm This forms part of the wider Information System which is being	This is currently under development as part of the GDPR project.	A spreadsheet is being maintained of current requests, this will be replaced by the new

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		raise awareness, heighten the profile and educate staff within Portfolios of the existence of SAR's and the correct steps and guidelines to be used when dealing with them.				developed. We have started with FOI as there are higher risks in this area.		workflow system.
Data Protection 15/16	1414	The introduction of a workflow process for SAR's will ensure a central control over the process and ensure the process is fully complete.	M	31-Mar-17	31-May-18	Service to confirm The Information System forms part of a wider project. The project has started with FOI as there are higher risk issues in this area.	This is currently under development as part of the GDPR project.	A spreadsheet is being maintained of current requests, this will be replaced by the new workflow system.
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-Dec-16	31-Aug-18	Revised due date to tie in with the external assessment with QSA support	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 implementation and thus achieving compliance	The council has implemented the necessary changes to ensure compliance with web payments and with payments taken via kiosks in Connects Centres.

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PCIDSS Compliance 2015/16	1523	Working group to establish an action plan and carry out checks each year end to ensure guidance is up to date.	L	31-Dec-16	30-Jun-18	Work is ongoing to update and re-issue guidance and procedures for the workforce responsible for taking payments. This guidance will be issued by 31st March 2018.	The findings of the external PCIDSS audit are currently still being considered and two payment channels are already fully PCIDSS compliant (web payments and ATP payments - automated telephone payments). Relevant SAQ'S are being drafted for these payment channels. New technologies and investments are being assessed to establish whether full compliance can be realistically achieved within budget provision through the development of a mid-call solution. Alternatively, through service planning and a strategic move away from telephone payments and channel shift towards to web payments or ATP payments, we need to determine whether residual risks would warrant the major investments to achieve full compliance.	In the meantime guidance will be updated and re-circulated to the workforce responsible for taking payments.

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PCIDSS: Non-compliance with PCI DSS or DP Act.	1572	Working group to ensure systems comply with PCIDSS and Data Protection requirements.	H	31/12/2016	31/03/2019	PCIDSS Accredited External Assessors have been appointed to conduct an initial review of systems and architecture leading to the identification of processes which are likely to already meet the requirements of PCIDSS and those processes where there is scope to improve. The external assessment is due to take place on-site from 2/10/17 to 04/10/17. Following the review the SAQ will be completed and based on the findings of the external risk assessment.	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 with 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	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 with 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
Flintshire Connects	1505	Services accessed by Flintshire Connects cannot always be delivered in full.  A fundamental review of all customer facing services will be undertaken to explore the	M	30-Sep-17	1-Sep18	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	TBC	TBC



Audit	Ref:	Action	Priority	Original Action Due Date	Revised Due Date	Reason for Revised Due Date	Current Status	How Risk is Being Managed
		<p>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 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>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 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>		
Flintshire Connects	1514	<p>Services are not always being delivered in the most efficient ways.</p> <p>Services delivered through Flintshire Connects Centres will be evaluated for the most appropriate, efficient and effective delivery methods.</p>		30-Sep-17	1-Sep18	<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</p>	TBC	TBC

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						<p>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</p>		

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						<p>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 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>		
<b>Housing &amp; Assets</b>								
Housing Allocations 15/16	1616	The current SARTH policy is under review. Following this, any required changes	M	31-Mar-17	30-Jun-18	The date has been amended to coincide with the most recent	The policy review was completed and agreed by the SARTH Regional Steering	Staff have been made aware of any amendments to the

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		to procedural notes will be implemented.				audit recommendations. The SARTH policy is a regional policy and the revised date reflects the date the regional panel will be signing off the revised policy and procedures.	Group in September 2017. The final draft of the policy document is now with partners to agree prior to publication. The SARTH Regional Operational Group have now commenced work on revision of the procedures and this work is aimed to be completed in June 2018.	procedures subject to final versions being signed off. This is confirmed within 1:1s and team meetings.
Community Asset Transfers 2016/17	1606	A paragraph statement will be included in the CAT process to sign post fraud risk through the Policy, Guidance document, and through to the Legal document. The monitoring arrangements will include an expectation to witness financial records within the Annual report.	L	30-Jun-17	08-Jun-18	Reviewing how this may best be incorporated within the CAT Guidance document to reflect the action.	Proposed wording has been determined and will be inserted into CAT guidance, which will then need translation and uploading back onto the Web site.	Fraud or the potential for fraud would be discussed on a cases by case basis in the interim period with groups seeking to progress a CAT.
<b>People &amp; Resources</b>								
Payroll 2016/17-	1902	Payroll Key Performance Indicators are not in place.  Performance Indicators will be devised and reported on to measure productivity, effectiveness of processes, compliance with regulatory requirements and SLAs, etc. Key performance	L	30-Sep-17	31-Jul-18	This action was previously allocated to the Team Leader - HR, resource to address this has not been available. However work is in progress, for example, data relating to under & over payments has been issued earlier this year.	Performance indicators within the recruitment process by will be developed by the service.	The PI need to be developed to monitored performance.

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		indicators to consider should be overpayments, underpayments, % of payslips manually recalculated, processing of requests in line with SLAs for new starters, change in role, leavers, system access, etc.						
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 completed and due process is being adhered to.	M	31-Jul-17	01-Jul-18	Service to confirm Awaiting for IT to make necessary changes to system as per follow on notes	After a recent iTrent update the database was no longer accessible. It has been agreed as there is a new database which will be released in 6 weeks IT won't spend time trying to make the soon to be obsolete database work.	The service are keeping paper records whilst awaiting the new database.
<b>Planning and Environment</b>								
Section 106 - 15/16	285	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.  The bulk of the	M	31-Jul-16	31-Dec-18	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). Lastly, as each individual LPG is up to date (except LPG 13) each can be applied to the consideration of planning	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.	Monitoring progress with LPG13 via service manager and with reports to S106 working group.

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		<p>'comments' from the LPGN consultation process were reported to the 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>				<p>applications and any developer obligations that arise.</p> <p>The risk in not updating LPG 22 is therefore very low and can be managed in due course once individual LPGs are updated. This must therefore be a 'green' in terms of risk status.</p>	<p>LPGN 13, Outdoor Playing Space &amp; New Development, is in the process of being 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 - 15/16	313	<p>Leisure to discuss the inclusion of an upfront specification for play equipment in the LPGN with the Planning Policy team. This would allow specifications to be built into the planning application (as such any</p>	M	31-Jul-16	31-Oct-18	<p>Specification is still awaited from Leisure and will be included as part of updating LPG 13 (see below). Revised due date set was unrealistic and unachievable given circumstances reported</p>	<p>Follow up report 18.5.18: SPGN 13, Outdoor Playing Space &amp; New Development, is in the process of being revised.</p>	<p>Monitoring progress with LPG13 via service manager and with reports to S106 working group.</p>

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		changes to specification would require an amended planning application).				below for LPG 13 update.		
Section 106 - 15/16	314	<p>Planning recognise that they need to educate Members in respect of the options available to them when considering Planning Applications with management companies / residents associations proposed for the ongoing maintenance of open spaces, and their influence in planning terms.</p> <p>Consideration will be given to ways in which we can use the Planning Guidance to mitigate risks around management of on-site play facilities and open spaces by resident Management Companies (e.g. requirement for developers to provide a bond; one off costs could be added to the purchase price of new homes (with lower annual contributions from home owners), etc.).</p>	L	31-Jul-16	31-Oct-18	<p>Will be considered as part of updating LPG 13 (see below). Revised due date set was unrealistic and unachievable given circumstances reported below for LPG 13 update.</p> <p>Given the extent to which we can't prevent developers proposing a management company this is a low risk.</p>	Follow up report 18.5.18: SPGN 13, Outdoor Playing Space & New Development, is in the process of being revised.	Monitoring progress with LPG13 via service manager and with reports to S106 working group.
Section 106 -	320	A cross directorate	L	30-Jun-16	30-Jun-18	Now part of wider review	Follow up report 18.5.18:	The in house monitoring



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15/16		<p>working group will be established to address the issues identified in the audit report. The working group will be chaired by the Chief Officer (Planning and Environment) and is likely to include representation from Planning, Education, Leisure, Finance, Legal and other services areas as appropriate.</p> <p>The working group will be time limited, and will consider; Section 106 linkages across the Authority, the information needs of each service area, and the information currently held by service areas to determine where there is scope for efficiencies through the sharing of information (including the scope for sharing information on the Planning DEF database).</p> <p>The adequacy of the processes in place for</p>				<p>of Development Management back office system and potential procurement of IDOX system to replace current Civica system. Capital bid submitted December 2017 and if successful procurement in Spring 2018.</p>	<p>There has been no formal reporting around s106 developer contributions to date, but a report is due to go to the Planning, Environment &amp; Economy Programme Board in May 2018.</p>	<p>system (S106 spreadsheet) is still maintained pending further consideration by the cross portfolio working group around process and flow of information.</p>

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		<p>effectively managing those balances which must be spent within certain time frames or returned to the developer.</p> <p>The scope for utilising contributions held to ensure we maximise the benefit to the Authority (specifically Education contributions which cannot currently be spent under the terms of existing s106 agreements).</p> <p>The requirement for corporate oversight of the s106 processes and the robustness of the reporting structures to ensure appropriate overall control of s106 monies.</p>						
Section 106 - 15/16	1435	Leisure Services to liaise with Planning to determine whether there is scope for further amendment to the revised Planning Guidance for Open Spaces to update the amount per dwelling requested from developers, and to amend	M	30-Jun-16	31-Oct-18	Revised date set in line with the meeting of the Planning Strategy group which will sign off the revised Planning Guidance note on 29th June	Follow up report 18.5.18: SPGN 13, Outdoor Playing Space & New Development, is in the process of being revised. Discussion with Planning and the Play Unit has suggested the new planning guidance will include updated thresholds for on-site play provision; changes to the	Existence of the current Planning Guidance ensures that risks are managed in the meantime.

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		the thresholds within the Planning Guidance.					amounts payable per dwelling, and minimum specifications for play equipment, play areas, sports pitches and open spaces.	
Planning Enforcement 2016-17 -	1889	A revised Enforcement Policy will be produced and presented to the Environment Overview and Scrutiny Committee in September 2017.		30-Sep-17	31-Jul-18	The policy is due to be approved (July 2018) and will be published accordingly.	The revised Planning Enforcement policy has yet to be published. The policy was presented to the Environment Overview and Scrutiny Committee in September 2017 and then to Cabinet in January 2018. A period of public consultation (6 weeks) is now underway which will end on 12 June 2018 when the policy can be finalised and published. An approved policy will formalise the remit of the service and this will help ensure resource is focussed on activity for which the team is responsible.	The policy is due to be approved (July 2018) and will be published accordingly.
<b>Social Services</b>								
Flying Start Childcare Placements 2015/16	1608	Management have agreed the following actions:  (a) To review the sessional rate offered to existing providers considering pricing across Wales and what elements the fee	M	30-Jun-17	01-Apr-19	As advised by Procurement - In agreement with Flying Start Welsh Government Account Manager.	(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.  (b) Actioned. Work is in	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.

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		<p>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 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 with Settings.</p> <p>(f) Notify successful/</p>					<p>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 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</p>	<p>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>

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Care Leavers 2016/17:	1783	<p>unsuccessful settings</p> <p>Pathway plans do not clearly state the future needs that the Young Person requires to have prior to leaving care and living independently.</p> <p>The process involved in the completion of the pathway plans requires reviewing.</p> <p>The Pathway Plan should be re-designed to ensure it captures the actions which will be necessary from the local authority, the young person's carer, young person, parent and other identified parties to assist the young person to make a successful transition from care. It should be clear and concise for the YP to understand.</p> <p>It should be clear and straightforward for employees to work with and populate.</p> <p>A set of guidelines for the</p>	H	30 Sep 17	30 June 18	<p>Production of new regional plan</p> <p>The 6 North Wales authorities worked collaboratively to develop a set of regional assessment and planning documents. This included a revised pathway plan for North Wales. The documentation was updated to reflect new legislative changes (Social Services Well-Being Act). The new pathway plan incorporates both the future needs of the young person and the expected outcomes. The document was agreed in November 2017. The new pathway plan template was launched locally in February 2018 following staff training and guidance.</p>	<p>timescale.</p> <p>The new pathway plan template is live and being used by Practitioners. The form is scanned into our PARIS IT system as part of the young person's electronic social care record. The form will be built into the workflow of the PARIS system to avoid the need for scanning.</p>	<p>Case file audits assess the effectiveness of the new form in supporting quality assessments and planning. This is supported by management supervision and oversight of cases. Collectively this action is enabling us to manage the risks identified in the audit</p>

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		<p>practitioners to follow and ensure compliance with the well-being act and the strategy should also be created and used as an everyday work tool, to ensure employees in an ever changing workforce are working towards the same aims and objectives. This should include the process for completing a pathway plan to reviewing the pathway plan. This will ensure consistency when completing and reviewing pathway plans across the team.</p> <p>The Pathway plan should ensure each individual need is identified, details will then include how the need will be met, where and when. Once reviewed or the outcome is achieved full recording should take place with the progress to date or that the planned outcome has been reached.</p> <p>It would be good practice for all 7 areas of the plan</p>						

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		<p>to be completed by the SW and where needs are not required within all the areas then the SW can at least state that no need has been identified. This will then ensure that if a need is to be stated then the SW will not miss the opportunity to clearly state it.</p> <p>In addition to the basic training, all employees within PACT should receive the extended enhanced PARIS training and refresher training. This should be recorded and Managed by the Team Manager and full records should be maintained to show evidence of when employees have attended the training.</p>						
Care Leavers 2016/17:	1785	The Participation group requires a review and the aims and objectives should be clearly stated. Review of the Participation Group, with clearly set aims and objectives of the	L	31 Oct 17	29 Sept 18	Vacant Post The post was vacant for 8 months. The post holder commenced in March 2018 and has built up a relationship with the young people to	Post holder has worked with young people to take forward this action. The group has been rebranded as Young Voices Out Loud with new members joining and a logo developed to reflect the focus	Progress and issues from the Young Voices Out Loud Group are reported to the Children's Services Forum

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		group/s.				begin the review process.	of the Group. The Group will present their aims and objectives to the Children’s Services Forum after the summer break in September 18.	
Care Leavers 2016/17:	1791	<p>Lack of a clear and concise strategy for the Council to act as a Corporate Parent.</p> <p>A Corporate Parenting Strategy should be developed and introduced as soon as possible.</p>	M	31 Oct 17	31 May 18	<p>The Strategy was developed concurrently with a national review of review of best practice in Corporate Parenting.</p> <p>A set of statements/ Corporate Parenting commitments were developed and presented to Health and Social Services Overview Scrutiny Committee on 5 October 2017. Following consultation and involvement from young people a draft Corporate Parenting Strategy was presented to the Children’s Services Forum on 17 January 2018. It was agreed that the Strategy should be presented to the annual joint Social Services and Education Scrutiny</p>	The strategy is tabled for approval at the joint Social Services and Education Scrutiny Committee on 24 May 2018.	An update on progress, including a set of statements to form the basis of the Strategy was presented to Health and Social Services Overview Scrutiny Committee on 5 October 2017. A final draft document for comment was presented to the Children’s Services Forum on 17 January 2018. This has enabled sustained oversight and focus.



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						Committee.		
<b>Individual Schools</b>								
Hawarden High Risk Based Thematic Review	1795	FOI Policy - The Freedom of Information Policy to distinguish between a Freedom of Information Request and a Subject Access Request.	M	31-Oct-17	25-May-18	Policy awaiting confirmation of content and compliance from DPO Mr. Bridge once received and approved by Governors will be uploaded.	Policy awaiting DPO (David Bridge) to ratify contents to ensure fully complies with the new GDPR regulations - David Bridge has informed that a new policy is currently being drafted for schools and Governors will adopt this version when it is available which we are being told will be prior to the 25th May which is the implementation date for GDPR	The risk is being managed by using the policy in it's draft form as even though not approved by GB it has been provided by our DP provider.
Flint High Risk Based Thematic Review	1820	Consideration to be given to revising the Charging and Remissions Policy and expanding it to include a procedure for the recovery of unpaid invoices or writing off bad debt.	L	01-Sep-17	24-May-18	Policy is due for review in November and Business Manager is to make recommendations ready for forthcoming Finance & Premises Committee Meeting.	Finance Meeting to take place on Feb 7th 2018. CS currently in discussion with County regarding bad debt procedures. Policy will be updated for the 7th Feb.  Policy still under revision. Finance Meeting has not taken place due to pending budget information from County	Risk management; Policy will be in updated as from 19th March following Governors Finance Committee meeting on 14th March
Flint High Risk Based Thematic Review 2016/17	1824	As soon as practically possible the handwritten classroom furniture inventory needs to be computerised	L	01-Sep-17	25-May-18	Completion of task has been delegated by Craig Stedman to an admin officer. This process is ongoing but a completion	Computerised version partially complete. Due to current workload issues and re-prioritisation of tasks the due date has been	Risk is currently being managed as a paper copy is available and this is kept safe until the full update is

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						deadline set for 23rd march.	revised.	complete.
Flint High Risk Based Thematic Review 2016/17	1830	Relevant officers and Governors at the school to receive Data Protection training with the following details recorded in a Training Register: name of the officer/governor, date of training, refresher training date and level of training received.	M	01-Sep-17	28-May-18	Business Manager is to receive training "Information Law for Administrators" end Oct/early Nov.  Working with David Bridge to identify suitable training for staff / Governors.	Have discussed training requirements and looking at how to proceed - adding staff raining into a twilight session and Governors into a full Governing Body meeting  Training schedule has commenced with the first Support Staff training session taking place 26/02/18. This training is to be rolled out further. Full Governing Body meeting / training forthcoming	Risk management; a training schedule is being put in place to ensure the majority of staff have received basic training by the 26th May.
Flint High Risk Based Thematic Review 2016/17	1834	Next Full Governing Body meeting March 2018.  Craig Stedman is project Managing the GDPR. Flint High School has signed up to the services of David Bridge as the appointed Data Protection Officer	M	01-Sep-17	25-May-18	Fair Processing Notice included on new forms - to be checked by David Bridge for suitability within forthcoming site audit  Site audit has not yet taken place; Craig Stedman in process of arranging.	Site audit took place on Monday 26/02/18 and Privacy Notices will be updated again in line with David Bridges' recommendation on Privacy Notices and Fair Processing Notice.  Discussed with David a 'suite' of model documents that schools will be able to adopt for compliance purposes.	Risk management; this will be in place with GDPR introduction date due to signing up with David Bridge
Flint High Risk Based Thematic	1836	Consideration to be given to setting staff attendance targets in the School	M	01-Sep-17	25-May-18	To be given further consideration by Committee; meeting date	Committee has not yet had an opportunity to discuss. CS to add as agenda item May 16th	Risk Management: Standard sickness absence monitoring

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Review 2016/17		Development Plan.				31/01/18.	2018 meeting	procedures continue to be utilised as per policy.

## 1. Investigation Update

## Appendix G

Ref	Date Referred	Investigation Details
<b>1. New Referrals</b>		
1.1	21/05/2018	A review is being carried out of invoices submitted by a former Council contractor to ensure they are legitimate.
<b>2. Reported to Previous Committees and still being Investigated</b>		
2.1	30/10/2017	A referral was received concerning potential misuse of a grant scheme by a former member of staff. An investigation is ongoing.
2.2	02/02/2018	A referral was made concerning the use of a Direct Payment. An investigation has been completed and a report is being prepared.
<b>3. Investigation has been Completed</b>		
3.1	04/04/2018	A complaint was received concerning the recruitment process followed for a recent appointment. A review of the process followed has been completed and found the appointment to be sound. Some control improvements have been recommended.

## Internal Audit Performance Indicators

## Appendix H

Performance Measure	Qtr 1 17/18	Qtr 2 17/18	Qtr 3 17/18	Qtr 4 17/18	Qtr 1 18/19 <small>(as at 21/5)</small>	Target	RAG Rating	
Audits completed within planned time	71%	60%	88%	83%	87%	80%	G	↑
Average number of days from end of fieldwork to debrief meeting	17	15	11	9	7	20	G	↑
Average number of days from debrief meeting to the issue of draft report	5	14	2	3	1	5*	G	↑
Days for departments to return draft reports	10	11	7	7	3	7*	G	↑
Average number of days from response to issue of final report	1	2	2	2	3	2	R	↓
Total days from end of fieldwork to issue of final report	39	34	27	27	19	34	G	↑
Productive audit days	79%	74%	82%	78%	80%	75%	G	↑
Client questionnaires responses as satisfied	100%	100%	100%	100%	100%	95%	G	→
Return of Client Satisfaction Questionnaires	66%	75%	75%	57%	40%	80%	R	↓

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

### \* Changes to Performance Indicators

Following a review of the Internal Audit PI's at the end of the 16/17 financial year, two target PI's have been changed to accurately reflect the time taken to complete key aspects of the audit process. There are:

**PI : Average number of days from debrief meeting to the issue of draft report.**

This target has been increased from 3 working days to 5 working days. This is to take into account the part time working arrangements in place within the Internal Audit Service

**PI : Days for departments to return draft reports**

This target has been increased from 3 working days to 7 working days. This increase in target is more a reflection of the detailed work undertaken and greater stakeholder involvement and should not be seen negatively.

## Internal Audit Operational Plan 2017/18 (Carry Forward)

## Appendix I

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
<b>Corporate</b>			
Income from Fees and Charges / Efficiency Savings	H		Start date June to determine the effectiveness of the new policy recently released.
<b>Community &amp; Enterprise</b>			
Strategic Housing and Regeneration Project (SHARP)	H	In Progress	
Housing Rent Arrears	M	Complete	
Disabled Facilities Grant	M	Complete	
Council Tax & NNDR	Annual	Complete	
Housing Benefit	Annual	Complete	
<b>Education &amp; Youth</b>			
IT Procurement in schools	M	Complete	
Risk based thematic reviews across all schools including central controls	Annual	Draft Report stage	
<b>Governance</b>			
Joint Central Procurement Arrangement (Joint Review)	H	Draft report stage	This review will include aggregated spend
Procurement - Aggregated Spend (Joint Review)	H	Draft report stage	Combined within the above review
GDPR	H	Draft report stage	
Legal Case Management	M	In Progress	
Information Security Policies	Advice & Consultancy	Complete	New to Plan - request for IA involvement
<b>Organisational Change 1</b>			
Post Transfer - Leisure, Libraries & Museum Services	H	Complete	
<b>Organisational Change 2</b>			
Post ADM Transfer - Facilities Services	H	In Progress	
County Hall Campus Working Group	Advice & Consultancy	On going	Attendance at
<b>People &amp; Resources</b>			

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
Working Time Regulations	H	Complete	
IR35 Compliance	H	Complete	
Payroll	Annual	Draft report stage	
Treasury Management	M	Complete	
Main Accounting – Accounts Payable (AP) / P2P	Annual	In Progress	
Main Accounting – Accounts Receivable (AR)	Annual	Complete	
Main Accounting – General Ledger (GL)	Annual	Complete	
<b>Planning &amp; Environment</b>			
Greenfield Valley Heritage Park	H	Complete	
Section 106 Agreements – Follow Up	M	Complete	
<b>Social Services</b>			
Safeguarding - Adults at Risk	H	In Progress	
<b>Streetscene &amp; Transportation</b>			
Bereavement Services	H	Complete	
Integrated Transport Unit (ITU)	H	In Progress	
Fleet Management	M	In Progress	At the request of the service department this review has been carried forward into 17/18
<b>External</b>			
Pensions Administration	Annual	Draft report stage	

Internal Audit Operational Plan 2018/19

Appendix J

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
<b>Corporate</b>			
Budget Planning Challenge	<b>H</b>	Not Started	
Business Planning, Risk and Performance Management	<b>H</b>	Not Started	
North Wales Residual Waste Project (FCC)	<b>H</b>	Not Started	
North Wales Residual Waste Project (Lead)	<b>H</b>	Not Started	
Declaration of Interests	<b>H</b>	In Progress	
Collaborative / Partnerships Arrangements (CC - Social Services)	<b>M</b>	Not Started	
Integrated Impact Assessments	<b>M</b>	Not Started	
National Grant Funded Schemes	<b>M</b>	Not Started	
Use of Consultants	Annual	Not Started	
NWRW - Validation of Local Labour Figures	Advice & Consultancy	In Progress	Request to review CNIMs local labour figures
<b>Education &amp; Youth</b>			
Risk Based Thematic Reviews	<b>H</b>	Not Started	
School Funds	<b>H</b>	Not Started	
School Funding Formula (CC - People & Resources)	<b>M</b>	In Progress	
Pupil Stats - Cross Cutting	<b>M</b>	Not Started	
Early Entitlement	<b>M</b>	Not Started	
Education Grants - Including Education Improvement Grant (EIG) & Pupil Development Grant (PDG)	Annual	Not Started	
<b>Governance</b>			
Digital Strategy	<b>H</b>	Not Started	
Cloud Computing	<b>H</b>	Not Started	
Procurement - Contract Monitoring (Joint Working - Denbighshire)	<b>H</b>	Not Started	
Deferred Charges on Properties (CC - Social Services & Planning, Environment & Economy)	<b>H</b>	In Progress	



Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
Online Transactions (Digital Strategy) (CC – Strategic Programmes)	H	Not Started	
Members Allowances	M	Not Started	
Procurement of Hardware & Software	M	Not Started	
GDPR	Annual	Not Started	
<b>Housing &amp; Assets</b>			
Welsh Housing Quality Standards (WHQS) Investment Plan	H	Not Started	Waiting for the WAO report
CAT - New	H	Not Started	
Property Valuations	H	Not Started	
Right to Buy (buyback) / Home Loans	M	Not Started	
Empty Property (Void) Mgt	M	Not Started	
Travellers	M	Not Started	
New Homes - Contract Management	M	Not Started	
Property Maintenance	M	Not Started	
Technology Forge (TF)	M	Not Started	
Supporting People	Annual	Not Started	
Council Tax and NNDR	Annual	Not Started	
Housing Benefits	Annual	Not Started	
Main Accounting - Accounts Receivable, including Corporate Debt Management (CC - People & Finance)	Annual	Not Started	
Homelessness	Follow Up	In Progress	
SARTH	Follow Up	Not Started	
<b>Strategic Programmes</b>			
ADM - New	H	Not Started	
Clwyd Theatre Cymru (CTC)	H	In Progress	
Online Transactions (Digital Strategy) (CC - Governance)	H	Not Started	
Bailey Hill	M	Not Started	

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
<b>People &amp; Resources</b>			
Financial Model, incorporating Collaborative Planning	H	Not Started	
P2P – Transfer of Process	H	In Progress	
School Funding Formula (CC - Education & Youth)	M	In Progress	
Corporate Grants	M	Not Started	
Main Accounting - Accounts Payable (AP) and P2P	Annual	Not Started	
Main Accounting - Accounts Receivable (AR), include Debt Management (Cross cutting with Community & Enterprise)	Annual	Not Started	
Main Accounting - General Ledger (GL)	Annual	Not Started	
Appraisals	H	Not Started	
Pay Deal 2019/20	H	Not Started	
Notification of Start, Leavers and Changes to Clwyd Pension Fund	M	Not Started	
Annual Leave	M	In Progress	
Occupational Health Unit	M	Not Started	
Payroll	Annual	Not Started	
<b>Planning, Environment &amp; Economy</b>			
Minerals and Waste	H	Not Started	
Corporate Health & Safety – Near Misses, including Plant, Machinery and Work Equipment (CC - Social Services & Streetscene & Transportation)	H	Not Started	
Deferred Charges on Properties (CC - Governance & Social Services)	H	In Progress	
Community Safety Partnership	M	Not Started	
Planning & Enforcement	Follow Up	Complete	
Disabled Facility Grants (DFGs)	Follow Up	Not Started	
<b>Social Services</b>			
Children out of County Care & Education	H	Not Started	
Collaborative / Partnerships Arrangements (CC - Corporate)	H	Not Started	
Deferred Charges on Properties	H	In Progress	

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
<a href="#">(CC - Governance &amp; Community &amp; Enterprise)</a>			
Corporate Health & Safety – Near Misses, including Plant, Machinery and Work Equipment <a href="#">(CC – Planning, Environment &amp; Economy &amp; Streetscene &amp; Transportation)</a>	H	Not Started	
Direct Payments	M	In Progress	
Flying Start - WG Funding	M	Not Started	
Safeguarding - Children's	M	Not Started	
Social Services Financial Processes	Follow Up	Not Started	
<b>Streetscene &amp; Transportation</b>			
Highways - Cost Recovery	H	Not Started	
Service Efficiency and Income Targets	H	Not Started	
Corporate Health & Safety – Near Misses, including Plant, Machinery and Work Equipment <a href="#">(CC - Planning, Environment &amp; Economy &amp; Social Services)</a>	H	Not Started	
Regional Transport	M	Not Started	
Alltami Stores	Follow Up	Not Started	
<b>External</b>			
Aura	SLA (20 Days)	Not Started	
NEWydd	SLA (10 Days)	Not Started	
<b>Advisory / Project Groups</b>			
Corporate Governance Working Group	Advice & Consultancy	Ongoing	
Accounts Governance Group	Advice & Consultancy	Ongoing	
Annual Governance Statement	Advice & Consultancy	Ongoing	
Council's Constitution	Advice & Consultancy	Ongoing	
North Wales Residual Waste Project	Advice & Consultancy	Ongoing	
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	Ongoing	

Audit	Internal Audit Priority Rating	Status of Work	Supporting Narrative
<b>Anti-Fraud and Corruption</b>			
National Fraud Initiative (NFI)	Proactive Fraud	Ongoing	
Review and Update the Counter Fraud Policies and Plans	Proactive Fraud	Ongoing	
Develop On-line Fraud Reporting Solution	Proactive Fraud	Ongoing	
Annual CIPFA Fraud & Corruption Survey	Proactive Fraud	Ongoing	
Fraud Risk Awareness	Proactive Fraud	Ongoing	
<b>Audit Developments</b>			
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	Ongoing	
Assurance Mapping Exercise	Development	Ongoing	

**Glossary**

<b>Risk Based Audits</b>	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.
<b>Annual (System Based) Audits</b>	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.
<b>Advice &amp; Consultancy</b>	Participation in various projects and developments in order to ensure that controls are in place.
<b>VFM (Value For Money)</b>	Audits examining the efficiency, effectiveness and economy of the area under review.
<b>Follow Up</b>	Audits to follow up actions from previous reviews.
<b>New to Plan</b>	Audits added to the plan at the request of management. <b>All new audits to the plan are highlighted in red.</b>
<b>Audits to be Deferred</b>	Medium priority audits deferred in substitute for new higher priority reviews / advice. <b>These audits are highlighted in green within the plan.</b>