

T: 01495 357788 Ext./Est: 7788

E: committee.services@blaenau-gwent.gov.uk

Contact:/Cysylltwch â: Gwasanaethau Democraataidd



**THIS IS A MEETING WHICH THE PUBLIC ARE ENTITLED TO ATTEND**

Date Not Specified Date Not Specified

Dear Sir/Madam

**PWYLLGOR ARCHWILIO**

A meeting of the Pwyllgor Archwilio will be held in Council Chamber, Civic Centre, Ebbw Vale on Dydd Mawrth, 28ain Ionawr, 2020 at 9.30 am.

Yours faithfully

Michelle Morris  
Managing Director

**AGENDA**

**Pages**

**1. CYFIEITHU AR Y PRYD**

Mae croeso i chi ddefnyddio'r Gymraeg yn y cyfarfod, mae angen o leiaf 3 diwrnod gwaith o hysbysiad ymlaen llaw os dymunwch wneud hynny. Darperir gwasanaeth cyfieithu ar y pryd os gwneir cais.

**2. YMDDIHEURIADAU**

Derbyn ymddiheuriadau.

We welcome correspondence in the medium of Welsh or English. / Croesawn ohebiaith trwy gyfrwng y Gymraeg neu'r Saesneg.

**3. DATGANIADAU BUDDIANT A GODDEFEBAU**

Derbyn datganiadau buddiant a goddefebau.

**4. PWYLLGOR ARCHWILIO**

5 - 10

Derbyn cofnodion y cyfarfod o'r Pwyllgor Archwilio a gynhaliwyd ar 19 Tachwedd 2019.

**5. ADRODDIAD CYNNYDD CYNLLUN ARCHWILIO - HYDREF 2019 I RHAGFYR 2019**

11 - 28

Ystyried adroddiad y Prif Swyddog Adnoddau.

**6. SWYDDFA ARCHWILIO CYMRU - TYSTYSGRIF CYDYMFFURFIAETH AR GYFER YR ARCHWILIAD O ASESIAD PERFFORMIAD 2018-19 CYNGOR BWRDEISTREF SIROL BLAENAU GWENT**

29 - 32

Ystyried adroddiad y Pennaeth Llywodraethiant a Phartneriaethau.

**GWYBODAETH EITHRIEDIG**

Derbyn ac ystyried yr adroddiad(au) dilynol sydd ym marn y swyddog priodol yn eitem(au) eithriedig gan roi ystyriaeth i'r prawf budd cyhoeddus ac y dylai'r wasg a'r cyhoedd gael eu heithrio o'r cyfarfod (mae'r rheswm am y penderfyniad dros yr eithrio ar gael ar restr fer a gedwir gan y swyddog priodol).

**7. CANOLFAN ADNODDAU BUSNES**

33 - 44

Ystyried adroddiad y Prif Swyddog Adnoddau.

To: P. Williams (Cadeirydd)  
S. Healy (Is-gadeirydd)  
G. Collier  
M. Cross  
G. L. Davies  
L. Elias  
D. Hancock  
J. Hill  
J. Holt  
L. Parsons  
K. Rowson  
B. Summers  
S. Thomas

H. Trollope  
J. Wilkins  
L. Winnett

All other Members (for information)  
Manager Director  
Chief Officers

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**COUNTY BOROUGH OF BLAENAU GWENT**

**REPORT TO:** **THE CHAIR AND MEMBERS OF THE AUDIT COMMITTEE**

**SUBJECT:** **AUDIT COMMITTEE – 19<sup>TH</sup> NOVEMBER, 2019**

**REPORT OF:** **DEMOCRATIC SUPPORT OFFICER**

**PRESENT:** Mr. Peter Williams (CHAIR)

- Councillors S. Healy  
 G. Collier  
 M. Cross  
 L. Elias  
 J. Hill  
 J. Holt  
 L. Parsons  
 K. Rowson  
 B. Summers  
 S. Thomas  
 J. Wilkins

**WITH:** Chief Officer Commercial  
 Head of Governance & Partnerships  
 Audit Manager  
 Data Protection & Governance Officer  
 Solicitor – Commercial Services

**AND:** **Wales Audit Office**  
 Mike Jones

**DECISIONS UNDER DELEGATED POWERS**

<b><u>ITEM</u></b>	<b><u>SUBJECT</u></b>	<b><u>ACTION</u></b>
----	<b><u>CONDOLENCE</u></b>  The Audit Committee expressed condolences to the Head of	

	Internal Audit on the recent death of her father.	
<b>No. 1</b>	<b><u>SIMULTANEOUS TRANSLATION</u></b>  It was noted that no requests had been received for the simultaneous translation service.	
<b>No. 2</b>	<b><u>APOLOGIES</u></b>  Apologies for absence were received for Councillors H. Trollope and L. Winnett.	
<b>No. 3</b>	<b><u>DECLARATIONS OF INTEREST AND DISPENSATIONS</u></b>  The following declaration of interest was reported:  <u>Councillor L. Parsons - <i>Item No. 8 – Wales Audit Office – Delivering with Less – Leisure Services</i></u>	
<b>No. 4</b>	<b><u>AUDIT COMMITTEE</u></b>  The minutes of the Audit Committee held on 10 <sup>th</sup> September, 2019 were submitted for accuracy points.  RESOLVED that the minutes be accepted as a true record of proceedings.	
<b>----</b>	<b><u>ORDER OF AGENDA</u></b>  It was agreed that Item No. 8 be considered at this juncture.	
<b>No. 8</b>	<b><u>WALES AUDIT OFFICE – DELIVERING WITH LESS – LEISURE SERVICES</u></b>  Consideration was given to report of the Chief Officer Commercial.  The Chief Officer Commercial presented the report which outlined the findings of the Wales Audit Office review on Delivering with Less –Leisure Services reported in May 2019.  The Officer went through the report and highlighted points	

contained therein. She confirmed that the proposals for improvement had been taken on board and included in the second phase of the ongoing Leisure and Culture Review.

A Member referred to Page 95 of the WAO report which stated that the 'review lacked timely and meaningful scrutiny Member involvement'; and asked how it was intended to improve the process moving forward.

In response the Officer confirmed that since phase one of the review, a Members' Working Party was established by the Community Services Scrutiny Committee and the outcomes of that work had been reported back to the Committee. Reports on the current phase continue to be reported through the democratic process.

The Member referred to the Community Services Scrutiny Committee held the previous week where two major pieces of work were considered, namely the Waste Management & Recycling Strategy; and the Strategic Business Case for the Development of a Second HWRC. He said both were controversial issues affecting the County Borough, and expressed concern that only a small number of Members had had the opportunity to scrutinise and make a decision on these strategic issues. He said the Leader of the Council in May 2017 gave assurance that Joint Committees would be convened to consider such items affecting the Council, like the Leisure Services Review, and expressed concern that this was not currently happening, resulting in approximately only 48% of Members having an input in major issues.

In response the Head of Governance & Partnerships said the only constituted Joint Committees under the Council's Constitution was Safeguarding and Budget Monitoring. She said balance was needed around the remit of Scrutiny Committees and the rationale for 'opening up' certain issues to all Members. However, she pointed out that if a Scrutiny Committee was 'opened up' to all Members, it was not a constituted Joint Committee in the same way as Safeguarding and Budget Monitoring, and only Members of the host Committee would have voting rights.

	<p>The Member said he understood the process, but where demand was significant with major pieces of work affecting the Council, all Member Scrutiny Committees should be convened, as per the Leader’s commitment in May 2017.</p> <p>Another Member said the Officer had indicated that the Second Phase of the Leisure Services Review would be reported to the Community Services Scrutiny Committee for consideration by Members.</p> <p>A Member said a more ‘joined up’ approach was needed and said a Cross Party Working Group should be established, along with Officers to meet with the Leisure Trust Board.</p> <p>RESOLVED that the content of the Wales Audit Office review and findings on Delivering With Less – Leisure Services be accepted and the Management Response be endorsed, as it provided assurance that the proposals for improvement would be fully endorsed.</p>	
<p><b>No. 5</b></p>	<p><b><u>ANNUAL GOVERNANCE STATEMENT</u></b></p> <p>Consideration was given to report of the Chief Officer Resources.</p> <p>The Audit Manager presented the final Annual Governance Statement (AGS) for 2018/19, which provided an assessment of the effectiveness of the Authority’s governance arrangements. The Officer spoke to the report and highlighted points contained therein.</p> <p>In response to a question raised by a Member, the Officer confirmed that any recommendations for development are made in the statement and would be actioned throughout the year, and progress against recommendations would be included in the 2019/20 AGS.</p> <p>RESOLVED that the report be accepted and the AGS be approved and adopted.</p>	
<p><b>No. 6</b></p>	<p><b><u>THE ANNUAL REPORT OF THE PUBLIC SERVICES OMBUDSMAN FOR WALES 2018/19</u></b></p>	



	<p>Consideration was given to report of the Head of Legal &amp; Corporate Compliance.</p> <p>The Solicitor presented the report which informed the Audit Committee of the Council's performance with regard to complaints to the Public Services Ombudsman for Wales. He spoke to the report and highlighted points contained therein, and said he was pleased to report that Blaenau Gwent Council had the lowest number of service complaints received by the Ombudsman in Wales.</p> <p>In response to a question raised by a Member, the Officer explained that the Council had adopted a Local Resolution Policy whereby the Head of Legal &amp; Corporate Compliant would seek to resolve any issues prior to them escalating to formal procedures.</p> <p>RESOLVED that the report be accepted and the Audit Committee acknowledge that the process for monitoring of complaints was robust and the performance information provided reflected these practices.</p>	
<p><b>No. 7</b></p>	<p><b><u>AUDIT PLAN PROGRESS REPORT – JULY TO SEPTEMBER 2019</u></b></p> <p>Consideration was given to report of the Chief Officer Resources.</p> <p>The Audit Manager presented the report which updated the Audit Committee on the progress against the Internal Audit Plan for the period 1<sup>st</sup> July to 30<sup>th</sup> September, 2019. The Officer spoke to the report and highlighted points contained therein.</p> <p>RESOVLED that the report be accepted and the progress on activities for the period 1<sup>st</sup> July to 30<sup>th</sup> September, 2019 be noted.</p>	
<p><b>No. 9</b></p>	<p><b><u>WALES AUDIT OFFICE REVIEW: SERVICE USER PERSPECTIVE: COMMUNITY ENGAGEMENT</u></b></p> <p>Consideration was given to report of the Head of Governance &amp;</p>	

Partnerships.

The Head of Governance & Partnerships presented the report which outlined the findings of the Wales Audit Office (WAO) review on Service User Perspective: Community Engagement reported in May 2019. The Council's Management Response was attached at Appendix 2, and the report had also been positively received by the Corporate Overview Scrutiny Committee.

RESOLVED that the report be accepted and the content of the Wales Audit Office review and findings on Service User Perspective: Community Engagement, and the Council's Management Response be noted.

# Agenda Item 5

*Executive Committee and Council only*

Date signed off by the Monitoring Officer: N/A

Date signed off by the Section 151 Officer: N/A

Committee: **Audit Committee**

Date of meeting: **28<sup>th</sup> January 2020**

Report Subject: **Audit Plan Progress Report –  
October 2019 to December 2019**

Portfolio Holder: **Cllr. Nigel Daniels**

Report Submitted by: **Rhian Hayden, Chief Officer Resources.**

Report Written by: **Andrea Owen, Professional Lead – Internal Audit.**

Reporting Pathway								
Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Audit Committee	Democratic Services Committee	Scrutiny Committee	Executive Committee	Council	Other (please state)
09/01/2020	14/01/2020		28/01/20					

## 1. Purpose of the Report

- 1.1 The purpose of the report is to update the Audit Committee on the progress against the Internal Audit Plan for the period 1<sup>st</sup> October to 31<sup>st</sup> December 2019.

## 2. Scope and Background

- 2.1 The report highlights the work undertaken by the Internal Audit Service and complies with the Public Sector Internal Audit Standards (PSIAS).
- 2.2 The Internal Audit Plan is based on formal Risk Assessments, with the work planned on a five year rolling programme. The Audit Plan for the period 2019-2024 has previously been presented to this committee.
- 2.3 Risk Assessments have been undertaken on all applicable audit areas which created a rank order for prioritising audit work within each directorate.
- 2.4 The audit work allocated to staff for the period October to December 2019 is based on the rank order prioritisation and takes into account an individual auditor's experience and skill set.

## 3. Option for Recommendation

- 3.1 The Audit Committee considers the report and findings within the attached Appendices, notes the progress on activities for the period October to December 2019 and provides appropriate challenge where relevant.

4. **Evidence of how does this topic support the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan**

4.1 In line with the Corporate Plan Priority of being an efficient Council, presentation of the Internal Audit progress report demonstrates the breadth and depth of the audit coverage of the Council's systems and internal controls. In doing this it also enables the Chief Officer – Resources to satisfy her statutory duties under Section 151 of the Local Government Act (1972) in providing an effective Internal Audit Service.

4.2 The Audit Committee, in their role as those responsible for governance, and in compliance with the PSIAS, have a responsibility to oversee the performance of the Internal Audit function including receiving a summary of the work upon which the Head of Internal Audit will base her annual audit opinion.

5. **Implications Against Each Option**

5.1 Impact on Budget

There are no direct financial implications resulting from this report.

5.2 Risk including Mitigating Actions

The report demonstrates the breadth and depth of audit coverage to provide assurance that key areas of concern and areas deemed to have the highest risk priority are being examined during the financial year. Failure to cover sufficient audit areas exposes the Authority to the risk that weaknesses within specific systems within the Authority's internal control environment are not being identified, resulting in increased financial or reputational damage. This is mitigated by regular review of progress and reprioritisation as appropriate.

5.3 Legal

The Section 151 Officer has a statutory responsibility under the Local Government Act (1972) to ensure the provision of an adequate Internal Audit Service.

5.4 Human Resources

The section currently has a complement of six full time posts. This includes an Apprentice post via the Aspire Scheme administered by the Authority enabling a young person to attain an NVQ level 3 in Business Administration whilst also studying for the AAT qualification.

The Senior Management Review Phase Two has now concluded resulting in a number of changes to job titles in the Internal Audit team. These include the Head of Internal Audit post re designated to Audit Risk and Insurance Manager, Audit Manager re designated to Professional Lead – Internal Audit and the Technical Auditor re designated to Senior Auditor.

The section's sickness for the period April to 31<sup>st</sup> December 2019 is an average of 7.33 days per person against a departmental target of 6 days per person.

## 6. **Supporting Evidence**

### 6.1 Performance Information and Data

Activities during the period 1<sup>st</sup> October to 31<sup>st</sup> December 2019 are set out in Appendix A attached. The format shows a summary of findings from audit reports produced in the period, including a formal audit opinion where appropriate. Where individual audits are graded as Limited Assurance or No Assurance, an Internal Audit Summary Report is presented at Appendix B. The Follow –Up audit completed during the period where weaknesses have not been implemented is shown at Appendix C.

6.1.1 Performance data for the Section for the period to 31<sup>st</sup> December 2019 is presented at Appendix D. The grading's issued during the period is shown in the bar charts at Appendix E and F.

6.1.2 The Internal Audit Service completed 48.14% of the audit plan against a target of 56.25%.

### 6.2 ***Expected outcome for the public***

*An effective Audit Committee will assist with the stewardship of public money providing assurance to the communities of Blaenau Gwent on the robustness of the Authority's internal control.*

### 6.3 ***Involvement (consultation, engagement, participation)***

*Prior engagement has been undertaken with Heads of Services when determining the risk assessments for the audit plan.*

### 6.4 ***Thinking for the Long term (forward planning)***

*The work of Internal Audit is intended to provide advice and guidance on system improvements resulting in an improved control environment for the future of the Authority.*

### 6.5 ***Preventative focus***

*Internal Audit provides a cost effective and professional Audit review of the Authority's internal control environment with the aim of minimising the risk of loss from error, fraud, or irregularities.*

### 6.6 ***Collaboration / partnership working***

*There are no collaboration / partnership working arrangements arising from this report.*

### 6.7 ***Integration(across service areas)***

*The audit plan is developed with a view to providing assurance on the whole of the Authority's control environment. Audit assignments are conducted for a range of activities across all directorates in order for the Head of Internal Audit to provide an annual audit opinion that an adequate internal audit service has been provided.*

- 6.8 ***EqIA(screening and identifying if full impact assessment is needed)***  
*No impact assessment is required for this report.*

7. **Monitoring Arrangements**

- 7.1 Internal Audit Summary reports and Follow Up audits are presented to the Audit Committee as part of the progress report. Where audit assignments have been graded as Limited Assurance or No Assurance, the Internal Audit Summary reports will be provided as appendices for Members' consideration.
- 7.2 Performance data for the Section is attached as appendices with this report.
- 7.3 The levels of audit coverage and the grading's of individual audits will inform the annual opinion of the Head of Internal Audit and supports the Audit Committee in fulfilling its assurance role to the citizens of Blaenau Gwent.

**Background Documents /Electronic Links**

- Appendix A – Audit activities for the period October to December 2019.
- Appendix B- Internal Audit Summary Reports.
- Appendix C – Follow Up Audits for the period October to December 2019
- Appendix D – Performance Indicators 2019-20.
- Appendix E – Gradings issued for the period April to December 2019.
- Appendix F – Percentage coverage for each Department.

**Progress Against Activities Undertaken for the Period 1st October 2019 - 31st December 2019**

The progress against each task undertaken by the Internal Audit Section during the period is as follows:

<b>Internal Control Classification</b>	<p><b>Full Assurance</b> - Minimal or no risks identified.  <b>Reasonable Assurance</b> - Controls appear to be operating effectively, however some weaknesses have been identified.  <b>Limited Assurance</b> - Weaknesses have been identified with an increased risk to the Authority.  <b>No Assurance</b> - Unacceptable risks identified.</p>
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Audit Area	Audit Scope	Grading	Progress / Comments
<b>Resources</b>			
<b>Financial Services</b>			
Budgetary Control - Monitoring	To determine the effectiveness of the internal controls operating with regards to the Budget Monitoring process. A Control Risk Self Assessment (CRSA) methodology has been used for this audit.	Not Applicable	A review commenced in July 2019. Audit planning ongoing.
Bedwellty House & Park Charity Accounts	Independent audit review to provide an annual return for the charity as prescribed by the Charity Commission.	Not Applicable	A review commenced in December 2019. Audit planning ongoing.
Ebbw Vale Recreation Ground Charity Account	Independent audit review to provide an annual return for the charity as prescribed by the Charity Commission.	Not Applicable	A review commenced in December 2019. Audit planning ongoing.
<b>Revenue Services</b>			
Debtors System	To determine the effectiveness of the internal controls operating with regards to the Debtors System . A Control Risk Self Assessment (CRSA) methodology has been used for this audit.	Not Applicable	A review commenced in July 2019. Audit planning ongoing.
Social Services Debtors	To determine the effectiveness of the internal controls operating with regards to the Debtors System for Social Services. A Control Risk Self Assessment (CRSA) methodology has been used for this audit.	Not Applicable	A review commenced in July 2019. Audit planning ongoing.
NNDR	To determine the effectiveness of the internal controls operating with regards to the NNDR process. A Control Risk Self Assessment (CRSA) methodology has been used for this audit.	Not Applicable	A review commenced in July 2019. Audit testing ongoing.
Council Tax	To determine the effectiveness of the internal controls operating with regards to the Council Tax System. A Control Risk Self Assessment (CRSA) methodology has been used for this audit.	Full Assurance	Final report issued in November 2019. No weaknesses were identified.
Property Charges Follow Up	Follow up review to determine the action taken on the weaknesses made as a result of the audit.	Not Applicable	A review commenced in November 2019. Audit testing ongoing.
<b>Audit, Insurance &amp; Risk Management</b>			
Insurance	To determine the effectiveness of the internal controls operating within the Insurance section with regard to Public Liability Claims.	Not Applicable	Draft report issued in September 2019. A meeting is to be arranged to agree and action plan.
<b>Commercial</b>			
<b>Communications</b>			
Social Media Accounts	To determine the effectiveness of the internal controls operating in respect of Social Media Accounts.	Not Applicable	A review commenced in October 2019. Audit testing ongoing.
<b>Customer Services</b>			
Housing Benefits	To determine the effectiveness of the internal controls operating with regards to Housing Benefit System. A Control Risk Self Assessment (CRSA) methodology has been used for this audit.	Not Applicable	A review commenced in September 2019. Audit report being reviewed.
<b>Digital &amp; IT</b>			
Backup and Retention Follow Up	Follow up review to determine the action taken on the weaknesses made as a result of the audit.	Not Applicable	A review commenced in May 2018 to ensure the 6 weaknesses agreed as a result of the audit had been fully implemented 2 weaknesses had been fully implemented, 1 had been partly implemented and 3 had not been implemented. The weaknesses not implemented are detailed in Appendix C attached. The Manager has since agreed appropriate actions to mitigate the outstanding weaknesses.

Procurement			
Purchasing	To determine the effectiveness of the key controls with regard to the Purchasing System to include the Creditor Payments system in each directorate.	Reasonable Assurance	Final report issued in November 2019. 4 weaknesses were identified of which 2 were classified as high risk and 2 were medium risk. The Manager has agreed appropriate actions to mitigate the weaknesses identified.
Bravo CMS Follow Up	Follow up review to determine the action taken on the weaknesses made as a result of the audit.	Not Applicable	A review commenced in November 2019. Audit testing ongoing.
Workforce Management			
Payroll	To determine the effectiveness of the internal controls operating with regards to the Payroll System. A Control Risk Self Assessment (CRSA) methodology has been used for this audit.	Reasonable Assurance	Final report issued in October 2019. 2 weaknesses were identified of which both were classified as high risk. The Manager has agreed an appropriate action to mitigate the weaknesses identified.
Settlement Agreements (18/19)	To determine the effectiveness of the internal controls operating with regard to Settlement Agreements.	Not Applicable	Draft report issued in March 2019, a meeting is to be arranged to agree an action plan.
Health & Safety (18/19)	To determine the effectiveness of the internal controls operating in respect of Health & Safety.	Limited Assurance	Final report issued in October 2019. 4 weaknesses were identified of which all were classified as high risk. The Manager has agreed appropriate actions to mitigate the weaknesses identified. The Internal Audit Summary Report is attached at Appendix B.
Standby Payments	To determine the effectiveness of the internal controls operating in respect of Standby Payments.	Not Applicable	A review commenced in October 2019. Audit testing ongoing.
Legal			
Commercial, Property & Information Governance			
GDPR	To determine the effectiveness of the internal controls operating in respect of the GDPR Corporate Policies	Not Applicable	A review commenced in September 2019. Audit report being reviewed.
Governance			
Performance & Democratic			
Business Planning Improvement & Data	To determine the effectiveness of the Internal Controls with regards to the Business Planning Improvement & Data.	Not Applicable	A review commenced in November 2019. Audit planning ongoing.
Partnership and Policy			
Strategic Policy inc. Welsh Language and Equalities	To determine the effectiveness of the internal controls operating in respect of Welsh Language Policies.	Not Applicable	A review commenced in October 2019. Audit planning ongoing.
Regeneration & Community Services			
Frontline Integrated Services			
Waste Disposal	To determine the effectiveness of the Internal Controls operating with regards to Waste Disposal.	Not Applicable	A review commenced in September 2019. Audit testing ongoing.
Highways Maintenance Follow Up	Follow up review to determine the action taken on the weaknesses made as a result of the audit.	Not Applicable	A review commenced in November 2019. Audit testing ongoing.
Property			
Corporate Landlord - Carbon Reduction Commitment	To determine the effectiveness of the Internal Controls with regards to the Carbon Reduction Commitment process administered by the Authority.	Full Assurance	Final report issued in October 2019. No weaknesses were identified.
Building Cleaning Follow Up	Follow up review to determine the action taken on the weaknesses made as a result of the audit.	Not Applicable	A review commenced in November 2019. Audit testing ongoing.
Development Control			
Planning Policy (incl. LDP)	To determine the effectiveness of the internal controls operating in respect of Planning Policies including the Local Development Plan.	Not Applicable	A review commenced in December 2019. Audit planning ongoing.
Building Control & Dangerous Structures Follow Up	Follow up review to determine the action taken on the weaknesses made as a result of the audit.	Not Applicable	A review commenced in November 2019. Audit testing ongoing.
Estates and Asset Management			
Disposal of Surplus Land	To determine the effectiveness of the internal controls with regard to the Disposal of Surplus Land.	Reasonable Assurance	Final report issued in December 2019. 2 weaknesses were identified of which 1 was classified as high risk and 1 was medium risk. The Manager has agreed appropriate actions to mitigate the weaknesses identified.
Regeneration & Thriving Communities			
General Offices	To determine the effectiveness of the internal controls operating in respect of the processes administered at the General Office.	Not Applicable	A review commenced in November 2019. Audit planning ongoing.



Education			
Education Transformation			
SIMS Functionality	To determine the effectiveness of the internal controls operating in respect of the SIMS Functionality process in schools, as identified as part of the Control Risk Self Assessment process.	Not Applicable	Draft report issued in October 2019. A meeting is to be arranged to agree and action plan.
Schools Purchasing	To determine the effectiveness of the internal controls operating in respect of the Purchasing process in schools, as identified as part of the Control Risk Self Assessment process.	Not Applicable	Draft report issued in November 2019. A meeting is to be arranged to agree and action plan.
River Centre 3-16 Learning Community	To determine the effectiveness of the internal controls operating in respect of the River Centre School.	Not Applicable	Draft report issued in November 2019. A meeting is to be arranged to agree and action plan.
21st Century Schools	To determine the effectiveness of the internal controls operating in respect of the 21st Century Schools Programme.	Not Applicable	Draft report issued in December 2019. A meeting is to be arranged to agree and action plan.
Inclusion Services			
Equalities and Bullying Follow Up	Follow up review to determine the action taken on the weaknesses made as a result of the audit.	Not Applicable	A review commenced in November 2019. Audit testing ongoing.
Social Services			
Adult Services			
Development & Commissioning			
Commissioning	To determine the effectiveness of the internal controls operating in respect of the Commissioning Process within Social Services.	Not Applicable	A review commenced in September 2019. Audit testing ongoing.
Long Term Care			
Community Care	To determine the effectiveness of the internal controls operating in respect of Community Care.	Not Applicable	A review commenced in November 2019. Audit planning ongoing.
Childrens Services			
Safeguarding & 14+			
14+ Team (incl. Leaving Care)	To determine the effectiveness of the internal controls with regard to the 14+ and Leaving Care process.	Full Assurance	Final report issued in October 2019. 1 weakness was identified classified as high risk. The Manager has agreed an appropriate action to mitigate the weakness identified.
General			
General Audit Areas			
Departmental Flexi System Use	To determine the effectiveness of the internal controls with regard to the application of the Flexible Working Scheme policy.	Not Applicable	Draft report issued in November 2019. A meeting is to be arranged to agree and action plan.
Contract Audit - Disaggregation (18/19)	To determine the effectiveness of the internal controls operating in respect of Contract Procedure Rules.	Reasonable Assurance	Final report issued in December 2019. 4 weaknesses were identified of which 3 were classified as high risk and 1 was medium risk. The Manager has agreed appropriate actions to mitigate the weaknesses identified.

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**INTERNAL AUDIT SUMMARY REPORT**

**SYSTEMS AUDIT – CORPORATE HEALTH AND SAFETY**

**1. INTRODUCTION**

- 1.1. This audit was carried out in line with the Internal Audit Plan 2018/19 and in full consultation with operational staff and management.
- 1.2. The scope of the audit was to determine the effectiveness of the internal controls within the Corporate Health and Safety provision to ensure the following:
  - Risk assessments are undertaken throughout the Authority as per the Health and Safety guidance.
  - Accident recording and reporting procedures throughout the Authority are undertaken as per RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).
- 1.3. The audit was conducted by the Principal Auditor and took the form of a series of detailed tests and checks, together with discussions with the Health and Safety Advisors.

**2. SUMMARY OF FINDINGS**

- 2.1. Four weaknesses were identified, all of which were classified as High Risk. Of these weaknesses, two relate to the Health & Safety Section and the remaining two were Corporate. The areas involving the four weaknesses were:
  - The official Risk Assessment Guidelines available to all staff on the Health and Safety intranet page had not been reviewed since January 2014 and contained an incorrect and misleading word.  
Agreed Action – The guidelines have been reviewed and updated accordingly.
  - Risk assessments not being fully undertaken by all areas of the Authority.  
Agreed Action – All Chief Officers have agreed to discuss with the relevant managers the importance of complying with the Policy and to ensure the completion of risk assessments.
  - From the sample of Accident Reporting, the details of seven accidents had not been recorded within the statutory Accident Book within the relevant Section.  
Agreed Action – All Chief Officers have agreed to discuss with the relevant managers the importance of complying with the Policy and to ensure the completion of the statutory Accident Book.
  - For one of the sample of Accident Reporting, the relevant Accident Report had not been received by the H&S Section.  
Agreed Action – The H&S Section will engage with the department who did not notify the Section of an accident and remind them of the importance to undertake this action.

**3. CONCLUSION**

- 3.1. The audit report is produced on an exception basis. Consequently the only points made are where weaknesses have been identified. The samples chosen would not be able to cover every transaction or eventuality; therefore reliance is placed in part on the information and explanations provided by the appropriate officers.

- 3.2. The Organisational Development Manager – Payroll and Health & Safety, has agreed to mitigating actions for the two weaknesses identified within that Section and the relevant Chief Officers have agreed mitigating actions for the other two weaknesses identified.

**4. INTERNAL CONTROL STANDARD GRADING**

- 4.1. In accordance with the standard gradings, the systems examined indicate that the internal controls used within the provision of Corporate Health and Safety appeared to be operating effectively, although as highlighted above, there were a number of areas not complying with the available guidance. The grading is therefore assessed as **'Limited Assurance'**.

**FOLLOW - UP AUDITS - PROGRESS REPORT FOR OUTSTANDING ACTIVITIES FOR THE PERIOD OCTOBER TO DECEMBER 2019**

**APPENDIX C**

The table below provides details of the results of follow-up audits where original audit recommendations/weaknesses have not been implemented:

AREA	ORIGINAL RISK CATEGORY	DESCRIPTION OF WEAKNESS	FINDINGS
<b>COMMERCIAL</b>			
Backup and Retention	High	Non-work related data and private photographs stored within drives.	Confirmed that the Agreed Action had not been implemented, although it is the intention of the SRS ISO to discuss with the SRS Communications Officer about issuing monthly communications to all users regarding their responsibilities of the type of data that can be stored and will: - Schedule file search audits looking for this information across the network drives of all users. - Ensure the Partner ISO will review and report back to SRS ISO for action.
Backup and Retention	High	The failure to undertake regular audits as specified within the Information Backup and Storage Policy.	Confirmed that regular audits have not been undertaken and are yet to be scheduled. A meeting is to be arranged by the relevant officers to discuss implementation timetables, etc. for the audits.
Backup and Retention	High	Areas throughout the Authority were retaining documentation for longer than stated within the Record Retention and Disposal Policy.	It was confirmed that checks were not being undertaken by the Section to ensure that areas are complying with the Record Retention and Disposal Policy.

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INTERNAL AUDIT SECTION

PERFORMANCE INDICATORS 2019/20 - TO 31st DECEMBER 2019

	Performance Indicator	2018/19 Target	2018/19 Actual	2018/19 Actual to Month 9	2019/20 Target	2019/20 Actual to Month 9	RAG Rating
Local PI	Audit Plan Completion %	80%	70.45%	49.13%	75%* 56.25%**	48.14%	Amber
Local PI	% of Agreed Actions for Weaknesses Identified	90%	100%	100%	90%	100%	Green
Local PI	% of Agreed Actions completed after 6 months	80%	80%	100%	80%	70%	Amber
Local PI	% of Audit Clients at least "satisfied" with the service	95%	97%	100%	95%	100%	Green
Local PI	Average number of days taken to issue Final Reports	5 days	1.28 days	1.40%	5 days	2.76 days	Green
Local PI	% of Audits completed within time allocated	75%	91%	95%	75%	84%	Green
Local PI	% of Performance Reviews undertaken within previous 12 months	100%	100%	100%	100%	100%	Green
Local PI	Average number of sick days per person (cumulative average)	5 days	15.83 days	7.00 days	6 days	7.33 days	Red

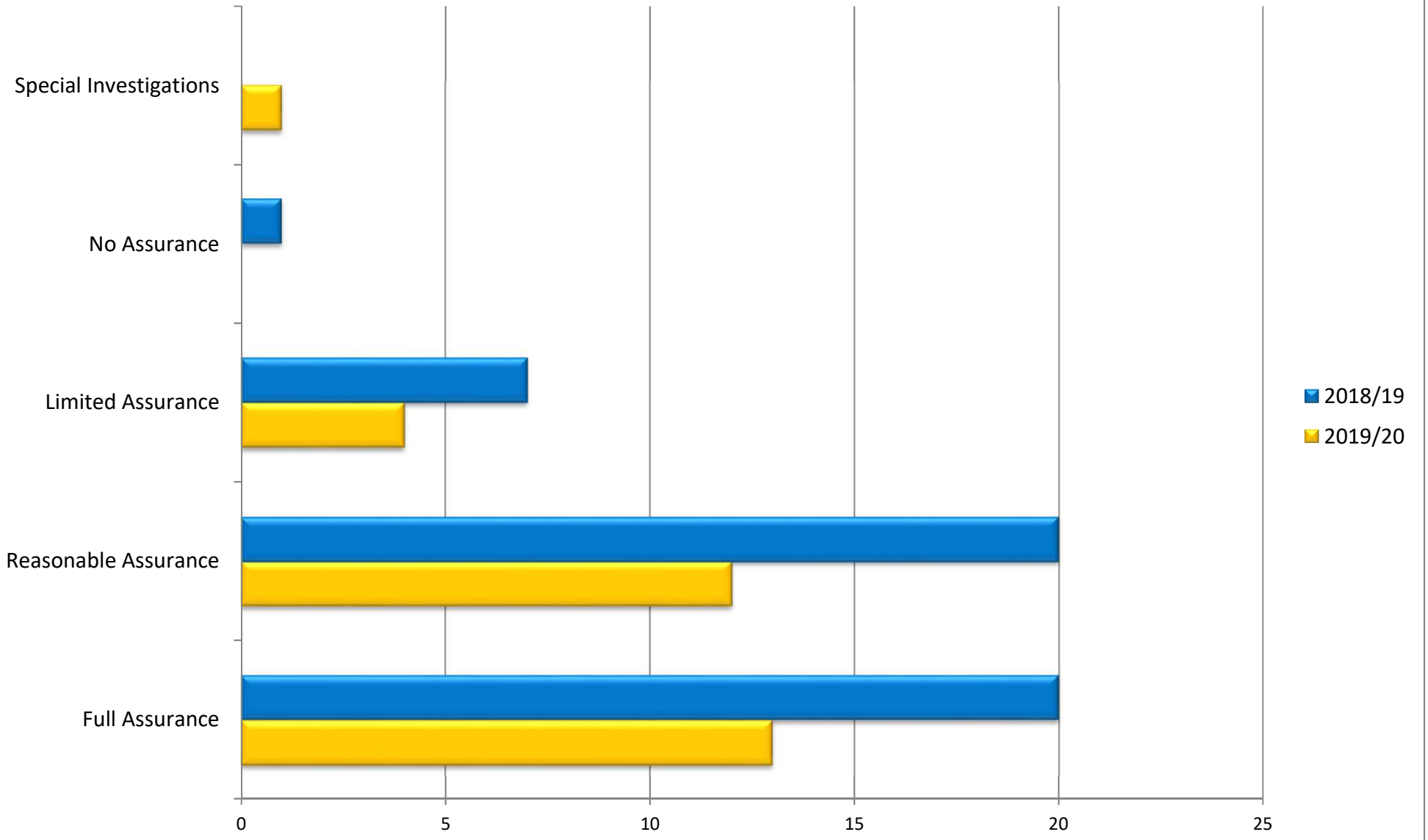
\* Annual Target

\*\* Target to Month 9

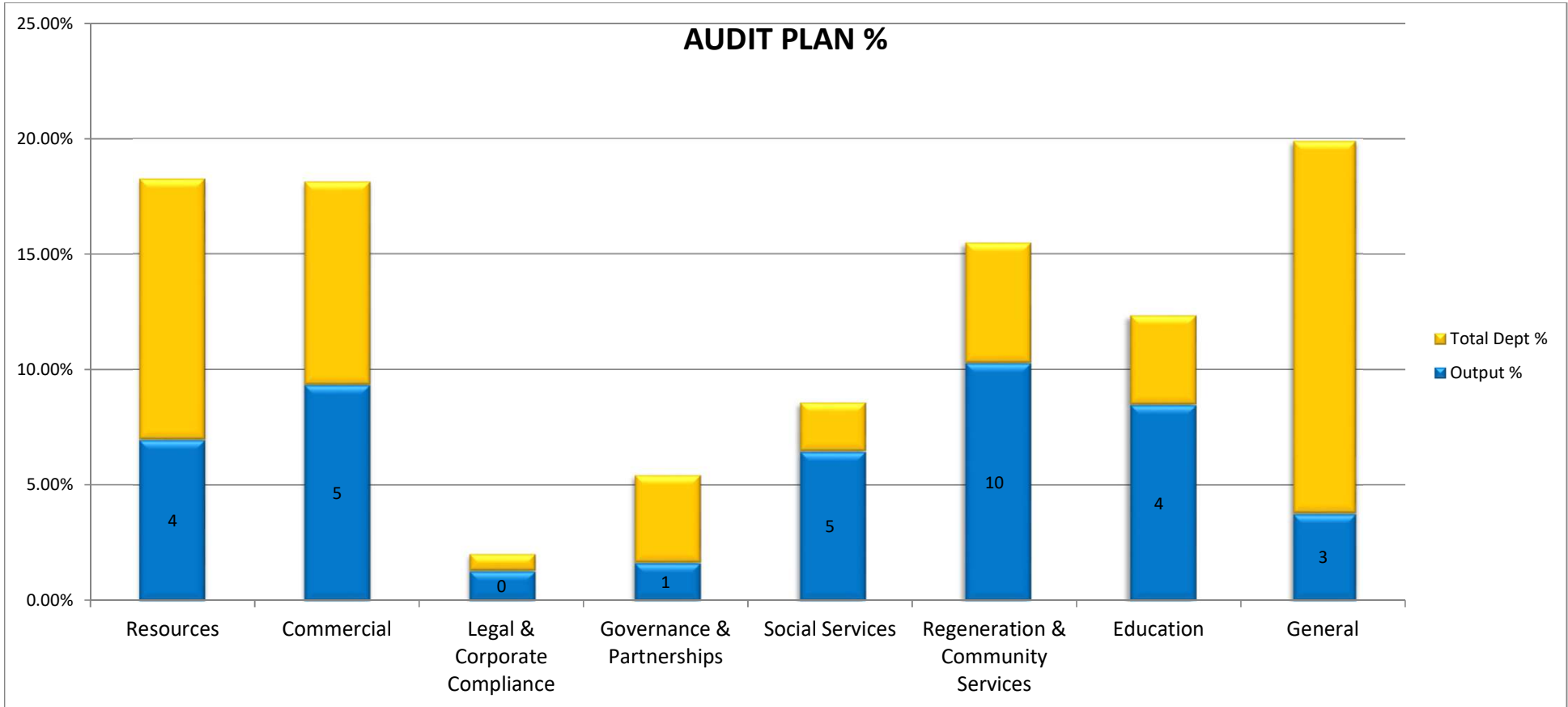
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### Gradings 2018/19 vs 2019/20



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Department	Total Department %	Output %	Completed Audits
Resources	18.24%	6.96%	4
Commercial	18.11%	9.33%	5
Legal & Corporate Compliance	2.01%	1.29%	0
Governance & Partnerships	5.41%	1.64%	1
Social Services	8.55%	6.45%	5
Regeneration & Community Servi	15.47%	10.26%	10
Education	12.33%	8.46%	4
General	19.87%	3.77%	3
<b>Total</b>	<b>100.00%</b>	<b>48.14%</b>	<b>32</b>

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# Agenda Item 6

*Executive Committee and Council only*

Date signed off by the Monitoring Officer:

Date signed off by the Section 151 Officer:

Committee: **Audit Committee**  
Date of meeting: **28<sup>th</sup> January 2020**  
Report Subject: **Wales Audit Office Certificate of Compliance for the Audit of Blaenau Gwent County Borough Council's Assessment of 2018-19 Performance**  
Portfolio Holder: **Cllr Nigel Daniels, Leader / Executive Member Corporate Services**  
Report Submitted by: **Bernadette Elias, Head of Governance and Partnerships**

Reporting Pathway								
Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Audit Committee	Democratic Services Committee	Scrutiny Committee	Executive Committee	Council	Other (please state)
			26.01.20					

## 1. Purpose of the Report

- 1.1 The purpose of the report is to present the Wales Audit Office Certificate of Compliance following the audit of the Council's assessment of 2018-19 performance (attached at Appendix 1).

## 2. Scope and Background

Under the Measure, the Council is required to prepare and publish an assessment which describes its performance:

- in discharging its duty to make arrangement to secure continuous improvement in the exercise of its functions;
- in meeting the improvement objectives, it has set itself;
- by reference to performance indicators specified by Welsh Ministers, and self-imposed performance indicators; and
- in meeting any performance standards specified by Welsh Ministers, and self-imposed standards.

The Measure requires the Council to publish its Assessment of Performance before 31<sup>st</sup> October in the financial year to which it relates.

The Measure requires that the Council has regard to guidance issued by Welsh Ministers in preparing and publishing its assessment.

The WAO certified that, following publication in October 2019, audited Blaenau Gwent County Borough Council's Assessment of Performance in accordance with sections 17 of the Local Government (Wales) Measure 2009 (the Measure) and the Code of Audit Practice. As a result of the audit, the WAO believed that the Council has discharged its duties under section 15(2), (3), (8) and (9) of the Measure and has acted in accordance with Welsh Government guidance sufficiently to discharge its duties.

## 3. Options for Recommendation

- 3.1 It is recommended that that Audit Committee note the compliance certificate dated November 2019.

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**Reference:** 1599A2019-20

**Date issued:** November 2019

## Audit of Blaenau Gwent County Borough Council's assessment of 2018-19 performance

### Certificate

I certify that I have audited Blaenau Gwent County Borough Council's (the Council) assessment of its performance in 2018-19 in accordance with section 17 of the Local Government (Wales) Measure 2009 (the Measure) and my Code of Audit Practice.

As a result of my audit, I believe that the Council has discharged its duties under sections 15(2), (3), (8) and (9) of the Measure and has acted in accordance with Welsh Government guidance sufficiently to discharge its duties.

### Respective responsibilities of the Council and the Auditor General

Under the Measure, the Council is required to annually publish an assessment which describes its performance:

- in discharging its duty to make arrangements to secure continuous improvement in the exercise of its functions;
- in meeting the improvement objectives it has set itself;
- by reference to performance indicators specified by Welsh Ministers, and self-imposed performance indicators; and
- in meeting any performance standards specified by Welsh Ministers, and self-imposed performance standards.

The Measure requires the Council to publish its assessment before 31 October in the financial year following that to which the information relates, or by any other such date as Welsh Ministers may specify by order.

The Measure requires that the Council has regard to guidance issued by Welsh Ministers in publishing its assessment.

As the Council's auditor, I am required under sections 17 and 19 of the Measure to carry out an audit to determine whether the Council has discharged its duty to publish an assessment of performance, to certify that I have done so, and to report whether I believe that the Council has discharged its duties in accordance with statutory requirements set out in section 15 and statutory guidance.

## Scope of the audit

For the purposes of my audit work I will accept that, provided an authority meets its statutory requirements, it will also have complied with Welsh Government statutory guidance sufficiently to discharge its duties.

For this audit I am not required to form a view on the completeness or accuracy of information. Other assessment work that I will undertake under section 18 of the Measure may examine these issues. My audit of the Council's assessment of performance, therefore, comprised a review of the Council's publication to ascertain whether it included elements prescribed in legislation. I also assessed whether the arrangements for publishing the assessment complied with the requirements of the legislation, and that the Council had regard to statutory guidance in preparing and publishing it.

The work I have carried out in order to report and make recommendations in accordance with sections 17 and 19 of the Measure cannot solely be relied upon to identify all weaknesses or opportunities for improvement.



**Adrian Crompton**

**Auditor General for Wales**

CC: Julie James AM – Minister for Housing and Local Government  
Non Jenkins, Manager  
Charlotte Owen, Performance Audit Lead



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