

Flintshire Internal Audit

Follow Up Audit Report

Title: Planning Enforcement
(including Building Control) -
Follow Up Review

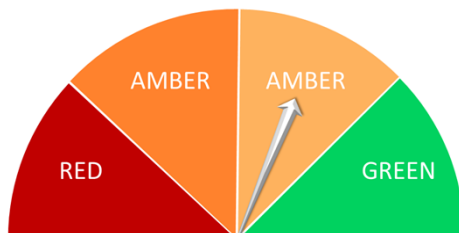
Portfolio: Planning & Environment

Issued Dated: May 2018

Report No: 47-2017/18

Report Status: Final

Audit Opinion



Internal Audit engagements are conducted in conformance with the Public Sector Internal Audit Standards.

1. Executive Summary:

Introduction and Scope:

We completed an audit of Planning Enforcement (including Building Control) in July 2017, audit report reference 11-2016/17.

Our overall opinion for Planning Enforcement was that the controls environment in operations at the time provided **limited assurance** that key risks were not being managed and controlled effectively. The original audit report we issued contained 4 high / 3 medium agreed actions for management. For Building Control, **substantial assurance** was provided and the risks are being managed effectively.

The scope of this follow-up is to assess how effectively the outstanding actions identified in the original audit report have been addressed.

Our approach in this follow-up audit includes interviewing management, review of supporting documentations and carry out audit testing to identify the progress made against management's agreed action.

The Planning Enforcement team has since been through a restructure and new procedures have been introduced to manage the workload. There has been a significant amount of work undertaken since the last audit review and improvements have been identified across the workforce including the use of FLARE, responding to referrals, evidencing records and providing a clear audit trail for each referral.

The actions carried forward from this review should further assist the team moving forward.

Audit Opinion:

Taking account of the issues identified in the remainder of the report and in line with our definitions set out below, in our opinion Management has demonstrated **Reasonable** progress in implementing agreed actions.

Definition:

Overall number of agreed actions fully implemented	85%+	51-84%	31-50%	>30%
Opinion	Substantial	Reasonable	Some	Limited

The audit opinion is assessed following the completion of the audit by qualified staff. Audits resulting in **Some** or **Limited** assurance will be reported to Audit Committee and progress monitored over the implementation of agreed actions.

Summary of Actions carried forward:

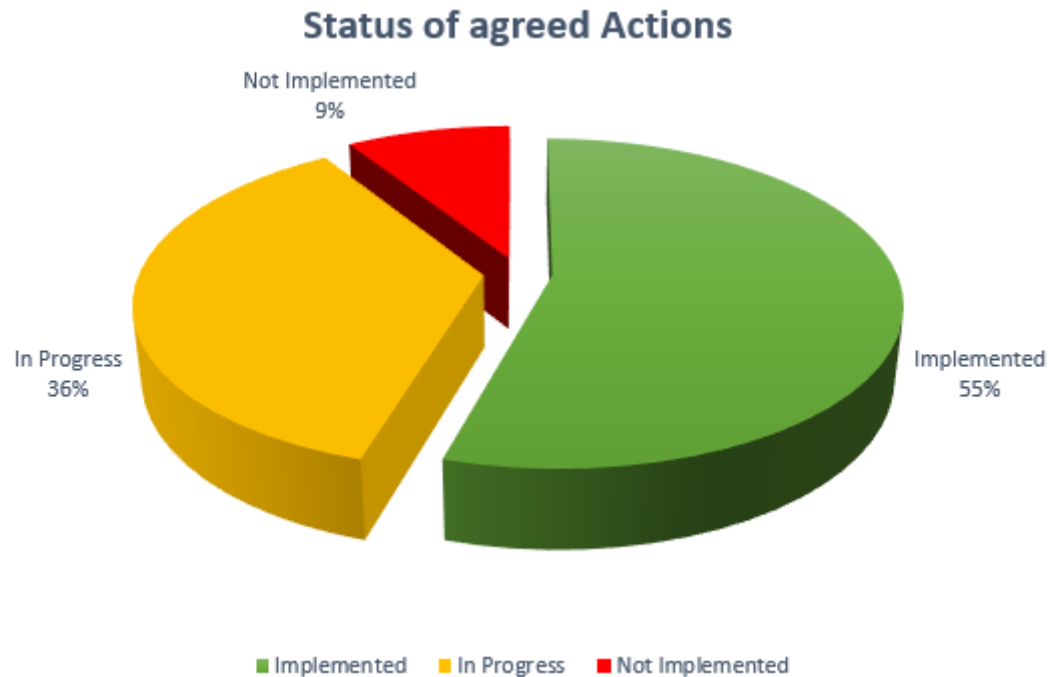
The table below highlights the number and priority of carried forward agreed actions to be implemented.

Priority	High	Medium	Low	Total
No.	0	3	2	5

2. Data to Support our Opinion:

Status of Agreed Actions					
	(1)	(2)	(3)	(4)	(5)
Total No. of Agreed Actions	Implemented	In Progress	Not Implemented	No Longer Valid	Not due for Implementation
11	6	4	1	0	0
100%	55%	36%	9%	0%	0%

(1+4)	(2+3+5)
Agreed Actions confirmed as completed or no longer valid	Agreed Actions carried forward for follow up at next review
6	5
55%	45%



3. Action Plan – Actions carried forward:

Priority	Description
High (R)	Issues are fundamental and material to the system of internal control for the area under review.
Medium (A)	Issues where improvements in control are needed to reduce the risk of loss, error, irregularity, or inefficiency.
Low (G)	Matters that merit attention and would improve overall control or efficiency.

No.	Findings and Implications	Agreed Action	Who	When
1 (A)	<p>A review of all current cases (181) identified improvement in how the service manages its workload, however, our testing identified the following findings:</p> <ul style="list-style-type: none"> • 28 referrals are allocated to Officers who have left the team. 12 referrals have not been allocated. • 80 referrals have not been assessed with a priority level meaning target dates for first response and completion are unclear. • 40 referrals have not been updated within the last 12 months. • 3 cases were considered within the remit of the service when they should have been referred elsewhere. • 1 case was identified as a duplicate record. <p>Good quality management information would enable Team Leaders to monitor the current caseload and ensure that the progress achieved thus far continues to improve.</p> <p>(Original action 01895)</p>	<p>We will review the current caseload and take action to address the highlighted issues including:</p> <ul style="list-style-type: none"> • reallocate cases to active officers • ensure all cases are allocated the correct priority • ensure all referrals have a recent update • reinforce the policy to the team (covering remit and responsibilities of the service) 	Development Manager	30/09/2018

No.	Findings and Implications	Agreed Action	Who	When
2 (A)	<p>We identified variances in the data submitted to the Planning Directorate for Welsh Government over the last 3 quarters of 2017/18. It is important that data supplied to the Welsh Government is accurate.</p> <p>Flintshire Council were provided with a report template from Civica to populate this data from the FLARE system and all evidence is now retained of data submissions to Welsh Government.</p> <p>However, inaccuracies have been identified in the data produced and full reliance is currently placed on this information. Variances are not investigated and there is no management oversight prior to submission.</p> <p>(Original action 01886)</p>	<p>We will investigate the Civica report to identify reasons for variances.</p> <p>We will ensure that Q1 18/19 return is produced and reviewed prior to submission.</p>	Development Manager	30/09/2018
3 (A)	<p>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.</p> <p>Our testing identified an increased use of FLARE and a clear audit trail for more recent caseloads.</p> <p>(Original action 01885)</p>	Draft process maps will be produced.	Development Manager	30/09/2018

No.	Findings and Implications	Agreed Action	Who	When
4 (G)	<p>The revised Planning Enforcement policy has yet to be published.</p> <p>The policy was presented to the Environment Overview and Scrutiny Committee in September 2017 and then to Cabinet in January 2018.</p> <p>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.</p> <p>(Original action 01889)</p>	<p>The policy is due to be approved (July 2018) and will be published accordingly.</p>	<p>Development Manager</p>	<p>31/07/2018</p>
5 (G)	<p>A training programme has not been produced for Enforcement Officers to assist with undertaking enforcement referrals and the use of the FLARE system.</p> <p>(Original action 01892)</p>	<p>Officers have been booked onto the waiting list for the Trevor Roberts Association Enforcement residential 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>Training will continue to be provided to Officers as required.</p>	<p>Development Manager</p>	<p>30/09/2018</p>

4. Findings:

Each recommendation followed up has been categorised in line with the following definition:

Implemented	The entire recommendation has been fully implemented
In Progress	The recommendation has been partly though not yet fully implemented
Not Implemented	The recommendation has not been implemented
No Longer Valid	The recommendation has been superseded and is no longer applicable
Not Due for Implementation	The agreed date for implementing the recommendation has not yet been reached

PLANNING ENFORCEMENT					
No.	Agreed Action	Original Priority	Implementation Date	Responsible Officer	Outcome / Findings
1	<p>A review of all pending enforcement referrals was required to ensure that investigations could be completed and the workload could be managed effectively.</p> <p>There was a significant risk that referrals received were not being investigated within the defined timescales which could have a detrimental impact on both the area in question and the reputation of the Council.</p> <p>A review of all cases commenced in April 2017 and was expected to be completed by September 2017.</p>	High	September 2017	<p>Development Manager</p> <p>URN 01895</p>	<p>In Progress:</p> <p>A review of all current cases (181) identified some improvement in managing the workload and the current caseload has reduced since the previous audit review (228). However, further work is still required to manage the current caseload and the following concerns were identified:</p> <ul style="list-style-type: none"> • 28 referrals (15%) are still allocated to Officers who have left the team. 12 referrals (7%) have not been allocated. • 80 referrals (44%) have not been assessed with a priority level. • 40 referrals (22%) have not been updated within the last 12 months. <p>This information has been shared with the Team and actions are being taken to resolve these issues.</p>

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<p>2</p>	<p>The documenting of planning enforcement referrals was incomplete with:</p> <ul style="list-style-type: none"> Records being held in a number of locations and no standard procedure existing for correctly documenting a referral. Enforcement investigations not being kept up to date with a significant number of actions being recorded retrospectively. Evidence from undertaking visits or holding discussions with persons not always be documented. Significant reliance was place on the Enforcement Officers knowledge to establish the status of each referral. <p>The service was reviewing how enforcement referrals were investigated through process mapping and ensuring that consistency exists within the team.</p>	<p>High</p>	<p>August 2017</p>	<p>Development Manager</p> <p>URN 01885</p>	<p>In Progress</p> <p>It was identified that improvements have been made within the service in how enforcement referrals are documented and investigated. The use of FLARE has been improved and it is encouraging that evidence is retained within the system.</p> <p>However, documented procedures have yet to be produced for the team. A process mapping exercise is planned which will further assist Officers in how work is to be undertaken.</p> <p>A sample of 10 current referrals identified improvements for maintaining an up to date record of an investigation. However, older referrals are still problematic and didn't contain a sufficient level of detail and this will need to be addressed.</p>
<p>3</p>	<p>Enforcement referrals were not being appropriately prioritised and it was the responsibility of each investigating officer to prioritise their own workload.</p> <p>Training was to be provided to all officers on how to use priorities and how to report from the current FLARE system to assist their workload management.</p>	<p>High</p>	<p>July 2017</p>	<p>Development Manager</p> <p>URN 01893</p>	<p>Implemented:</p> <p>There has been a significant improvement in Enforcement referrals being prioritised since August 2017 with 81 out of 93 (87%) referrals being prioritised. The prioritising of referrals now forms part of the procedures for receiving and allocating a referral.</p> <p>However, our testing identified a number (80) of active cases on the FLARE system without a priority level being recorded and this issue has been identified within Action 1.</p>

<p>4</p>	<p>Each Council is required to report to Welsh Government on the number of enforcement referrals investigated and resolved within a defined time-frame and this information is requested on a quarterly basis.</p> <p>The audit review identified significant variances in the data submissions for 2016/17 due to the FLARE system not being kept up to date.</p> <p>Technical meetings with systems and enforcement officers were planned in June / July 2017 as part of training to implement priorities to ensure we are collecting correct data for Welsh Government returns.</p> <p>Work has also commenced to improve reporting from FLARE through a software update.</p>	<p>High</p>	<p>July 2017</p>	<p>Development Manager</p> <p>URN 01886</p>	<p>In Progress:</p> <p>A review of the three previous submissions for 2017/18 identified significant discrepancies in the data being submitted.</p> <table border="1" data-bbox="1406 295 2067 547"> <thead> <tr> <th>2017/18</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Referrals completed within 84 days</td> <td>14</td> <td>445</td> <td>4</td> </tr> <tr> <td>Referrals completed over 84 days</td> <td>52</td> <td>21</td> <td>11</td> </tr> </tbody> </table> <table border="1" data-bbox="1406 638 2067 890"> <thead> <tr> <th>2017/18</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Referrals completed within 84 days</td> <td>3</td> <td>4</td> <td>4</td> </tr> <tr> <td>Referrals completed over 84 days</td> <td>25</td> <td>8</td> <td>11</td> </tr> </tbody> </table> <p>The same reports were re-produced</p> <p>A report template was provided by Civica for the FLARE system to produce these statistics for Welsh Government. Full reliance is placed on these reports and no verification exercise is undertaken. In particular, the data submitted for Q3 (445) was not possible as this figure was higher than the overall caseload.</p> <p>The data provided to Welsh Government is inaccurate in its current form and the report template will need to be investigated and corrected.</p>	2017/18	Q2	Q3	Q4	Referrals completed within 84 days	14	445	4	Referrals completed over 84 days	52	21	11	2017/18	Q2	Q3	Q4	Referrals completed within 84 days	3	4	4	Referrals completed over 84 days	25	8	11
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					It was also identified that a number (40) of referrals had not been updated over the previous 12 months and therefore active referrals could exist which could be closed and assist in providing a truer picture of the services performance.
5	<p>A review of the Enforcement Policy was required as it had not been updated since 2005.</p> <p>A revised draft Planning Enforcement Policy was to be presented to the Environment Overview and Scrutiny Committee for approval.</p>	Medium	September 2017	<p>Development Manager</p> <p>URN 01889</p>	<p>In Progress:</p> <p>The revised Planning Enforcement policy was presented to the Environment Overview and Scrutiny Committee in September 2017 and then to Cabinet in January 2018.</p> <p>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.</p>
6	<p>The review of the process for investigating an enforcement referral identified evidence of duplication which was not necessary. Duplication existed with recording referrals received, information obtained from site visits / interviews and the storage of electronic evidence.</p> <p>The service reviewed how investigations are documented through process mapping which should assist in avoiding duplication.</p>	Medium	August 2017	<p>Development Manager</p> <p>URN 01894</p>	<p>Implemented:</p> <p>Assistant Planners now have responsibility for receiving and recording all enforcement referrals. Checks are now undertaken to ensure duplicate referrals don't exist. The record of complaint form and standard letters are now produced electronically from the system removing further duplication.</p> <p>The increased use of FLARE for documenting updates and attaching evidence files also reduces the level of duplication.</p> <p>Manual records are still duplicated when undertaking site visits or interviews, however, until a fully automated system is in place ie tablets used to record such information then this method of work will continue.</p>

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7	<p>A review of the types of enforcement investigations being responded to was required.</p> <p>Process mapping was to commence in July 2017 to assist with streamlining the process and avoid taking on work which was not part of the remit of the service.</p>	Medium	August 2017	<p>Development Manager</p> <p>URN 01890</p>	<p>Implemented:</p> <p>All staff have been reminded on what the teams remit is for investigating referrals and this will be further supported by the publication of the revised Enforcement Policy.</p> <p>A review of all current referrals was undertaken and 9 referrals were identified which indicated possible work outside of the teams remit. These findings were discussed with a Team Leader and it was established that 3 referrals could have been allocated outside of the team (Highways, Environmental Health). This issue should also be addressed by Action 1 in section 3.</p>
8	<p>No specific training is available for staff undertaking enforcement investigations and the use of FLARE. There was no documented procedures for Enforcement Officers and there was a risk that officers would not be working uniformly and actions may be undertaken against legislation and without appropriate knowledge.</p> <p>Process mapping was to commence in July 2017 to form the basis of training notes in order for any officer to be able to use the FLARE enforcement system.</p>	Low	November 2017	<p>Development Manager</p> <p>URN 01892</p>	<p>Not Implemented:</p> <p>The service has been going through a restructure since the previous audit review and process mapping for the operation of the Planning Enforcement Team has yet to start. A training programme will be produced following the completion of this work.</p>
9	<p>Benchmarking against other authorities was not undertaken across Councils regarding managing referrals. A North Wales Annual Enforcement Forum is available for</p>	Low	August 2017	<p>Development Manager</p> <p>URN 01896</p>	<p>Implemented:</p> <p>Managers and Officers have been attending the forums and best practice is shared with other Councils.</p>

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	<p>Officers and Management.</p> <p>With the significant workload the Enforcement Team was undertaking, it would have been useful to share best practice with other Councils in an attempt to streamline their own work and operate more efficiently.</p> <p>The Development Services Manager was due to attend the following DC managers meeting and Officers where due to attend the next Enforcement forum and raise issues of benchmarking.</p>				<p>The issues of benchmarking has been overtaken by proposals to amend how enforcement performance is measured. This is an ongoing process and actions will be taken once decisions have been made. It is useful that we now have representation in these forums moving forward.</p>
10	<p>Welsh Government obtains statistical data from all local authorities on planning information including enforcement. The Council is required to report on the number of enforcement cases investigated and resolved within a defined time-frame and this information is required on a quarterly basis.</p> <p>It was identified that when the data has been collated for each submission, evidence of the figures reported has not been retained.</p> <p>A technical meeting was due to be held in June / July 2017 and all officers will be trained in how to enter the data required in order to meet the required returns.</p>	Low	July 2017	<p>Development Manager</p> <p>URN 01887</p>	<p>Implemented:</p> <p>Statistics are required to be produced to the Planning Directorate for Welsh Government on a quarterly basis. The 3 previous submissions for 2017/18 were obtained and it was identified that evidence is now retained for each submission. A new reporting template has been provided for the FLARE system to produce these statistics and evidence is retained to support the data. These previous submissions were also submitted within their deadlines.</p> <p>Issues have been identified regarding the statistics produced for Welsh Government and actions have been raised within Action 4 in Section 3.</p>

BUILDING CONTROL					
No.	Agreed Action	Original Priority	Implementation Date	Responsible Officer	Outcome / Findings
11	<p>A test was carried out on 15 building control cases to establish that all payments had been received before the case is closed as completed and certificate issued. Whilst all had been correctly paid for, it was not easy for Building Control to confirm this.</p> <p>Building Control are sent monthly spreadsheet reports from Masterpiece showing income and expenditure but as these do not include the unique reference number given to each case by Building Control, it is a time consuming process to match income to completed cases.</p> <p>A meeting will be arranged to meet with AP/AR team leader to establish process for including Building Control's unique reference case numbers on invoices and Masterpiece</p>	Low	September 2017	<p>Building Control Team Leader</p> <p>URN 01888</p>	<p>Implemented:</p> <p>The AP/AR Manager has advised staff to include Building Control reference numbers to allow for ease of reference.</p> <p>A sample report was produced and all income records and case references included.</p>

5. Distribution List:

Title	
Development Manager	Accountable Officer for the Implementation of Agreed Actions
Development Manager	
Chief Officer, Planning and Environment	
Building Control Team Leader	