

Public Document Pack

Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

Bridgend County Borough Council



Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont, CF31 4WB / Civic Offices, Angel Street, Bridgend, CF31 4WB

*Rydym yn croesawu gohebiaeth yn Gymraeg.
Rhowch wybod i ni os mai Cymraeg yw eich
dewis iaith.*

*We welcome correspondence in Welsh. Please
let us know if your language choice is Welsh.*



Annwyl Cyngorydd,

PWYLLGOR ARCHWILIO

Cynhelir Cyfarfod Pwyllgor Archwilio yn Ystafelloedd Pwyllgor 2/3 - Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont ar Ogwr CF31 4WB ar **Dydd Iau, 13 Rhagfyr 2018 am 14:00.**

AGENDA

1. Ymddiheuriadau am absenoldeb
Derbyn ymddiheuriadau am absenoldeb gan Aelodau.
2. Datganiadau o fuddiant
Derbyn datganiadau o ddiddordeb personol a rhagfarnol (os o gwbl) gan Aelodau / Swyddogion yn unol â darpariaethau'r Cod Ymddygiad Aelodau a fabwysiadwyd gan y Cyngor o 1 Medi 2008
3. Cymeradwyaeth Cofnodion 3 - 10
I dderbyn am gymeradwyaeth y Cofnodion cyfarfod y 15/11/18
4. Llythyr Archwilio Blynnyddol 2017-18 11 - 16
5. Archwiliad o Berfformiad 2017-18 17 - 20
6. Swyddfa Archwilio Cymru Adroddiad Diagnostig Risg Digidol 21 - 34
7. Diweddariad Cronfa Gweithredu yn y Gymuned 2017-18 35 - 42
8. Rheolaeth Risg 43 - 46
9. Adroddiad Archwilio – Adolygiad Sefydliad Iach – Diweddariad ar Cynllun Gweithredu 47 - 50
10. Adroddiad Archwilio - Dilyniant Rheolaeth Gwybodaeth 51 - 72
11. Rhaglen Waith i Ddod a Ddiweddarwyd 2018-19 73 - 76
12. Materion Brys

By receiving this Agenda Pack electronically you will save the Authority approx. £1.52 in printing costs

To consider any other items(s) of business in respect of which notice has been given in accordance with Rule 4 of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.

13. Gwahardd y Cyhoedd

Nid oedd y cofnodion sy'n ymwneud â'r eitem canlynol yn cael eu cyhoeddi, gan fod eu bod yn cynnwys gwybodaeth eithriedig fel y'i diffinnir ym Mharagraffau 12,13 a 18 o Ran 4 a Pharagraff 21 o Ran 5, Atodlen 12A, Deddf Llywodraeth Leol 1972, fel y'i newidiwyd gan Orchymyn Llywodraeth Leol (Cymru) 2007 (Mynediad at Wybodaeth) (Amrywio).

Os, yn dilyn cymhwyso'r prawf budd y cyhoedd yn yr Is-Bwyllgor yn penderfynu yn unol â'r Ddeddf i ystyried yr eitem hyn yn breifat, bydd y cyhoedd yn cael eu gwahardd o'r cyfarfod yn ystod ystyriaeth o'r fath.

14. Cymeradwyaeth Cofnodion wedi'u Eithrio

77 - 78

I dderbyn am gymeradwyaeth y Cofnodion wedi'u Eithrio cyfarfod y 15/11/18

Yn ddiffuant

K Watson

Pennaeth Gwasanaethau Cyfreithiol a Rheoleiddiol

Dosbarthiad:

Cynghorwyr

CA Green

JE Lewis

MJ Kearn

B Sedgebeer

Cynghorwyr

RM Granville

LM Walters

A Williams

AJ Williams

Cynghorwyr

PA Davies

P Davies

TH Beedle

T Giffard

Aelod Lleyg:

J Williams

PWYLLGOR ARCHWILIO - DYDD IAU, 15 TACHWEDD 2018

COFNODION CYFARFOD Y PWYLLGOR ARCHWILIO A GYNHALIWIYD YN
YSTAFELLOEDD PWYLLGOR 2/3 - SWYDDFEYDD DINESIG, STRYD YR ANGEL, PEN-Y-
BONT AR OGWR CF31 4WB DYDD IAU, 15 TACHWEDD 2018, AM 14:00

Presennol

Y Cynghorydd A Williams – Cadeirydd

JE Lewis
PA Davies

RM Granville
P Davies

LM Walters
TH Beedle

AJ Williams
T Giffard

Ymddiheuriadau am Absenoldeb

MJ Kearns

Swyddogion:

Helen Smith
Mary Williams
Andrew Rees
Gill Lewis
Lynne Berry

Prif Archwilydd Mewnol
Rheolwr Grŵp - Phrif Gyfrifydd
Uwch Swyddog Gwasanaethau Democrataidd - Pwyllgorau
Pennaeth Cyllid a Swyddog 151 Dros Dro
Rheolwr Grŵp Adfywio Tai a Chymuned

Aelod Lleyg:

Josephine Williams

81. DATGANIADAU O FUDDIANT

Cyhoeddodd y Cynghorydd JE Lewis fod ganddo ddi-ddordeb personol yn agenda eitem 13 - Cymeradwyo Cofnodion Eithriedig am fod ei hŵyr yn mynychu Dechrau'n Deg. Tynnodd y Cynghorydd Lewis yn ôl o'r cyfarfod yn ystod y drafodaeth honno.

82. CYMERADWYO'R COFNODION

PENDERFYNWYD: Bod cofnodion cyfarfod y Pwyllgor Archwilio ar 6 Medi 2018 yn cael eu cymeradwyo fel cofnod gwir a manwl, yn amodol ar ddiwygio'r penderfyniad yng Nghofnod rhif. 74 sef "Bod y Pwyllgor wedi ystyried a nodi'r cynnydd a wnaed mewn perthynas â'r Cynllun Archwilio Allanol" gan newid y geiriau i "Bod y Pwyllgor wedi cytuno i dderbyn y cynnydd a wnaed mewn perthynas â'r Cynllun Archwilio Allanol".

83. ADRODDIAD SWYDDFA ARCHWILIO CYMRU (SAC) AR BERSBECTIF DEFNYDDWYR Y GWASANAETH O GRANTIAU CYFLEUSTERAU I'R ANABL

Cyflwynodd y Pennaeth Cyllid a'r Swyddog Adran 151 adroddiad Swyddfa Archwilio Cymru ar Bersbectif Defnyddwyr y Gwasanaeth o Grantiau Cyfleusterau i'r Anabl o fewn yr awdurdod.

Adroddodd Martin Gibson a oedd yn cynrychioli Swyddfa Archwilio Cymru ei fod wedi cwblhau gwaith yn 2017-18 i ddeall persbectif defnyddwyr y gwasanaeth o Grantiau Cyfleusterau i'r Anabl ym mhob Cyngor yng Nghymru. Nododd mai casgliad cyffredinol yr adroddiad oedd bod y rhan fwyaf o ddefnyddwyr gwasanaethau yn hapus gyda'r gwasanaeth addasiadau tai, ond nad oedd y Cyngor yn sicrhau'r cyfleoedd mwyaf posibl

i wella'r gwasanaeth a darparu gwerth am arian. Cafodd pum cynnig am welliant eu nodi yn dilyn yr adolygiad.

Holodd y Pwyllgor a yw defnyddwyr gwasanaethau yn cael cyfle i werthuso'r gwaith pan fo'r contractwr adeiladu yn dal i wneud addasiadau neu a allant gael y contractwr i ddychwelyd i'r eiddo'n gyflym i gywiro problemau a namau. Dywedodd cynrychiolydd SAC wrth y Pwyllgor fod gwerthusiad yn cael ei gynnal ar ôl cwblhau'r addasiadau. Nododd fod Gofal a Thrwsio Pen-y-bont ar Ogwr yn ymgymryd â dau draean o waith addasu a bod defnyddwyr gwasanaethau yn derbyn arolwg bodlonrwydd o'r addasiadau a wnaed, sy'n cael eu gwerthuso wedi hynny. Mae traean o ddefnyddwyr gwasanaethau nad ydynt yn defnyddio Gofal a Thrwsio ac mae SAC yn credu y dylai'r awdurdod gryfhau ei drefniadau gwerthuso. Gwnaeth y Rheolwr Grŵp Tai hysbysu'r Pwyllgor fod arolwg o ddefnyddwyr gwasanaethau nad ydynt yn defnyddio gwasanaethau Gofal a Thrwsio yn cael ei gynnal. Mae'r mwyafrif o'r ymatebion a dderbyniwyd yn gadarnhaol ac mae'r addasiadau wedi gwneud gwahaniaeth i fywydau defnyddwyr gwasanaethau. Nododd fod y syrferwyr yn gwneud archwiliadau terfynol yn y cyfamser o'r addasiadau a wnaed gan gontractwyr a bod y syrferwyr yn rhan o'r Tim Grant Cyfleusterau i'r Anabl (DFG). Hysbysodd y Pwyllgor fod angen cryfhau'r trefniadau i werthuso addasiadau, lle mae defnyddwyr gwasanaethau yn comisiynu contractwyr annibynnol i ymgymryd â'r addasiadau.

Gofynnodd y Pwyllgor a yw defnyddwyr gwasanaethau yn ymwybodol o gost yr addasiadau. Gwnaeth y Rheolwr Grŵp Tai hysbysu'r Pwyllgor y bydd yr asiant yn darparu Rhestr Feintiau a fydd yn nodi cost yr addasiadau. Caiff ymgeiswyr brawf modd ac efallai bydd yn ofynnol iddynt wneud cyfraniad tuag at gost yr addasiadau. Bydd ymgeiswyr yn cael dewis o ran pa asiantau y dymunant ymgysylltu â nhw. Nododd fod Gofal a Thrwsio yn adnabyddus iawn ac wedi'i sefydlu er mwyn cyflawni'r gwaith addasu. Mae angen i'r defnyddwyr gwasanaethau sy'n defnyddio eu hasiantau eu hunain gael o leiaf dau ddyfynbris ar gyfer yr addasiadau.

Cyfeiriodd y Pwyllgor at absenoldeb rhestr o gontractwyr cymeradwy a holodd a yw'r awdurdod yn cysylltu ag awdurdodau lleol cyfagos. Gwnaeth y Rheolwr Grŵp Tai hysbysu'r Pwyllgor fod yr awdurdod yn cysylltu â Chynghorau Caerdydd a Chastell-nedd Port Talbot i edrych ar arferion da er mwyn adolygu arferion yr awdurdod.

Ystyriodd y Pwyllgor y dylid creu rhestr o'r adeiladwyr proffesiynol sy'n gallu cyflawni gwaith addasu i leihau'r perygl o grefftwaith diffygiol. Nododd y Rheolwr Grŵp Tai eu bod yn edrych ar system fwy cadarn o fonitro contractwyr er mwyn lleihau'r perygl ac i weld a allai'r Adran weithio'n agos gydag Adran Landlord Corfforaethol y Cyngor.

Gofynnodd y Pwyllgor a yw'n ofynnol i gontractwyr weithio yn unol ag amserlen gytunedig. Dywedodd y Rheolwr Grŵp Tai wrth y Pwyllgor y bydd yn rhaid i gontractwyr raglennu gwaith, er efallai y bydd oedi anochel i waith sydd ar gychwyn. Nododd y byddai disgwyl i gontractwyr ddisgwyl cychwyn ar yr addasiadau a chwblhau'r gwaith o fewn blwyddyn i gymeradwyaeth y Grant Cyfleusterau i'r Anabl. Gwneir taliadau dros dro i gontractwyr yn dibynnu ar werth y gwaith a rhaid bod pob tystysgrif cwblhau yn ei lle cyn gwneud y taliad terfynol.

Cyfeiriodd y Pwyllgor at nifer y dyddiau a gymerwyd i ddarparu DFG, sydd ar gyfartaledd yn cymryd 300 diwrnod, a holodd a oedd hyn o ganlyniad i'r ffaith bod nifer o asiantaethau'n cael eu defnyddio. Nododd y Rheolwr Grŵp Tai fod angen symleiddio prosesau ac y bydd defnyddio asiantaeth yn ychwanegu haen i'r broses. Nododd hefyd mai un o rwystredigaethau'r swyddogion yw'r anghysondeb wrth gofnodi dangosyddion perfformiad gan awdurdodau lleol. Dywedodd cynrychiolydd SAC fod gan SAC bryderon ynghylch cofnodi'r dangosydd perfformiad ar gyfer y DFG, sydd heb ei archwilio.

Gwnaeth y Pwyllgor gais y dylai astudiaethau achos gael eu cynnal lle mae eiddo wedi manteisio ar y DFG. Nododd y Rheolwr Grŵp Tai y byddai astudiaethau achos yn cael eu cynnal a'u hadrodd i'r Pwyllgor er gwybodaeth.

Gofynnodd y Pwyllgor a fyddai argymhellion SAC yn cael eu plethu i'r adolygiad o'r DFG. Nododd y Rheolwr Grŵp Tai fod y DFG yn un math o grant ac y byddai'r adolygiad yn edrych ar y mathau eraill o grantiau sydd ar gael ac yn archwilio dulliau gwell o weithio gyda'r Gwasanaethau Cymdeithasol. Mae rhai systemau eisoes ar waith gyda'r Gwasanaethau Cymdeithasol ond mae angen i'r systemau hynny gael eu hadolygu i greu gwell trefniadau gweithio gyda Therapyddion Galwedigaethol.

Holodd y Pwyllgor a fyddai SAC yn ailedrych ar yr adolygiad o'r DFG. Nododd cynrychiolydd SAC fod cynlluniau'n cael eu datblygu gyda'r Pennaeth Cyllid. Nododd y Pennaeth Cyllid y byddai adroddiad yn cael ei gyflwyno i'r Pwyllgor i ddarparu cynllun gweithredu mewn perthynas â'r argymhellion yn SAC.

Cwestiynodd y Pwyllgor a yw cwynion a chanmoliaethau'n cael eu cofnodi. Nododd y Rheolwr Grŵp Tai y cedwir cofnod o bryderon ac ni fydd taliadau'n cael eu gwneud nes y bydd y gwaith wedi'i gwblhau'n foddhaol.

Mewn ymateb i gwestiwn gan y Pwyllgor, nododd y Rheolwr Grŵp Tai y byddai'n hysbysu'r Pwyllgor o'r ffi a dalwyd i'r asiant i gefnogi'r defnyddiwr gwasanaeth drwy'r broses adeiladu.

PENDERFYNWYD: Bod y Pwyllgor wedi nodi Adroddiad SAC ar Bersbectif Defnyddwyr y Gwasanaeth o Grantiau Cyfleusterau i'r Anabl.

84. DIWEDDARIAD AR WAITH PERFFORMIAD SWYDDFA ARCHWILIO CYMRU 2018/19

Cyflwynodd y Pennaeth Cyllid a Swyddog Adran 151 yr adroddiad diweddar ar Raglen Archwilio Perfformiad 2018-19 gan Swyddfa Archwilio Cymru.

Cyflwynodd Samantha Clements a oedd yn cynrychioli Swyddfa Archwilio Cymru, ddiweddariad ar y rhaglen waith archwilio perfformiad yn Hydref 2018 a oedd yn amlinellu'r gwaith a wnaed yn y Cyngor gan neu ar ran yr Archwilydd Cyffredinol. Nododd y byddai SAC yn adrodd ar Risgiau Digidol; yr Archwiliad o'r Cynllun Gwella 2018-19; Archwiliad Perfformiad; yr Adroddiad Gwella Blynyddol a Chynllunio a Thrawsnewid Ariannol. Byddai SAC yn archwilio egwyddorion datblygu cynaliadwy y Rhaglen Buddsoddi ym Mhorthcawl ac yn adolygu'r trefniadau y mae'r Cyngor wedi'u rhoi ar waith i ddarparu gwasanaethau iechyd yr amgylchedd ac effeithiolrwydd trefniadau diogelwch corfforaethol y bwriadwyd eu cwblhau yng ngwanwyn 2019. Bydd adroddiad ar ddefnyddio data'n effeithiol yn cael ei gyflwyno i'r Pwyllgor fis nesaf.

Nododd cynrychiolydd Swyddfa Archwilio Cymru fod llythyr wedi'i anfon at y Prif Weithredwr ynglŷn â pharatoadau'r Cyngor ar gyfer Brexit mewn perthynas â chyllid, y gweithlu a goblygiadau rheoliadol a dyletswyddau'r Cyngor i fodloni gofynion Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015.

Cwestiynodd y Pwyllgor y ffordd y mae astudiaethau'r llywodraeth leol yn cael eu dewis. Hysbysodd cynrychiolydd SAC y Pwyllgor y bydd yr Archwilydd Cyffredinol yn gwneud gwaith ar themâu ac yn dewis y rhai a fydd yn cael yr effaith fwyaf. Cwestiynodd y Pwyllgor y rhesymau dros ddewis awdurdodau lleol penodol yn astudiaethau'r llywodraeth leol. Gwnaeth cynrychiolydd SAC hysbysu'r Pwyllgor yr ystyrir gwybodaeth fewnol yn ogystal â chyngor rhanddeiliaid ac arferion da wrth ddethol awdurdodau lleol sy'n cael eu dewis ar gyfer astudiaethau llywodraeth leol. Dywedodd y Pennaeth Cyllid a Swyddog Adran 151 fod y themâu ar draws llywodraeth leol yn debyg a bod

PWYLLGOR ARCHWILIO - DYDD IAU, 15 TACHWEDD 2018

swyddogion perthnasol yn ystyried bod y canfyddiadau'n gymwys i'r Cyngor hwn eu mabwysiadu hyd yn oed pe na bai'r Cyngor hwn yn rhan o'r astudiaeth beilot ac y dylid cyflwyno adroddiad i'r Pwyllgor ar y canfyddiadau hynny.

PENDERFYNWYD: (1) Bod y Pwyllgor yn nodi diweddariad ar raglen waith archwilio perfformiad SAC ar gyfer Hydref 2018;

(2) Y dylid cyflwyno adroddiad i'r Pwyllgor ar ganfyddiadau astudiaethau'r llywodraeth leol.

85. **ADRODDIAD GWELLA BLYNYDDOL (AIR) SWYDDFA ARCHWILIO CYMRU 2017-18 CYNGOR BWRDEISTREF SIROL PEN-Y-BONT AR OGWR**

Cyflwynodd y Pennaeth Cyllid a Swyddog Adran 151 yr Adroddiad Gwella Blynyddol (AIR) 2017-18 gan yr Archwilydd Cyffredinol.

Cyflwynodd Samantha Clements a oedd yn cynrychioli Swyddfa Archwilio Cymru, adroddiad gwella blynyddol yr Archwilydd Cyffredinol. Roedd yr Archwilydd Cyffredinol wedi ymgymryd â gwaith asesu gwelliannau ym mhob cyngor yn 2017-18 yn ogystal â gwaith mewn perthynas â Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Nododd fod yr Adroddiad Gwella Blynyddol yn cynnwys crynodeb o'r astudiaethau cenedlaethol a wnaed gan SAC yn ystod y flwyddyn gydag argymhellion y mae angen i'r holl awdurdodau lleol gyfeirio atynt. Nododd hefyd, yn gyffredinol, fod y casgliad yn gadarnhaol a bod y Cyngor yn bodloni ei ofynion statudol mewn perthynas â gwelliant parhaus, ar sail y gwaith a wnaed gan Swyddfa Archwilio Cymru a rheolyddion perthnasol. Credodd yr Archwilydd Cyffredinol fod y Cyngor yn debygol o gydymffurfio â gofynion Mesur y Llywodraeth Leol 2009 yn ystod 2018-19.

Adroddodd ar brif ganfyddiadau'r prosiectau canlynol yr ymgwymerwyd â hwy a chyflwynodd y prif ganfyddiadau o dan bob prosiect:

- Adolygiad 'Craffu: Addas ar gyfer y Dyfodol?'
- Llythyr Archwiliad Blynyddol 2016-17
- Archwiliad o'r Cynllun Gwella Blynyddol
- Asesiad Blynyddol o'r Archwiliad Perfformiad

Adroddodd cynrychiolydd Swyddog Archwilio Cymru fod argymhellion adroddiad cenedlaethol wedi'u gwneud mewn perthynas â'r canlynol:

- Cynllunio Arbedion mewn Cyngorau yng Nghymru
- Caffael Cyhoeddus yng Nghymru
- Llywodraethu da wrth benderfynu ar newidiadau sylweddol - Crynodeb Cenedlaethol
- Adroddiadau Ariannol Llywodraeth Leol 2016-17
- Sut mae'r Llywodraeth Leol yn rheoli'r galw - Digartrefedd
- Addasiadau Tai
- Siarad fy iaith: Goresgyn rhwystrau iaith a chyfathrebu mewn gwasanaethau cyhoeddus
- Myfyrio ar y Flwyddyn Gyntaf: Sut y mae cyrff cyhoeddus wedi ymateb i'r Ddeddf Llesiant Cenedlaethau'r Dyfodol
- Comisiynu Strategol mewn perthynas â Gwasanaethau Llety i Oedolion ag Anableddau Dysgu

Mynegwyd pryder gan y Pwyllgor ynglŷn â sut y gallai'r swyddogaeth graffu fod yn fwy arloesol.

Holodd y Pwyllgor sut y gallai gael gwell dealltwriaeth o natur gritigol argymhellion yr adroddiad cenedlaethol a sut y byddai angen i'r Cyngor roi'r argymhellion ar waith yn y ffordd orau. Gwnaeth Martin Gibson o Swyddfa Archwilio Cymru hysbysu'r Pwyllgor na fydd angen i'r Cyngor hwn weithredu ar yr argymhellion cenedlaethol o bosibl.

PENDERFYNWYD: Bod y Pwyllgor yn nodi Adroddiad Gwella Blynyddol 2017-18 a gynhyrchwyd gan Swyddfa Archwilio Cymru.

86. ADRODDIAD HANNER BLWYDDYN 2018-19 – RHEOLI TRYSORLYS

Cyflwynodd y Rheolwr Grŵp - y Prif Gyfrifydd adroddiad yn diweddarau'r Pwyllgor ar yr adolygiad canol blwyddyn a'r sefyllfa alldro hanner blwyddyn ar gyfer gweithgareddau rheoli'r trysorlys, Dangosyddion Darbodus a Rheoli Trysorlys ar gyfer 2018-19 a chyfeiriodd at gydymffurfiaeth â pholisïau ac arferion y Cyngor a oedd wedi'i adrodd i'r Cabinet a'r Cyngor.

Esboniodd y Rheolwr Grŵp - y Prif Gyfrifydd fod y Pwyllgor yn gyfrifol am sicrhau dull craffu effeithiol ar Strategaeth Rheoli'r Trysorlys (TMS) a pholisïau. Ychwanegodd fod Llywodraeth Cymru wedi cyflwyno Canllawiau diwygiedig ar Fuddsoddiadau Awdurdodau Lleol yn Ebrill 2010 a oedd yn ei gwneud yn ofynnol i'r Cyngor gymeradwyo Strategaeth Fuddsoddi cyn dechrau pob blwyddyn ariannol ac roedd hyn wedi'i gynnwys yn y TMS.

Adroddodd y Rheolwr Grŵp - y Prif Gyfrifydd fod y Cyngor wedi cydymffurfio â'i anghenion deddfwriaethol a rheoliadol yn ystod hanner cyntaf 2018-19. Adroddwyd TMS 2018-19 a'r Alldro Hanner Blwyddyn i'r Cyngor ar 28 Chwefror a 24 Hydref 2018, yn y drefn honno. Cyflwynodd grynodedb o weithgareddau rheoli'r trysorlys ar gyfer hanner cyntaf 2018-19. Nid oedd y Cyngor wedi ymgymryd â benthycia hirdymor ers mis Mawrth 2012 ac nid oedd disgwyl y byddai angen unrhyw fenthyciad newydd hirdymor yn 2018-19, fodd bynnag at ddibenion llif arian, ymgymrir â benthycia tymor byr a chymerwyd benthyciad tymor byr o £3 miliwn a'i ad-dalu rhwng 1 Ebrill a 30 Medi. Roedd llifau arian ffafriol wedi darparu cronfeydd dros ben ar gyfer buddsoddi ac roedd y balans ar fuddsoddiadau ar 30 Medi 2018 yn £34.30 miliwn gyda chyfradd llog gyfartalog o 0.81% a oedd yn cyfateb i £126k.

Gwnaeth y Rheolwr Grŵp - y Prif Gyfrifydd hysbysu'r Pwyllgor fod y Cyngor wedi agor Cronfeydd Marchnad Arian (MMF) yn Awst 2017 ac wedi agor MMFs ychwanegol ym mis Medi 2018. Roedd hefyd wedi sefydlu porth ar y we (heb ddim cost i'r Cyngor) i symleiddio a chyflwyno effeithlonrwydd i'r holl agweddau ar MMF o gynnal cyfrifon i fasnachu ac adrodd. Hysbysodd y Pwyllgor hefyd am gyfradd elw gyfartalog y Cyngor ar fuddsoddiadau ac roedd cyfradd elw gyfartalog y Cyngor ar fuddsoddiadau yn fwy ffafriol na chyfartaledd cleientiaid Awdurdod Lleol Arlingclose yng Nghymru.

PENDERFYNWYD: Bod y Pwyllgor yn nodi gweithgareddau rheoli'r trysorlys ar gyfer 2018-19 ar gyfer y cyfnod o 1 Ebrill 2018 i 30 Medi 2018 a'r Dangosyddion Darbodus a Rheoli Trysorlys a ragamcanwyd ar gyfer 2018-19 a gafodd eu hadrodd i'r Cyngor ar 24 Hydref 2018.

87. ADRODDIAD ARCHWILIO DILYNOL AR REOLI GWYBODAETH

Adroddodd y Prif Archwilydd Mewnol ar yr archwiliad dilynol o'r adolygiad Rheoli Gwybodaeth a gynhaliwyd gan Bartneriaeth Archwilio'r De-orllewin ar ran Cydwasanaeth Archwilio Mewnol y Cyngor, ac a ffurfiodd ran o Gynllun Archwilio 2017/18.

Hysbysodd y Pwyllgor fod Rheoli Gwybodaeth yn agwedd bwysig ar lywodraethu ar gyfer sefydliad. Bydd dull effeithiol o reoli gwybodaeth yn hwyluso a chefnogi gwaith effeithlon, gwneud penderfyniadau gwell, gwell gwasanaeth cwsmeriaid a thrawsnewid busnes i hwyluso'r ddarpariaeth o brif flaenoriaethau ac amcanion. Nododd fod yr argymhellion ar gyfer gwella wedi'u hadolygu gyda'r rheolwr perthnasol a chyflwynwyd ymateb gan reolwyr ar gyfer pob maes sydd angen sylw.

Adroddodd y Prif Archwilydd Mewnol fod y sicrwydd dros gynnal adolygiad dilynol o Reoli Gwybodaeth wedi'i adolygu fel Barn Sicrwydd Canolig ar y cyfan. Nododd, oherwydd y cyfnod rhwng cwblhau'r adolygiad dilynol a'i gyflwyno i'r Pwyllgor hwn, bod y meysydd gwasanaeth perthnasol wedi gweithredu nifer sylweddol o'r argymhellion a wnaed a bod angen cyflwyno gwybodaeth yn fwy prydlon i'r Pwyllgor hwn.

Mewn ymateb i gwestiwn gan y Pwyllgor am wybodaeth am y Bwrdd Gweithredu a'r Bwrdd Llywodraethu GDPR, nododd y Prif Archwilydd Mewnol y byddai'n rhoi manylion am gyfansoddiad, cylch gorchwyl ac amllder cyfarfodydd y Byrddau hynny i'r Pwyllgor.

Holodd y Pwyllgor pryd fydd y Strategaeth Rheoli Gwybodaeth a'r Cynllun Parhad Busnes ac Adfer ar ôl Trychineb yn cael eu hadolygu a phwy fydd yn gyfrifol am y camau fydd yn codi. Gwnaeth y Prif Archwilydd Mewnol hysbysu'r Pwyllgor fod yr Archwiliad Mewnol wrthi'n terfynu adroddiad ar Barhad Busnes, a dylai'r canlyniad gael ei adrodd o fewn yr adroddiad alldro nesaf. Cedwir briff gwylio ar yr argymhellion hynny a geir o fewn yr adolygiad dilynol o Reoli Gwybodaeth, er, oherwydd amseroldeb yr adroddiad, roedd llawer o'r argymhellion wedi'u rhoi ar waith.

Ystyriodd y Pwyllgor y dylai swyddogion gael perchenogaeth dros yr argymhellion ac y dylid priodoli'r cyfrifoldeb i'r meysydd priodol ac nid i'r swyddogaeth archwilio. Cyfeiriodd y Pwyllgor at y gydymffurfiaeth â'r broses o ddiddymu'r Rhwydwaith Gwasanaethau Cyhoeddus (PSN) yn raddol ond y byddent yn glynu ato hyd nes bod y Cyngor yn peidio â defnyddio gwasanaethau drwy'r PSN mwyach a bod y Rheolwr Grŵp yn fodlon bod y PSN yn cael ei ddisodli gan 'Cyber Essentials Plus'. Nododd y Prif Archwilydd Mewnol fod yr adran TGCh wedi gweithio ar yr argymhellion PSN ac yn ymwybodol o ddifrifoldeb yr argymhellion a'i bod yn darparu ar Cyber Essentials Plus. Ystyriodd y Pwyllgor fod angen i argymhellion gael eu gweithredu a'u hadrodd yn fwy rhagweithiol yn y dyfodol.

PENDERFYNWYD: Bod y Pwyllgor yn ystyried cynnwys yr Adolygiad Dilynol o Sefydliad Iach a'r camau sydd wedi'u cymryd eisoes i fynd i'r afael â'r meysydd hynny sydd angen sylw, ac y gofynnir i'r Rheolwr Grŵp TGCh fynychu cyfarfod nesaf y Pwyllgor i gyflwyno adroddiad yn cyfeirio at y camau gweithredu mewn perthynas â Rheoli Gwybodaeth.

88. ARCHWILIAD MEWNOL – ADRODDIAD ALLDRO – MIS EBRILL I FIS MEDI 2018

Adroddodd y Prif Archwilydd Mewnol ar berfformiad yr Archwiliad Mewnol yn erbyn y Cynllun Archwilio ar gyfer y cyfnod o fis Ebrill i fis Medi 2018. Esboniodd god Cynllun Archwilio Mewnol 2018/19 wedi'i gyflwyno i'r Pwyllgor Archwilio i'w gymeradwyo ar 26 Ebrill 2018, a bod y Cynllun yn darparu ar gyfer cyfanswm o 1000 o ddiwrnodau cynhyrchiol o fis Ebrill 2018 i fis Mawrth 2019. Rhannwyd y diwrnodau yn adolygiadau Blaenoriaeth 1 a Blaenoriaeth 2 gyda'r bwriad o gwblhau'r cynllun cyfan erbyn diwedd y flwyddyn ariannol.

Adroddodd y Prif Archwilydd Mewnol ar y cynnydd gwirioneddol yn erbyn Cynllun ar sail Risg 2018/19 a oedd yn nodi'r adolygiadau hynny nad oeddent wedi cael eu dyrannu eto yn y chwarteri priodol a'r adolygiadau hynny a gafodd eu dwyn ymlaen o chwarteri yn y

dyfodol. Gwnaeth y Prif Archwilydd Mewnol hysbysu'r Pwyllgor fod strwythur cyffredinol yr Adran yn parhau i fod yn seiliedig ar 14 swydd cyfwerth ag amser llawn a bod yr Adran yn parhau i fod â swyddi gwag. Nododd fod yr ymgyrch recriwtio ddiweddaraf wedi bod yn llwyddiannus iawn gan lenwi pob swydd wag archwilydd ac un swydd uwch. Dechreuodd yr aelodau newydd hyn o staff ar eu swyddi yn y gwasanaeth ym mis Awst 2018 ac roeddent yn ymsefydlu'n dda yn eu rolau newydd. Roedd gwasanaethau Partneriaeth Archwilio'r De-orllewin wedi eu comisiynu unwaith eto i fynd i'r afael yn rhannol â'r diffyg mewn diwrnodau sy'n angenrheidiol i gwblhau'r cynllun ac roedd hyn yn debygol o barhau trwy gydol y flwyddyn ariannol hon.

Adroddodd y Prif Archwilydd Mewnol ar fanylion yr adolygiadau hynny a oedd wedi'u cwblhau yn ystod y cyfnod a'u perfformiad. Yn ystod y cyfnod, dim ond un adolygiad a nododd wendidau sylweddol yn y system rheoli mewnl hyd yn hyn, a gafodd ei adrodd i'r Pwyllgor hwn ym mis Medi.

Gwnaeth y Pennaeth Cyllid a Swyddog Adran 151 hysbysu aelodau fod gwaith yn mynd rhagddo'n dda ar drefniadau gweithredu ar gyfer cydwasanaeth rhanbarthol. Roedd swydd y Pennaeth Cydwasanaethau wedi cael ei hysbysebu a byddai Cadeirydd y Pwyllgor hwn yn rhan o'r panel cyfweld. Gobeithiwyd adrodd ar ganlyniad y broses benodi yng nghyfarfod nesaf y Pwyllgor.

Gofynnodd y Pwyllgor am gael gweld y Polisiâu Gwrth-dwyll a Llwgrwobrwyo a Chwythu'r Chwiban. Gwnaeth y Prif Archwilydd Mewnol hysbysu'r Pwyllgor fod asesiad risg wedi'i gwblhau ar y polisi Gwrth-dwyll a Llwgrwobrwyo ac y byddai'n adrodd y polisi i'r Pwyllgor hwn.

PENDERFYNWYD: Bod y Pwyllgor yn ystyried Adroddiad Alldro yr Archwiliad Mewnol sy'n cwmpasu'r cyfnod rhwng mis Ebrill a mis Medi 2018 i sicrhau bod pob agwedd ar eu swyddogaethau craidd yn cael ei adrodd yn ddigonol.

89. DIWEDDARIAD AR Y FLAENRAGLEN WAITH 2018/19

Cyflwynodd y Prif Archwilydd Mewnol ddiweddariad ar Flaenraglen Waith 2018/19. Nododd, er mwyn cynorthwyo'r Pwyllgor i sicrhau bod ystyriaeth briodol wedi'i rhoi gan y Pwyllgor i'r holl agweddau ar eu swyddogaethau craidd, y cafodd diweddariad ar y Flaenraglen Waith ei gyflwyno. Hysbysodd y Pwyllgor hefyd y dylid gofyn i'r Rheolwr Grŵp TGCh fynyachu cyfarfod nesaf y Pwyllgor fel rhan o'i ystyriaeth o'r adroddiad ar Reoli Gwybodaeth.

PENDERFYNWYD: Bod y Pwyllgor yn cofnodi'r diweddariad ar Flaenraglen Waith 2018-19.

90. EITEMAU BRYS

Gofynnodd y Pwyllgor am gael copi caled o'r papur briffio i ategu'r arolwg CIPFA y gofynnwyd i aelodau ei gwblhau, a bod aelod lleig y Pwyllgor yn derbyn copi o'r arolwg i'w gwblhau.

91. GWAHARDD Y CYHOEDD

PENDERFYNWYD: O dan Adran 100A (4) o Ddeddf Llywodraeth Leol 1972 fel y'i diwygiwyd gan Orchymyn Llywodraeth Leol (Mynediad at Wybodaeth) (Amrywiad) (Cymru) 2007, y dylid gwahardd y cyhoedd o'r cyfarfod yn ystod ystyriaeth o'r eitem fusnes ganlynol gan ei bod yn cynnwys gwybodaeth eithriedig fel y diffinnir ym Mharagraffau

PWYLLGOR ARCHWILIO - DYDD IAU, 15 TACHWEDD 2018

12, 13 a 18 o Ran 4 a Pharagraff 21 o Ran 5 Atodlen 12A o Ddeddf Llywodraeth Leol 1972, fel y'i diwygiwyd gan Orchymyn Llywodraeth Leol (Mynediad at Wybodaeth) (Amrywiad) (Cymru) 2007.

Yn dilyn gweithrediad prawf lles y cyhoedd wrth ystyried yr eitem hon, penderfynwyd, yn unol â'r Ddeddf y cyfeirir ati uchod, ei bod yn cael ei hystyried yn breifat, a gwaharddwyd y cyhoedd o'r cyfarfod gan y byddai'n golygu datgelu gwybodaeth iddynt sydd wedi'i heithrio o'r natur a nodwyd uchod.

92. CYMERADWYO COFNODION EITHRIEDIG

Daeth y cyfarfod i ben am 15:50

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO AUDIT COMMITTEE

13 DECEMBER 2018

REPORT OF THE INTERIM HEAD OF FINANCE AND SECTION 151 OFFICER

ANNUAL AUDIT LETTER 2017-18

1. Purpose of this report

- 1.1 The purpose of this report is to submit the Appointed Auditor's Annual Audit Letter 2017-18, attached as **Appendix A**, for noting.

2. Connections to Corporate Improvement Objectives / Other Corporate Priorities

- 2.1 This report assists in the achievement of the following corporate priority:
- Smarter use of resources – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

3. Background

- 3.1 The Appointed Auditor has a statutory responsibility under the Public Audit (Wales) Act 2004 to:
- Provide an audit opinion on the accounting statements;
 - Review the Council's arrangements to secure economy, efficiency and effectiveness in its use of resources; and
 - Issue a certificate confirming that the Appointed Auditor has completed the audit of the accounts.

4. Current Situation / Proposal

- 4.1 Attached to this report is the Annual Audit Letter 2017-18 which confirms that the Appointed Auditor issued an unqualified audit opinion on the accounting statements, confirming that they present a true and fair view of the Council's financial position and transactions.
- 4.2 The letter also confirms that the Appointed Auditor is satisfied that the Council has appropriate arrangements in place to secure economy, efficiency and effectiveness in its use of resources.
- 4.3 The Appointed Auditor, in accordance with the Public Audit (Wales) 2004, issued a certificate confirming that the audit of the accounts has been completed.

5. Effect upon policy framework and procedural rules

5.1 None

6. Equality Impact Assessment

6.1 There are no equality implications.

7. Well-being of Future Generations (Wales) Act 2015 Implications

7.1 This report links to the Council's long-term well-being objectives as it examines the performance of the Council and how continuous improvement is being achieved.

8. Financial implications

8.1 There are no financial implications regarding this report.

9. Recommendations

9.1 It is recommended that Audit Committee:

- Note the Annual Audit Letter 2017-18 (Appendix A)

Gill Lewis CPFA

Interim Head of Finance and Section 151 Officer

26 November 2018

Contact Officer : Mary Williams

Telephone : (01656) 643302

E-mail : mary.williams2@bridgend.gov.uk

Background Papers: Public Audit (Wales) Act 2004



24 Cathedral Road / 24 Heol y Gadeirlan
Cardiff / Caerdydd
CF11 9LJ

Tel / Ffôn: 029 2032 0500

Fax / Ffacs: 029 2032 0600

Textphone / Ffôn testun: 029 2032 0660

info@audit.wales / post@archwilio.cymru

www.audit.wales / www.archwilio.cymru

Please contact us in Welsh or English.
Cysylltwch â ni'n Gymraeg neu'n Saesneg.

Councillor Huw David
The Leader
Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB

Reference: 907A2018-19

Date issued: 19 November 2018

Dear Councillor David

Annual Audit Letter – Bridgend County Borough Council 2017-18

This letter summarises the key messages arising from my statutory responsibilities under the Public Audit (Wales) Act 2004 and my reporting responsibilities under the Code of Audit Practice.

The Council complied with its responsibilities relating to financial reporting and use of resources

It is Bridgend County Borough Council's (the Council's) responsibility to:

- put systems of internal control in place to ensure the regularity and lawfulness of transactions and to ensure that its assets are secure;
- maintain proper accounting records;
- prepare a statement of accounts in accordance with relevant requirements; and
- establish and keep under review appropriate arrangements to secure economy, efficiency and effectiveness in its use of resources.

The Public Audit (Wales) Act 2004 requires me to:

- provide an audit opinion on the accounting statements;
- review the Council's arrangements to secure economy, efficiency and effectiveness in its use of resources; and

- issue a certificate confirming that I have completed the audit of the accounts.

Local authorities in Wales prepare their statement of accounts in accordance with the requirements of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The Code is based on International Financial Reporting Standards.

On 12 September 2018 I issued an unqualified audit opinion on the statement of accounts confirming that they present a true and fair view of the Council's financial position and transactions. My report is contained within the statement of accounts. The key matters arising from the audit were reported to members of the Audit Committee in my 'Audit of Financial Statements' report on the 6 September 2018. In this report I confirmed that the quality of the draft accounts and associated records presented for audit had been prepared to a generally high standard, reflecting the Council's continued improvement over recent years.

Local authorities in Wales face significant financial challenges

Austerity funding remains the most significant challenge facing all local government bodies in Wales and these financial pressures are likely to continue for the medium term. The recent provisional local government funding settlement for 2019-20 will see the Council settlement decrease by £1.22 million or 0.6%. This percentage decrease is larger than the all-Wales figure of 0.3%.

For 2017-18 the Council underspent its net revenue expenditure by £6.5 million (before transfers to earmarked reserves). As at the 31 March 2018 the Council had usable reserves of £77.9 million, being £2.8 million lower than the previous year. The useable reserves of £77.9 million consisted of earmarked reserves of £48.1 million, a capital receipts reserve of £21.2 million, a council-fund balance of £8.3 million, and a capital grants unapplied reserve of £0.3 million.

For the current 2018-19 financial year, the Council forecasts within its latest management accounts that it will deliver an operational underspend of £4.5 million (before the forecast transfer to earmarked reserves). The Council's 'Medium Term Financial Strategy 2018-19 to 2021-22' sets out budget reduction proposals of £32.6 million. Within this figure £6.1 million of the reductions relate to 2018-19, for which the Council has identified proposals. For the remaining figure of £26.5 million for the three years to 31 March 2022, the Council has identified reductions of £7.1 million and is yet to identify reductions for the remaining £19.4 million.

I am satisfied that the Council has appropriate arrangements in place to secure economy, efficiency and effectiveness in its use of resources

My consideration of the Council's arrangements to secure economy, efficiency and effectiveness has been based on the audit work undertaken on the accounts as well as placing reliance on the work completed under the Local Government (Wales) Measure 2009.

I am satisfied that the Council has appropriate arrangements in place to secure economy, efficiency and effectiveness in its use of resources, although in September 2018 I set out in my 'Annual Improvement Report'² the areas where improvements could be made.

¹ Dated February 2018

²

http://www.audit.wales/system/files/publications/bridgend_council_annual_improvement_report_2017_18_english.pdf

On 12 September 2018 I issued a certificate confirming that the audit of the 2017-18 accounts was completed.

My work to date on certification of grant claims and returns has not identified significant issues that would impact on the annual accounts or key financial systems

This audit work is ongoing with no significant issues thus far. In early 2019 I will issue my grant report on the audit of the Council's 2017-18 grant claims and returns. This report is considered each year by the Council's Audit Committee.

Financial audit fees

The financial audit fee for 2017-18 is currently expected to be in line with the agreed fee set out in the Annual Audit Plan. The final fee for my audit of the Council's 2017-18 grant claims and returns will be set out in my grant report.

Yours sincerely



Derwyn Owen

For and on behalf of the Auditor General for Wales

Cc: Darren Mepham, Chief Executive Officer
Gill Lewis, Section 151 Officer

[Type here]

This page is intentionally left blank

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO AUDIT COMMITTEE

13 DECEMBER 2018

REPORT OF THE INTERIM HEAD OF FINANCE AND SECTION 151 OFFICER

AUDIT OF 2017-18 PERFORMANCE

1. Purpose of this report

- 1.1 The purpose of this report is to submit the certificate from Wales Audit Office, the Appointed Auditor, on the performance of the Council in 2017-18, attached as **Appendix A**, for noting.

2. Connections to Corporate Improvement Objectives / Other Corporate Priorities

- 2.1 This report assists in the achievement of the following corporate priority:
- Smarter use of resources – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

3. Background

- 3.1 The Appointed Auditor has a statutory responsibility under the Local Government (Wales) Measure 2009 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.

4. Current Situation / Proposal

- 4.1 The Appointed Auditor, in accordance with the Local Government (Wales) Measure 2009 and Auditor's Code of Practice issued a certificate confirming that the Council has discharged its duties under the Measure and has acted in accordance with Welsh Government guidance sufficiently to discharge its duties. This is attached at **Appendix A**.

5. Effect upon policy framework and procedural rules

- 5.1 None

6. Equality Impact Assessment

6.1 There are no equality implications.

7. Well-being of Future Generations (Wales) Act 2015 Implications

7.1 This report links to the Council's long-term well-being objectives as it examines the performance of the Council and how continuous improvement is being achieved.

8. Financial implications

8.1 There are no financial implications regarding this report.

9. Recommendations

9.1 It is recommended that Audit Committee:

- Note the Certificate on the Audit of the Council's 2017-18 Performance (**Appendix A**)

Gill Lewis CPFA
Interim Head of Finance and Section 151 Officer
28 November 2018

Contact Officer : Mary Williams

Telephone : (01656) 643605

E-mail : mary.williams2@bridgend.gov.uk

Background Papers: Local Government (Wales) Measure 2009



Reference: 935A2018-19

Date issued: November 2018

Audit of Bridgend County Borough Council's assessment of 2017-18 performance

Certificate

I certify that I have audited Bridgend County Borough Council's (the Council) assessment of its performance in 2017-18 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: Alun Davies – Cabinet Secretary for Local Government and Public Services
Sara-Jane Byrne, Manager
Samantha Clements, Performance Audit Lead

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO AUDIT COMMITTEE

13 DECEMBER 2018

REPORT OF THE INTERIM HEAD OF FINANCE AND SECTION 151 OFFICER

WALES AUDIT OFFICE DIGITAL RISK DIAGNOSTIC REPORT

1. Purpose of this report

1.1 The purpose of this report is to submit the Digital Risk Diagnostic Report produced by Wales Audit Office (WAO), attached as **Appendix A**, for noting.

2. Connections to Corporate Improvement Objectives / Other Corporate Priorities

2.1 This report assists in the achievement of the following corporate priority:

- Smarter use of resources – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

3. Background

3.1 This was a piece of work undertaken by the Wales Audit Office during May/June/July as part of the planning risk assessment.

4. Current Situation / Proposal

4.1 The work examined the key risks associated with Digital Risk and Transformation in the Council over a number of areas.

4.2 The findings from the work were fed back informally to officers as a slide presentation which is attached for information.

4.3 Officers will now work through the findings and produce an action plan to address the issues raised.

5. Effect upon policy framework and procedural rules

5.1 None

6. Equality Impact Assessment

6.1 There are no equality implications.

7. Well-being of Future Generations (Wales) Act 2015 Implications

7.1 This report links to the Council's long-term well-being objectives as it examines the performance of the Council and how continuous improvement is being achieved.

8. Financial implications

8.1 There are no financial implications regarding this report.

9. Recommendations

9.1 It is recommended that Audit Committee:

- Note the WAO Digital Risk Diagnostic Report (**Appendix A**)

Gill Lewis CPFA

Interim Head of Finance and Section 151 Officer

6 December 2018

Contact Officer : Gill Lewis

Telephone : (01656) 643302

E-mail : Gill.Lewis@bridgend.gov.uk

Background Papers: WAO Digital Risk Diagnostic Report



Bridgend County Borough Council – Digital Risk Diagnostic

Date: November 2018
Author: Andrew Strong

Digital Risk Diagnostic - Scope

- Wales Audit Office review for planning purposes
- To identify and understand the key digital risks the Council faces
- Fieldwork completed May & June 2018
- Document review July 2018
- We thought we would share the key findings and messages with you for discussion

Key areas and risks

Key areas	Risk
1. Digital Strategy and Transformation	Missed opportunities and delayed implementation of digital projects to support the MTFS.
2. Website development - being better connected	Does not fully support 'channel shift' and expectations of service users.
3. Resilience of the ICT infrastructure and platforms	Does not support the new digital and transformation projects.
4. IT skills, capacity, capability and resources	Threat to the timely delivery of digital change projects and to standards required.
5. ICT Disaster Recovery (DR) planning	Delays in recovering from IT service interruptions.
6. Cyber security and resilience	Threat to the confidentiality, integrity and availability of IT services and data.
7. Data protection arrangements & GDPR	Risks from potential penalties if arrangements are not fully compliant.

1. Digital Strategy and Transformation

- Digital is a key enabler for transformation.
- Digital vision, roadmap and strategy being established for the transformation programme to modernise services and deliver efficiencies.
- MS Cloud Navigator process – workshops for channel shift, digital first and consulting service areas. Digital strategy development and agreement by end of 2018?
- Should be supported by adequate Transformation Programme governance and scrutiny. Risks include funded investments plans, delivery plans and realising benefits.
- Information Management strategy requires updating. slide 4

2. Website

- SOCITM 2016 1* Better Connected rating – a basic score.
- New website April 2018 and ‘my account’ – phase 1 with a limited number of ‘transactions’ eg Council tax.
- Further developments required – phase 2 – reporting and transactions eg pot holes and school admissions.
- Phase 3 developments ?
- Risks to ‘channel shift’, digital project delivery, integration to back office functions & processes and to ‘mobilise’ the workforce.

3. Resilience of the ICT infrastructure and platforms

- Resilience and cyber risks from out-of-date and unsupported ICT infrastructure estate and platforms.
- Technology refresh plans to prioritise replacement of end-of-life ICT infrastructure are challenged by a lack funding available.
- The Council have recently invested in and implemented new Storage Area Network devices.
- Scope to consider data centre storage approach vs cloud based IT service models.
- Modern ICT infrastructure needed to support agile working & delivery of new digital transformation projects.

4. IT skills, capacity, capability and resources

- Risk that the ICT operating model is not adequate to deliver the Digital Strategy and Transformation.
- Is there the capacity, resources and digital leadership across the organisation to support the implementation of digital projects?
- Risk that the IT Department and Service does not have or cannot bring in the skills and knowledge to deliver the Digital Strategy on time.
- Is funding available from services for transformation?
- Scope to develop a wider range of IT key performance indicators that measure both IT service delivery, support and savings realised.

5. ICT Disaster Recovery (DR) planning and data backups

- IT DR plans require updating and further consideration for recent changes to ICT infrastructure and key system priorities.
- DR plans have not been fully tested to ensure they work as intended and to drive improvements in these plans.
- Risks to resilience planning should consider:
 - data centre approach and off-site data backup
 - potential for cloud solutions
 - backup approach and policy, do backups work?
 - assess impact on the Council of the Network Infrastructure Services (NIS) Directive.

6. Cyber security and resilience

- Council's Public Services Network (PSN) code of connection – fully certified?
- Addressing improvement action plans as a priority?
- IT security policy – update and review
- No cyber security risk assessment documented
- No regular scheduled internal network vulnerability assessments completed
- Scope to improve cyber incident response plans
- No gap analysis to Information Security Management standard (ISO 27001) good practice for assurance purposes and continual service improvements.

7. Data protection arrangements & GDPR

- GDPR readiness plans in place and appeared to be progressing in May 2018 (fieldwork date).
- Work still remained ongoing to reach full compliance and risks that this is likely to extend past the end of May 2018 implementation deadline. These include:
 - privacy notices, information asset registers and relevant policies being updated
 - training and awareness
 - retention schedules.
- Risk of impact on GDPR preparations on responding to FOIA and Data Protection statutory information requests.
- Corporate Director and SIRO has since left the Council after our review – succession plans in place ?

Next steps – consider risks

Key proposals for further consideration based on risks identified:

- Complete the Digital Strategy development, formally agree plans and provide adequate funding for the timely delivery of plans.
- Ensure the transformation programme governance and scrutiny arrangements are appropriate.
- Look at ways to develop the Council's website transactional and 'channel shift' capabilities.
- Complete GDPR compliance work and readiness plans and update the Council's information management strategy.
- Review the adequacy of the Council's IT infrastructure and network to support its emerging digital strategic approach.
- Consider reviewing the IT operating model to deliver the digital transformation strategy.

Next steps – consider risks

- Update and test IT Disaster Recovery plans and ensure these work as intended.
- Address potential cyber security risks by:
 - confirming the PSN code of connection certification
 - consider the cyber security risk assessment process and comparisons to ISO 27001 security management standard
 - complete internal network vulnerability risk assessments and cyber security incident response plans.

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO THE AUDIT COMMITTEE

13 DECEMBER 2018

REPORT OF THE CHIEF EXECUTIVE

COMMUNITY ACTION FUND 2018-19 UPDATE

1. Purpose of report

1.1 The purpose of this report is to provide an update in respect of the use of the Community Action Fund (CAF) approved by Cabinet on 05 September 2017.

2. Connection to corporate improvement objectives/other corporate priorities

2.1 This report assists in the achievement of the following corporate priority/priorities:

- Supporting a successful economy – taking steps to make the county a good place to do business, for people to live, work, study and visit, and to ensure that our schools are focused on raising the skills, qualifications and ambitions of all people in the county.
- Helping people to be more self-reliant – taking early steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services.
- Smarter use of resources – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

3. Background

3.1 The 2017-2021 Medium Term Financial Strategy which was approved by Council on 1st March 2017 included a new budget of £285,000 for the creation of a Community Action Fund. The broad aims of the fund were to create opportunities for localised intervention by Members within their own ward to the benefit of the community. It was hoped to broaden the impact which council funding can have on individual communities and provide a funding source which Elected Members can individually use to directly benefit their local ward.

3.2 The Community Action Fund scheme was designed with the aim of minimising administrative costs and placing responsibility for the eligibility of payments with individual Elected Members. Further assurance would then be provided through public accountability which included the reporting of payments on the Council's website and to the Audit Committee. The Council's internal audit function would undertake periodic sample based compliance testing to provide additional assurance.

- 3.3 Elected Members have significant discretion over how the money has been used with the overarching caveat that expenditure must be lawful and it must not contravene council policy. Similarly, funding should not be awarded to profit making organisations or for political purposes. It should not be used for expenditure that is recurring and would necessitate future funds.
- 3.4 Elected Members are required to attend mandatory training before they are able to submit applications for payment to ensure that the scheme operated smoothly, that administration costs and enquiries were kept to a minimum, and Members were able to comply with the conditions of the scheme and self regulate.
- 3.5 On 5 September 2017 Cabinet approved the implementation of the Community Action Fund scheme and training sessions were provided in October 2017 to ensure that all Elected Members had the necessary training before submitting funding requests. The funding of £285,000 provided for an allocation of £5,000 for each member to allocate to their ward and £15,000 towards administration costs.
- 3.6 Due to the delay in implementation of the scheme, unused funding in 2017-18 was rolled over into the 2018-19 financial year for use by the end of October 2018.
- 3.7 On 29 June 2018 a report was submitted to the Audit Committee which provided an update on fund activity to date and recommended that a full review of the Community Action Fund would be undertaken following the end of the current phase of funding.

4. Current situation/proposal

4.1 Financial

- 4.1.1 It was agreed that funding requests would be processed between 16 October 2017 - 19 October 2018. This deadline was extended to the 31st October 2018. Any unspent funding would be returned to the corporate reserve.
- 4.1.2 During the period of the scheme a total of £231,667.24 (85.8%) of the available £270,000 was provided from the Community Action Fund budget to fund 156 projects across the County Borough.
- 4.1.3 The minimum level of funding was £500. Elected Members used their allocation to fund projects of different amounts.
- 4.1.4 Elected Members used their funding for a variety of projects including:
- Christmas trees
 - Activities for young people i.e. scooter clubs,
 - Purchase of equipment for community groups,
 - Memorial garden,
 - Bus shelter

A full list of projects, Elected Members, wards and values is shown at **Appendix 1**.

- 4.1.5 At the close of the scheme 3 Members (6%) of Elected Members have

not used any of their allocated funding.

- 4.1.6 During the period of the scheme significant officer time has been spent on processing the applications. Business Support and Democratic Services Officers are frequently involved in reviewing the applications and collating the information required. The Monitoring Officer and the Section 151 Officer have also dealt with significant queries in relation to the appropriate use of the scheme and clarification of the financial and governance arrangements of grant applications and payment requests. This position was not envisaged when the scheme was approved.

4.2 Feedback

- 4.2.1 The administration team used the checklist contained within the Payment Request form to ensure that each application met the criteria for payment. Difficulties were experienced with:

- incomplete forms or forms,
- lack of payment request forms,
- bank statements not being included with submission,
- declarations of interest which needed resolution by the Monitoring Officer,
- additional confirmation of how funding would be used,

- 3 quotes not being provided when the request for funding was over £1000, and additional advice required from S151 and the Monitoring Officer and other officers before progressing a funding request ;
- Slow response from Members when queries have been raised.

- 4.2.2 During the scheme period Elected Members have provided feedback on the following issues:

- Remit of scheme doesn't cover what they would like to fund
- Doesn't allow Members the freedom to spend as they'd like
- Difficult process
- Difficult to get voluntary organisations to apply for the fund

4.3 Audit Review

- 4.3.1 In October 2018, Internal Audit undertook an audit review of the Community Action Fund to ensure that the financial controls in place were efficient and effective and that decisions made were in accordance with published guidance. During the Audit a number of strengths and good practice were identified as follows:

- All Members had attended the Community Action Fund training.
- The monitoring of Members' spend by Business Support was accurate when compared to the Council's ledger.
- That all applications requested by the Auditor had been retained by Business Support.

- 4.3.2 The following key issues were identified during the audit which needed to be addressed:

- A breakdown of the expenditure incurred from the fund was not available on the Council's external website although it is stated as a requirement within the Community Action Fund guidance notes.
- The administration of the grant has involved the time of a number of officers in different departments

4.3.3 During the audit it emerged that a Councillor who had completed the training had not followed the application process. The Councillor's request had gone directly to a department and this resulted in the department authorising the work out of their own budget. Democratic Services and Business Support had no knowledge of this request and therefore no official confirmation that the cost of the works would be reimbursed to the department had been obtained. Rectifying this involved the time of the Section 151 Officer as well as other Officers in the Council.

4.3.4 The Auditor also observed during testing that a number of applications had been queried by Business Support with the Section 151 Officer and the previous Corporate Director – Operational and Partnership Services, therefore utilising staff time of other departments for a scheme that was set up to be as low cost on administration and as self-regulating as possible.

4.3.5 Out of the 20 applications sampled during the audit, 14 were for funding over £1,000 and it was identified that 4 of these applications did not have 3 quotes as required in the guidance notes due to the nature of the service/item purchased. The Auditor recommended that consideration should be given to updating the application forms to allow Members to get approval from the Head of Democratic Services for any variation prior to submission.

4.3.6 The auditors recommended that the whole process is reviewed to ensure that it is efficient and effective whilst also being economical. The amount of Officer time involved should be considered alongside the controls required and the value of the funding being requested by each Member to ensure that this scheme is providing value for money.

4.3.7 Based on the assessment of strengths and weakness of the areas examined the Audit Opinion was that of 'reasonable assurance' of the effectiveness of the internal control environment.

4.4 Administrative support

4.4.1 Although designed to be a low cost scheme, in reality the administrative burden has been substantial and has involved officer time across the authority including officers providing financial advice and guidance as previously referred to in paragraph 4.2.1.

4.4.2 During operation of the scheme, officers identified that in one instance grant funding had been provided retrospectively which was in breach of the terms and conditions of the scheme. In the instance identified, the funding related to internal works undertaken by the Council before funding had been approved.

4.4.3 When the scheme was introduced it was anticipated that should Members want to use their allocation to fund works or services which the Council would itself carry out, incremental to existing provision, Members would be encouraged to discuss proposals at an early stage with officers in order to best accommodate requests in an efficient manner. However it was also recognised that it may not be possible to practically or economically accommodate all requests and that the relevant Corporate Director would retain the right to refuse such work. A number of schemes involving work undertaken by the Council have diverted much needed community services resources by undertaking these schemes as other planned works have needed to be rescheduled. In addition funding inwards has resulted in additional on-going cleaning and maintenance costs of street furniture which will need to be resourced.

4.5 Effective Use of Resources

4.5.1 There has been mixed reviews by Members on their experience of the scheme, with some positive outcomes on the community benefit of the scheme and some negative outcomes in respect of the process, scheme criteria and limited interest in the scheme from eligible organisations in the area.

4.5.2 Given the level of budget reductions the Council needs to make over the medium term, and pressures the authority is facing, consideration needs to be given as to whether this funding could be used more strategically as part of a larger budget benefiting all residents of the borough. This would involve discontinuation of the scheme and rechanneling the £285,000 into the medium term financial strategy to alleviate other reductions in services. The funding could either be used towards meeting the cost of identified budget pressures or to mitigate shortfalls in budget reduction proposals.

5. Effect upon Policy Framework and Procedure Rules

5.1 There is no effect on the policy framework and procedures rules

6. Equality Impact Assessment

6.1 There are no equality implications arising from this report

7. Well-being of Future Generations (Wales) Act 2015 implications

7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

8. Financial implications

8.1 There are no financial implications associated with this report.

9. Recommendation

9.1 The Audit Committee is recommended to:

a) Note the content of the report and

- b) Make a recommendation to Cabinet the cessation of the Community Action Fund and the transfer of the £285,000 funding back into the Medium Term Financial Strategy for consideration when setting the budget for 2019-20 to 2022-23.

K Watson
Head of Legal and Regulatory Services

Gill Lewis CPFA
Interim Head of Finance and Section 151 Officer
6 December 2018

Contact Officer : Kelly Watson

Telephone : (01656) 643248

E-mail : Kelly.Watson@bridgend.gov.uk

Background documents: Report to Audit Committee 28 June 2018 -Community Action Fund 2017-18 Update

Community Action Fund- Detailed Transaction Report

Ward	Clr Name	Organisation paid	Detail of Expenditure	Total	Date Paid
				£232,567.24	
Aberkenfig	Clr C. Radcliffe	Aberkenfig Girls and Boys Club	Football Equip, Gen Purpose equip and funding for coaching	1,000	11/09/18
Aberkenfig	Clr C. Radcliffe	Aberkenfig Ministries	Laptop and Equipment	4,000	26/09/18
Bettws	Clr Martyn Jones	Garw Valley Community Council	Bus Shelters Bettws	5,000	28/09/18
Blackmill	Clr Hywel Williams	Ogmore Valley Priide	Community clean-up (Skips x2, Bag Hoops x2)	681.18	04/10/18
Blackmill	Clr Hywel Williams	Blackmill & Glynogwr TRA	Defibrillators	1,490	26/09/18
Blackmill	Clr Hywel Williams	Evanstown Community Centre	Repairs to the community centre	2,829	22/10/18
Blaengarw	Clr Sorrel Dendy	Calon Y Cwm	Pontycymmer Youth Club 2nd Pilot	3,466.88	23-May
Brackla	Clr Aniel Pucella	Brackla Environmental Support Group (B.E.S.T)	Cleaning of Subways etc	150	07/03/18
Brackla	Clr Aniel Pucella	Brackla FC	Kits, footballs and training equipment	333.34	19/10/18
Brackla	Clr Aniel Pucella	Brackla Community Chorus	Piano	306.04	07/02/18
Brackla	Clr Aniel Pucella	Brackla Charity Fundraising Group	Purchase of equipment for fundraising activities	250	16/10/18
Brackla	Clr Aniel Pucella	Brackla RFC	Purchase of Sports and First Aid equipment	331.68	15/10/18
Brackla	Clr Aniel Pucella	Brackla Community Council	Replacement of two bins and polycarbonate to 8 bus stops in Brackla	2,619.94	19/10/18
Brackla	Clr John Spanswick	Brackla Environmental Support Team (B.E.S.T)	Cleaning of Subways etc	550	07/03/18
Brackla	Clr John Spanswick	Brackla Community Centre	Litter Bins	995	17/10/18
Brackla	Clr John Spanswick	1092 (Bridgend) Squadron Royal Air Force Air Cadets	Mini Bus	500	08/10/18
Brackla	Clr John Spanswick	Brackla Primary School	Outdoor trim trail	500	10/07/18
Brackla	Clr John Spanswick	Brackla Community Chorus	Piano	306	07/02/18
Brackla	Clr John Spanswick	2nd Bridgend (Brackla) Scout Group	Purchase of mess tent	699	19/10/18
Brackla	Clr John Spanswick	Brackla RFC	Purchase of sports equipment	500	15/10/18
Brackla	Clr John Spanswick	Brackla Environmental Support Team (B.E.S.T)	Trailer	950	04/06/18
Brackla	Clr Kay Rowlands	Brackla Environmental Support Team (B.E.S.T)	Clearing of Subway in Brackla	150	07/03/18
Brackla	Clr Kay Rowlands	Brackla FC	Kits, footbals and training equipment	333.33	19/10/18
Brackla	Clr Kay Rowlands	Brackla Community Chorus	Piano	306.05	07/02/18
Brackla	Clr Kay Rowlands	Brackla Charity Fundraising Group	Purchase of equipment for fundraising activities	250	16/10/18
Brackla	Clr Kay Rowlands	Brackla RFC	Purchase of Sports & First Aid equipment	331.66	
Brackla	Clr Kay Rowlands	Brackla Community Council	Replacement of two bins and polycarbonate to 8 bus stops in Brackla	2,619.93	19/10/18
Brackla	Clr Tom Giffard	Brackla Environmental Support Group (B.E.S.T)	Cleaning of Subways etc	150	07/03/18
Brackla	Clr Tom Giffard	Brackla FC	Kits, footballs and training equipment	333.33	19/10/18
Brackla	Clr Tom Giffard	Brackla Community Chorus	Piano	306.04	07/02/18
Brackla	Clr Tom Giffard	Brackla Charity Fundraising Group	Purchase of equipment for fundraising activities	250	16/10/18
Brackla	Clr Tom Giffard	Brackla RFC	Purchase of sports and first aid equipment	331.66	15/10/18
Brackla	Clr Tom Giffard	Brackla Community Council	Replacement of two bins and polycarbonate to 8 bus stops in Brackla	2,619.93	19/10/18
Bryncethin	Clr Gary Thomas	Bryncethin RFC	Refurbish and extend building	5,000	
Brynoch	Clr Janice Lewis	Community Safety Partnership	supply and installation of Invica LED vehicle activated sign	4,403	18/10/18
Bryntirion	Clr Pamela Davies	3rd Bridgend Scouts	Mess Tent	975	24/10/18
Bryntirion	Clr Pamela Davies	Bryntirion Infants School	Swimming lessons	600	16/10/18
Careau	Clr Gareth Howells	Caerau Christmas Tree Celebrations	Chriatmas Tree and Decorations	450	05/12/18
Careau	Clr Gareth Howells	Caerau Development Trust	Defibrillator	989	27/04/18
Careau	Clr Gareth Howells	Nantylffyllon Miners Institute	Essential repairs to the building	2,000	30/10/18
Careau	Clr Gareth Howells	Maesteg Welfare Bowling Club	Improvement of bowling green	1,000	16/10/18
Careau	Clr Paul Davies	Caerau Christmas Tree Celebrations	Christmas Tree and Decorations	450.00	05/12/18
Careau	Clr Paul Davies	Caerau Community Growers	Compost Toilet	979.00	20/03/18
Careau	Clr Paul Davies	Nantylffyllon Miners Institute	Essential repairs to building	600.00	30/10/18
Careau	Clr Paul Davies	Maesteg Gleemen Male Voice Choir	Funding towards a new piano	600.00	29/10/18
Careau	Clr Paul Davies	Harmony Choir	New Uniform for Choir	940.00	24/07/18
Careau	Clr Paul Davies	Caerau Bowls Club	Repairs after Fire	967.16	01-May
Careau	Clr Phil White	Caerau Community Growers	Compost Toilet	1,000	20/03/18
Careau	Clr Phil White	Caerau Development Trust	Defibrillator	989	27/04/18
Careau	Clr Phil White	Cleaner Streets	Fencing, Tondur Rd Lane, Maesteg	1,072	27/03/18
Careau	Clr Phil White	Maesteg Welfare Bowling Club	Improvements to bowling green	500	16/10/18
Careau	Clr Phil White	Nantylffyllon Primary School	Improvements to the school	930	30/10/18
Careau	Clr Phil White	Old Parish Running Club	Purchase equipment for park run events	500	30/10/18
Cefn Cribbwr	Clr Huw David	Cefn Cribbwr Primary School	Development of extra new space for ALN pupils	5,000	13/03/18
Cefn Glas	Clr Jon-Paul Blundell	Mental Health Matters Wales	Arts and Crafts Materials	747	06/09/18
Cefn Glas	Clr Jon-Paul Blundell	Llangwydd Junior School	Reading Scheme	2,000	06/09/18
Cefn Glas	Clr Jon-Paul Blundell	Cefn Glas Infants	To buy story teller for new library and seating for playground	900	26/09/18
Cefn Glas	Clr Jon-Paul Blundell	Young at Heart	Workshops and visits	275	28/02/18
Coity	Clr Amanda Williams	Coity & Bridgend First Aiders	AED training device and IPAD AED	1,494	11/01/18
Coity	Clr Amanda Williams	Bethesda Artworks	Artwork for Coety Primary	771	19/10/18
Coity	Clr Amanda Williams	1st Coity Brownies	Purchase Equipment	800	26/09/18
Coity	Clr Amanda Williams	Coety Primary School	Purchase of outdoor play equipment for nursery Coety Primary	1,935	18/07/18
Cornelly	Clr Jeff Tildesley	Afon-y-Felin Primary School	Sculptures	5,000	21/03/18
Cornelly	Clr Richard Granville	Afon Y Felin Primary	Funding to support additional reading development	1,000	28/09/18
Cornelly	Clr Richard Granville	Ysgol Y Ferch O'r Sger	Purchase of 3 Laptops	1,000	02/10/18
Cornelly	Clr Richard Granville	North Cornelly Community Playgroup	Purchase of interactive whiteboard	500	02/10/18
Cornelly	Clr Richard Granville	Corneli Primary	Purchase of Lap Tops	1,000	28/09/18
Coychurch	Clr Elaine Venables	Coychurch Community Council	50+ Club - Social Outing	500	11/05/18
Coychurch	Clr Elaine Venables	Coychurch WI	Anniversary day trip	500	12/07/18
Coychurch	Clr Elaine Venables	Coychurch Community Council	Defb - The Bryn	500	13/07/18
Coychurch	Clr Elaine Venables	Coychurch Community Council	Defib - Waterton	500	13/07/18
Coychurch	Clr Elaine Venables	Coychurch Community Council	Defib- East	500	13/07/18
Coychurch	Clr Elaine Venables	Coychurch Community Council	Repair fencing in the play park	930	28/03/18
Coychurch	Clr Elaine Venables	Coychurch Primary School	Resurfacing of playarea	1,070	06-Aug
Coychurch	Clr Elaine Venables	Coychurch Youth Club	Trip to Folly Farm	500	12/07/18
Felindre	Clr Bridie Sedgbeer	Girl Guides 2nd Pencoed	Flags and Tents	1,213	01/10/18
Felindre	Clr Bridie Sedgbeer	Vale & Valley Community Arts	Forest School Eco Club equipment	567	12/10/18
Felindre	Clr Bridie Sedgbeer	Friends of Salem	Internal refurbishment/redecoration of Salem Chapel	1,000	04/10/18
Felindre	Clr Bridie Sedgbeer	Croesty Primary School	IT Equipment	2,220	17/10/18
Litchard	Clr Sadie Vidal	Litchard Primary	Develop outdoor department	5,000	07/09/18
Llangeinor	Clr Roz Stirman	Bridgend Valleys Railway Co. Ltd	Finger post to advertise Garw Valley	528	11/09/18
Llangeinor	Clr Roz Stirman	Tynyrheol Primary School PTFA	Improvements to outdoor learning environment	1,000	04-Jun
Llangeinor	Clr Roz Stirman	Tynyrheol Primary School PTFA	PTFA Storage cabinet and Lego WeDo	1,977.84	26.07.18
Llangeinor	Clr Roz Stirman	Tynyrheol Primary School PTFA	PTFA Summer Platscheme for children	1,000	18/07/18
Llangwydd & Brynhyfryd	Clr Charles Smith	Westward Community Centre	Kitchen Equipment	430	01/05/18
Llangwydd & Brynhyfryd	Clr Charles Smith	Llangwydd Junior School	Outdoor clothing and equipment	500	14/03/18
Llangwydd & Brynhyfryd	Clr Charles Smith	Cefn Glas Infants School	Outdoor Project	500	06/09/18
Llangwydd & Brynhyfryd	Clr Charles Smith	Westward Community Centre	Refurbishment of kitchen	2,750	28/02/18
Llangwydd & Brynhyfryd	Clr Charles Smith	Cefn Glas Scouts, Bridgend	Third Bridgend Cubs & Scouts	500	19/09/18
Llangwydd & Brynhyfryd	Clr Charles Smith	Young at Heart	Workshops and visits	320	28/02/18
Llangynwyd	Clr Malcolm James	Llangynwyd Village Hall Assoc	Memorial Garden at Llangynwyd Village	4,000	22/01/18

Llangynwyd	Cllr Malcolm James	Llangynwyd Primary School	Refurbishment of the library	1,000	15/11/18
Maesteg East	Cllr Keith Edwards	Garth Primary School	Replacement of safety surface	5,000	24/05/18
Maesteg East	Cllr Tom Beedle	Maesteg Harlequins RFC	Crowd barriers at South Parade	4,200	25/04/18
Maesteg East	Cllr Tom Beedle	Maesteg Harlequins RFC	Replace worn carpets in public area	800	28-Aug
Maesteg West	Cllr Richard Collins	Maesteg Mens Shed	Assist with essential repairs	950	30/10/18
Maesteg West	Cllr Richard Collins	Nantyllyn Miners Institute	Essential repairs to building	550	30/10/18
Maesteg West	Cllr Richard Collins	Maesteg Welfare Bowling Club	Improvements to bowling green	1,500	16/10/18
Maesteg West	Cllr Richard Collins	Special Families	Sensory equipment	500	30/10/18
Maesteg West	Cllr Ross Thomas	Llyfni Valley Rivercare Group	Environmental Enhancement	1,000	29/10/18
Maesteg West	Cllr Ross Thomas	Friends of Maesteg Welfare Park	Grin Pit commemorative stone, plaque and event	1,000	31/10/18
Maesteg West	Cllr Ross Thomas	St Mary's & St Patrick's RC Primary School	Toilet improvements	2,000	30/10/18
Maesteg West	Cllr Ross Thomas	HALO	TRAINING AND EQUIPMENT KANGOO JUMPS	1,000	02/10/18
Morfa	Cllr Nicole Burnett	Penybont Primary	Adventure Trail, Foundation Play area	5,000	21/05/18
Morfa	Cllr Stuart Baldwin	The Bridge Mentoring Scheme	Coffee Machine and Office Furniture	3,828	17/01/18
Morfa	Cllr Stuart Baldwin	BAVO	ENVIRONMENTAL IMPROVEMENTS - WILDMILL PRECINCT	1,000	14/11/17
Nantymoel	Cllr David Owen	Reach Rural Development	part of the Ogmore Heritage Trial, Bike repair stand and pump	1,212	01/11/18
Newcastle	Cllr Caroline Webster	St John's House Trust	3 x A3 Display Stands and 3 x A2 Display Stands	2,014.85	06/02/18
Newcastle	Cllr Caroline Webster	YMCA	Activities for young people with ALN	2,710.15	26-Mar
Newcastle	Cllr Caroline Webster	Young at Heart	Workshops and Visits	275.00	28/02/18
Newcastle	Cllr David White	Young at Hearts	Defib for Westward Community Centre	1,500	18/07/18
Newcastle	Cllr David White	Westward Community Centre	Kitchen equipment	500	01/05/18
Newcastle	Cllr David White	Westward Community Centre	Kitchen equipment	995	03/05/18
Newcastle	Cllr David White	Bridgend Community Bereavement Support	Leaflets and craft materials	500	19/09/18
Newcastle	Cllr David White	Bridgend Warriors Kickboxing	Painting and decorating equipment	750	18/07/18
Newcastle	Cllr David White	St John's House	Printer/Laminator etc	750	18/07/18
Newton	Cllr Kenneth Watts	Porthcawl Town Council	Install Gateway Signs Entering Porthcawl	3,820	11/09/19
Newton	Cllr Kenneth Watts	Porthcawl YMCA	Pool Table	333	26/09/18
Newton	Cllr Kenneth Watts	CAPITA	Safer Routes to School	847.50	26-Jan
Nottage	Cllr Norah Clarke	BCBC - Highways	Road safety markings outside West Park Primary School	2,866.45	
Nottage	Cllr Norah Clarke	1st Nottage Scouts	Set of double doors for safe access and disabled friendly	2,133.55	30/07/18
Ogmore Vale	Cllr Dhanisha Patel	Wyndham Boys & Girls Club	Football Kit	500	15-Aug
Ogmore Vale	Cllr Dhanisha Patel	Halo	Gardening Project and Inter Valley Playscheme	640	03/10/18
Ogmore Vale	Cllr Dhanisha Patel	Nantymoel Boxing Club	Gym equipment	550	03/05/18
Ogmore Vale	Cllr Dhanisha Patel	Ogmore Vale Ladies Choir	Portable piano	629	22/05/18
Ogmore Vale	Cllr Dhanisha Patel	Ogmore Valley Priide	Skips, compost bags etc	2,680	26/09/18
Oldcastle	Cllr Lyn Walters	Bridgend YMCA	Youth Engagement & Volunteering Project	4,000	29/06/18
Oldcastle	Cllr Matthew Voisey	Mental Health Matters Ltd	Photography Club	744	25/06/18
Oldcastle	Cllr Matthew Voisey	Bridgend Town Younf Cricketers	Replacement of practice cricket nets	4,256	28/11/18
Pendre	Cllr Richard Young	1092 (Bridgend) Squadron RAF Air Cadets	Squadron Mini Bus	5,000	02/10/18
Penprysg	Cllr Alex Williams	Coychurch Higher Community Council	Bus Shelters- High Street, Heol y Cyw	4,329	10/09/18
Penprysg	Cllr Alex Williams	Coychurch Higher Community Council	Hard Standing at Bus Shelter, Heol y Cyw	620	12/10/18
Pen-y-fai	Cllr Altaf Hussain	Newcastle Higher Community Council	Two traffic calming signs in Penyfai village	5,000	30/07/18
Pontycymer	Cllr Roderick Shaw	BRIDGEND VALLEYS RAILWAY	INFORMATION BOARDS AND FINGER POST	996	25/07/18
Pontycymer	Cllr Roderick Shaw	Blaengarw RFC Social Club	Open House Service for Younger and Older people	544	25/09/18
Pontycymer	Cllr Roderick Shaw	Wales CRC	Renovation of benches	1,000	19/09/18
Pontycymer	Cllr Roderick Shaw	HALO	SKATE & SCOOTER YOUTH CLUB	2,460	22/11/17
Porthcawl East	Cllr Brian Jones	Porthcawl Primary School	Books for children with learning disabilities	2,506.27	07/06/18
Porthcawl East	Cllr Brian Jones	Newton Primary School	Play Equipment for children	903.00	24/07/18
Porthcawl East	Cllr Brian Jones	CAPITA	Safer Routes to School	847.50	26-Jan
Porthcawl East	Cllr Brian Jones	Porthcawl & Pyle Amateur Boxing Club	Training & Safety Equipment for Boxing	573.48	36/09/18
Porthcawl West	Cllr Sean Aspey	BCBC Highways Department	Provision of a new bench	1,000	19/11/18
Porthcawl West	Cllr Sean Aspey	Porthcawl Community First Responders	Provision of Camel Lifting Device	1,980	27/09/18
Porthcawl West	Cllr Sean Aspey	BCBC Highways Department	Provision of signage at Nottage Primary School	2,020	20/11/18
Pyle	Cllr Mike Kearns	Pyle Community Council	All-inclusive roundabout at Pandy Crescent	5,000	25/06/18
Pyle	Cllr Stephen George Smith	KPC Youth	Improve signage to the project	1700	23/10/18
Pyle	Cllr Stephen George Smith	Pyle Piglets Junior Section	Training equipment for Pyle Piglets	910.14	01/11/18
Pyle	Cllr Stephen George Smith	Pyle Community Council	upgrading of park at Pandy crescent	2389.86	21/11/18
Pyle	Cllr Jane Gebbie	St Theodore's Church	Funds towards refurbishment works - Parish of Kenfig Hill - Remodel of St Theodore's Church for community space	5,000	26/03/18
Rest Bay	Cllr Mike Clarke	Porthcawl YMCA	Pool Table	387.50	26/09/18
Rest Bay	Cllr Mike Clarke	Porthcawl Town Council	To support community event 'Fire & Water'	1855.00	30/10/18
Rest Bay	Cllr Mike Clarke	Porthcawl Town Council	Contribution to Promoting Porthcawl Committee budget for report	2750.00	19/09/18
Sarn	Cllr David Lewis	Sarn Centre Association	Defibrillator	975	19/10/18
Sarn	Cllr David Lewis	Sarn Community Garden Association	Provide extra plots, upgrade existing plots and pathways	975	19/10/18
Ynysawdre	Cllr Tim Thomas	Brynmenyn Primary School	Defibrillator	1,000	15/05/18
Ynysawdre	Cllr Tim Thomas	Aberkenfig Boys and Girls Club	Football Equip, Gen Purpose equip and funding for coaching	1,000	11/09/18
Ynysawdre	Cllr Tim Thomas	Tondu United Football Club	Funding of football development	1,000	06/03/18
Ynysawdre	Cllr Tim Thomas	Ynysawdre Community Council	Grass Verge on Maesteg Road for wild flower area	1,000	18/06/18
Ynysawdre	Cllr Tim Thomas	Brynmenyn Primary School	Bikes & Scooters	1,000	15/05/18
				0	

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO AUDIT COMMITTEE

13 DECEMBER 2018

REPORT OF THE INTERIM HEAD OF FINANCE

RISK MANAGEMENT

1. Purpose of Report.

- 1.1 The purpose of the report is to provide the Audit Committee with an update on changes being made to the Council's Risk Management Policy, the Corporate Risk Assessment 2018-19 and the Incident and Near Miss Reporting Procedure.

2. Connection to Corporate Plan / Other Corporate Priority.

- 2.1 This report assists in the achievement of the following corporate priority/priorities:
- Smarter use of resources – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.
- 2.2 Effective risk management is an essential part of the framework for ensuring good corporate governance and supports delivery of the Council's Corporate Improvement Priorities.

3. Background.

- 3.1 Good governance requires the Council to develop effective risk management processes, including an assessment of corporate risks.
- 3.2 The Audit Committee's Terms of Reference require the committee to review, scrutinise and issue reports and recommendations on the appropriateness of the Council's risk management, internal control and corporate governance arrangements.
- 3.3 The Corporate Risk Assessment is considered and reviewed by Corporate Management Board, Senior Management Team, Audit Committee, as part of the Council's quarterly Corporate Performance Assessment framework, and is used to inform the Overview and Scrutiny Committees forward work programme and the budget process.

4. Current situation / proposal.

- 4.1 The 2018-19 Corporate Risk Assessment was reported to Audit Committee on 18 January 2018. The report identified that a further review of the Council's risks would be undertaken to assess whether all the identified risks remained risks to the Council, whether the Council should seek to focus on a smaller set of risks, how the

text could be condensed further and whether the risk reduction measures mitigated all the impacts.

- 4.2 A further review has been undertaken by Corporate Management Board and Senior Management Team. Rather than reviewing the previous risks, a new reduced number of risk measures are being finalised which captures more discernibly the key risks facing the Council. The text of the risks, impacts and mitigation measures have been agreed.
- 4.3 The Healthy Organisation review identified that the same risk matrix should be utilised consistently throughout the Council. Corporate Management Board has agreed that a 5 x 5 risk matrix will be adopted which will replace the current 6x4 risk matrix. The new risks will be scored using the 5 x 5 risk matrix. The risks will then be reported to the Audit Committee in January 2019.
- 4.4 Following Audit Committee on 29 June 2018, the Incident and Near Miss Reporting Procedure has been amended to take into account the matters raised. It has been reviewed by Health and Safety Department to ensure that there is no duplication with other procedures and is now returning to Corporate Management Board for an endorsement of the final version.
- 4.5 The updated Risk Management Policy, Corporate Risk Assessment and Incident and Near Miss Reporting Procedure will be presented to the Audit Committee as a suite of documents in January 2019.

5. Effect upon Policy Framework & Procedure Rules.

- 5.1 None as a direct consequence of this report.

6. Equality Impact Assessment.

- 6.1 There are no equality implications arising from this report.

7. Wellbeing of Future Generations (Wales) Act 2015 Implications.

- 7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report

8. Financial Implications.

- 8.1 There are no financial implications directly associated with the risk assessment. Actions planned to mitigate each risk are required to be progressed within approved budgets.

9. Recommendation.

- 9.1 It is recommended that Audit Committee note the report and that the full suite of risk management documents will be presented to the Committee in January 2019.

Gill Lewis
Interim Head of Finance
13 December 2018

Contact Officer: Roger Martin
Risk Management & Insurance Officer

Telephone: (01656) 643318

E-mail: roger.martin@bridgend.gov.uk

Postal Address Raven's Court, Brewery Lane, Bridgend CF31 4AP

Background documents

None

This page is intentionally left blank

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO AUDIT COMMITTEE

13 DECEMBER 2018

REPORT OF THE CHIEF EXECUTIVE

AUDIT REPORT – HEALTHY ORGANISATION REVIEW – ACTION PLAN UPDATE

1. Purpose of report

- 1.1 The purpose of this report is to update Members on progress against the Action Plan that was produced in response the Healthy Organisation Review presented to Audit Committee in June 2018.

2. Connection to corporate improvement objectives/other corporate priorities

- 2.1 This report assists in the achievement of the following corporate priority/priorities:

- Smarter use of resources – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

3. Background

- 3.1 The outcome of the Healthy Organisation Review was presented to Audit Committee at their meeting held on the 28 June 2018. This review was conducted by South West Audit Partnership on behalf of the Internal Audit Shared Service (IASS). Members were notified by the Interim Head of Finance that the Council's Corporate Management Board (CMB) would focus on the high risk areas of the review and that these would be incorporated into an Action Plan.
- 3.2 CMB met and produced an Action Plan which was presented to the Audit Committee in September and which has continued to be monitored by them.

4. Current situation/proposal

- 4.1 The previous update highlighted that many of the recommendations had been acted upon. Some recommendations included actions with a longer time scale and progress against these are recorded below. In a small number of cases, the management response was to not take action and these are also revisited below. In each case the narrative is organised by the headings identified in the original audit report and resultant action plan.

4.2 Governance - Effective Working Relationships

The outstanding recommendation related to the inclusion in the corporate induction framework of the Constitution and its associated Code of Conducts. This was scheduled for completion by the end of September 2018 and has now been

completed. The Corporate induction framework and e-learning module were updated to reflect these documents. As part of a separate initiative, all staff now meet with the Chief Executive within a couple of months of starting and this provides a further opportunity to discuss the importance of this and other core elements of the induction programme.

4.3 Governance – Transparency

The audit recommended that Freedom of Information Requests and their responses should be regularly published on the Council's website. This was not accepted by CMB because of the requirement for all web content to be translated into Welsh. As a result of this bi-lingual requirement and the associated costs, the Council is prioritising other web content that is of more frequent use to service users. Resourcing of translation services and web updates remains under pressure and so CMB still consider this recommendation to be a low priority and therefore no action is proposed.

4.4 Governance – Communication / Stakeholder Consultation

The recommendations were to clarify within the Council's Marketing and Engagement Team Plan, the process for communication / stakeholder consultation and the arrangements for officers and members to follow if they were approached for comment on a major issue which could have reputational significance. This was scheduled for completion by the end of November 2018 to coincide with planned review of the team plan. This work is underway but the expected completion date is now December 2018.

4.5 Risk management – Appetite / Transparency

It was recommended that the Council consider the inclusion of a numerical risk appetite value within the risk matrix to aid understanding of the risk register. CMB have revised the presentation of corporate risk and partially accepted this recommendation. They have moved to a 5x5 grid assessment of risk impact and likelihood which they believe to be more intuitive. However the main change is a shift towards more clearly highlighting the actions taken to mitigate the risk and how these are to be tracked and monitored. A report on the Risk Register 2019-20 will be presented to the Audit Committee in January 2019.

4.6 Commissioning and Procurement -Strategy and Commissioning Intentions

Two recommendations were made and accepted relating to corporate oversight of commissioning and the publication of commissioning intentions. Both of these were scheduled for completion by the end of the financial year and remain on track.

4.7 Commissioning and Procurement – Supplier Management

The recommendation related to the identification of key suppliers where business criticality may result in risk to service continuity. Corporate Management Board reported that Directorates already dynamically assess the risk associated with main contractors but undertook to include an assessment of risk of key failures within the next iteration of business continuity plans. This remains on schedule for completion by the end of the financial year as part of the scheduled refresh of those plans.

5. Effect upon policy framework and procedure rules

5.1 There is no effect upon the policy framework and procedure rules.

6. Equality Impact Assessment

6.1 There are no equality implications arising from this report.

7. Well-being of Future Generations (Wales) Act 2015 implications

7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

8. Financial implications

8.1 Effective Audit planning and monitoring are key contributors in ensuring that the Council's assets and interests are properly accounted for and safeguarded.

9. Recommendation

9.1 That Members note the update on the Healthy Organisation Report Action Plan.

Darren Mepham
Chief Executive
27 November 2018

Contact Officer: Gill Lewis

Telephone: (01656) 643302

E-mail: gill.lewis@bridgend.gov.uk

Postal Address

Bridgend County Borough Council
Raven's Court
Brewery Lane
Bridgend
CF31 4AP

Background Documents

SWAP Healthy Organisation Review

This page is intentionally left blank

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO AUDIT COMMITTEE

13 DECEMBER 2018

REPORT OF THE CHIEF INTERNAL AUDITOR

AUDIT REPORT – INFORMATION MANAGEMENT FOLLOW UP

1. Purpose of report

- 1.1 The purpose of this report is to re-present to Members the follow up audit in respect of the Information Management review undertaken by the South West Audit Partnership on behalf of the Council's Internal Audit Shared Service (IASS) and which formed part of the Council's 2017/18 Audit Plan.

2. Connection to corporate improvement objectives/other corporate priorities

- 2.1 This report assists in the achievement of the following corporate priority/priorities:
- Smarter use of resources – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

3. Background

- 3.1 Following the presentation of the Healthy Organisation Review submitted to the Audit Committee on 28th June 2018 and as a consequence of the South West Audit Partnership being unable to form a conclusion on Information Management, a follow up review was commissioned during the first quarter of 2018/19.

4. Current situation/proposal

- 4.1 Information Management is an important aspect of governance for an organisation. Effective Information Management will facilitate and support efficient working, better decision-making, improved customer service and business transformation to facilitate the delivery of key priorities and objectives. Attached at **Appendix A** is the follow up audit report. Set out from pages 15 onwards are the recommendations for improvement and these have been reviewed with the relevant manager and a management response is included for information.
- 4.2 The assurance for Information Management follow up referred to above has been reviewed and depicted as an overall Medium Assurance Opinion. However, it should be noted that due to the passage of time from the completion of this follow up review to the submission to the Council's Audit Committee, the relevant service areas have actioned a significant number of the recommendations made. Whilst Members noted the above, they requested that this report be re-presented to Committee and that Management be present to provide more detailed information in relation to the actions taken to implement the recommendations.

5. Effect upon policy framework and procedure rules

5.1 There is no effect upon the policy framework and procedure rules.

6. Equality Impact Assessment

6.1 There are no equality implications arising from this report.

7. Well-being of Future Generations (Wales) Act 2015 implications

7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

8. Financial implications

8.1 Effective Audit planning and monitoring are key contributors in ensuring that the Council's assets and interests are properly accounted for and safeguarded.

9. Recommendation

9.1 That Members give due consideration to the content of the Healthy Organisation Follow Up Review and the actions that have already been taken to address those areas requiring attention.

Helen Smith
Chief Internal Auditor
13th December 2018

Contact Officer: Helen Smith – Chief Internal Auditor

Telephone: (01656) 754901

E-mail: internalaudit@bridgend.gov.uk

Postal Address

Bridgend County Borough Council
Internal Audit
Innovation Centre
Bridgend Science Park
Bridgend
CF31 3NA

Background Documents

None

Healthy Organisation– Information Management Follow Up Draft Report

Issue Date: July 2018

Working in Partnership to Deliver Audit Excellence

Page 53

Executive Summary

This section provides an overview of the approach taken in relation to the Healthy Organisation strategic review, as well the overall assurance assessment.

Summary Assessment

This section contains the summary assessment by theme and the key strengths and Areas for Attention identified are highlighted.

Detailed Assessment

This section contains a more detailed assessment of each area considered by theme.

Appendices:

- Appendix A – Mapping Areas for Attention
- Key Contacts and Distribution
- Statement of Responsibility

Executive Summary

Overview

As part of the 2018/19 audit plan a follow up audit has been undertaken to assess the control framework in place for Information Management at the Council. As part of the initial Healthy Organisation review undertaken in March 2018, a meeting was held with the Group ICT Manager, however at this time we were unable to obtain sight of some key pieces of information to verify that the controls were in place. We were therefore unable to conclude on this theme and have now conducted this follow up review on the areas outstanding to enable assurance to be provided to Senior Management.

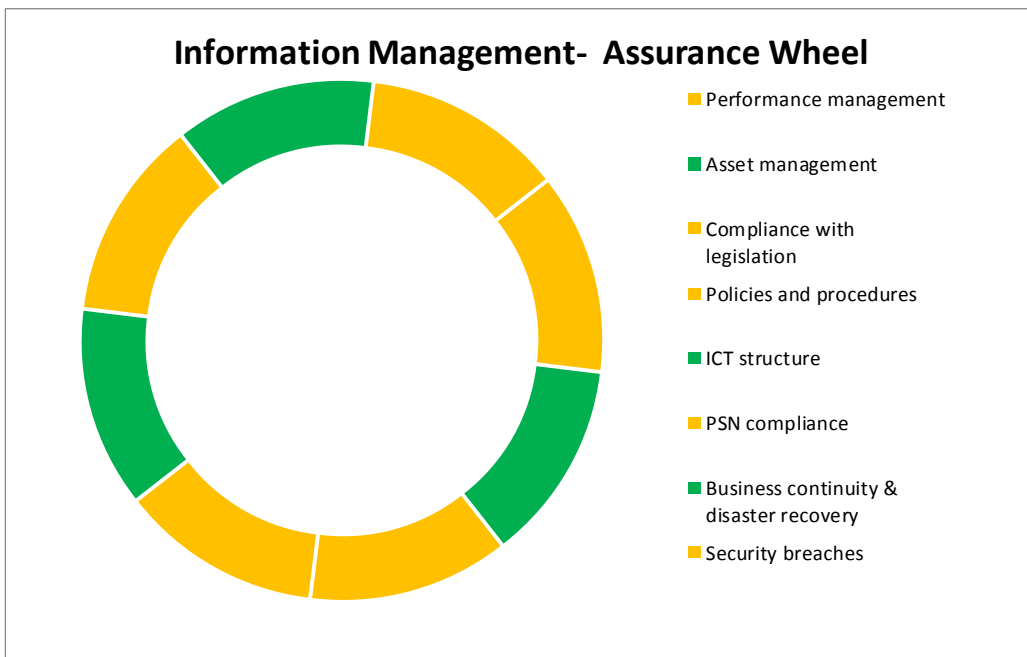
The Audit Assurance section below provides a summary assurance wheel for Information Management, followed by a more detailed assessment for each of the controls. Appendix A of the document maps the areas requiring attention.

Audit Assurance:

Medium

The assurance for Information Management follow up referred to above have been reviewed and depicted in the following graph. This indicates an overall **Medium Assurance** opinion.

Information Management assurance graph



R/A/G Rating Key:

- RED** (Low Assurance / High Risk)
- AMBER** (Medium Assurance / Medium Risk)
- GREEN** (High Assurance / Low Risk)

Summary Assessment

Information Management is an important aspect of governance for an organisation. Effective Information Management will facilitate and support efficient working, better decision-making, improved customer service and business transformation to facilitate the delivery of key priorities and objectives.

AREAS OF STRENGTH

Performance Management

- The satisfaction of the service users against the 4 ICT Key Point Indicators is tested regularly via KPI surveys.
- Satisfaction of ICT service users is consistently excellent/ very good/ good as gauged by the KPI survey results.

Asset Management

- The OTRS Configuration Management Database is regularly updated and holds all relevant information about hardware and software assets to prove their full lifecycle.
- Business cases are submitted with new equipment requests by specific Business Managers, to allow for ICT Services analysis of the need for the equipment and approval as necessary.

Compliance with Legislation – GDPR

- The roll-out of GDPR training and planning for GDPR implementation was already underway during the previous Healthy Organisation review.

ICT Structure

- An ICT structure chart identifies all posts within the ICT Services and most management posts are filled.

Policies, Procedures & Training

- There has been a roll out of Apprenticeships within the ICT Service, to aid progression and learning opportunities.
- Mandatory training records are kept on a standardised Corporate Induction Record, and on the e-learning portal individually for all staff.

PSN Compliance

- There has been the addition of new columns in the PSN remedial actions tracker to assist with monitoring who is responsible for completing actions to adhere with deadlines and comments are now being left by those responsible as to the status of the action.
- There was a decrease in the quantity of “High” risk recommendations made by the PSN assessors compared to the previous assessment.

Business Continuity & Disaster Recovery

- The Group ICT Manager has liaised with Business Managers to collate the list of applications within the ICT Business Continuity Plan.
- An up to date Major Incident Recovery plan is in place, which have been developed in partnership with local and regional 'Category 1' authority representatives. The documents are subject to regular review at local and regional planning groups.

Security Breaches

- The ICT Service Desk ticketing system which security breaches are reported through does not hold detailed information about the breach, therefore mitigating the risk of unauthorized individuals acquiring sensitive information.

AREAS FOR ATTENTION

Performance Management

- The Corporate Director for Operational & Partnerships Services should ensure corporate oversight and analysis of ICT performance is on the CMB agenda if appropriate and that KPIs are further reported to Council at the quarterly committee meetings.
- The Group ICT Manager should consider implementation of more a formal performance review process within the ICT Service.
- Due to the high scores on the KPI surveys for both "*Availability of voice and data network*" and "*Availability of storage area network (core computing)*", the Group ICT Manager could consider adjusting these KPIs to alternative measures which assess areas currently untested.

Asset Management

- The Group ICT Manager should develop an Asset Management Plan for the ICT Service, to define how the Asset Management function works and links with key areas, such as: The Service Desk, the Configuration Management Data Base, change management, procurement and starters/leavers.

Compliance with Legislation – GDPR

- At the time of audit there was uncertainty over the appointment of a new Senior Information Risk Owner (SIRO), with the post holder (the Monitoring Officer, Corporate Director of Operational & Partnership Services) due to retire on 6th July 2018.
- The SIRO should consider whether the unofficial appointment of the DPO is appropriate, along with considering how staff could be more explicitly made aware of who the DPO is and how they can be contacted.
- The DPO should consider a more formal approach to recording the remaining progress of GDPR implementation, as without this information it would be difficult to effectively prove that GDPR implementation was underway in a timely manner, and in accordance with the implementation deadlines which are not currently documented in formal plans.
- The SIRO and DPO together should consider whether the current stance to not publish FOI requests and responses via the Councils website shows sufficient compliance with the Local Government Transparency Act.
- The DPO should ensure that the Retention Guidelines within the amended Data Retention Schedule are correct and in accordance with statutory requirements.
- The DPO should ensure that revised Privacy Statements are made available via the intranet and public facing website.
- The SIRO and DPO should review the members of staff who have not completed the GDPR training to ensure that the list is reasonable.

ICT Structure

- The Corporate Director for Operational & Partnership Services should consider whether there is enough clarity within guidance and structure documentation at the Council, to allow for transparency regarding who holds important Information Governance roles and responsibilities.

- The Information Management Strategy has not have been reviewed since May 2015 and having viewed the document it was unclear who would be responsible for reviewing it. The document should be reviewed to reflect the Information Governance roles not otherwise described within the current version, as well as to reflect changes to Council processes in light of the GDPR implementation; such as the delegation of a new DPO, and the updated Data Protection and Security Breach Policy appendices.

Policies, Procedures & Training

- The Group ICT Manager should undertake a review of all ICT Policy/Codes of Conduct to ensure that these are up to date and reflect the current day ICT Service procedures, as the versions available within the staff intranet dated back to 2009 in some instances. A regular review plan should also be put in place to prevent the documents becoming out of date in the future.
- The Group ICT Manager should ensure Service-wide mandatory training has been completed for those staff in ICT.

PSN Compliance

- The Group ICT Manager should satisfy himself that the next PSN (Public Services Network) assessment due date is within calendar reminders and work plans of those responsible for ensuring compliance, to avoid expiration of the 2018/19 certificate prior to booking the next assessment.
- The Group ICT Manager should ensure that deadlines allocated to “High” risk PSN Assessor recommendations/actions are adequate and ensures the issues are proactively addressed.
- The Group ICT Manager should consider whether the recurring issues have been addressed with adequate actions which will lead to the mitigation/eradication of the risk recurring a third time.

Business Continuity & Disaster Recovery

- The Group ICT Manager should ensure the review of the ICT Business Continuity Plan goes ahead in Summer 2018 to bring the Plan up to date and to clarify the identity of 'critical' applications within the applications list.
- The Corporate Directors of Directorates should ensure that their Services' Business Continuity/Disaster Recovery Plans are up to date and contain an Emergency Plan in event that their Service's critical ICT applications should fail. The Directorate Business Continuity/Disaster Recovery Plans should link or direct Management to the ICT Business Continuity Plan with regards to recovery of their Services applications if not addressed within their own plans.

Security Breaches

- The SIRO should consider the adequacy of the current Security Breach tracking spreadsheet in its current state and ensure that it captures all information required to inform the monitoring manager of the status of actions within.
- The SIRO should ensure that access to the Security Breach spreadsheet log is adequately access-restricted.
- The Data Protection Officer (DPO) should ensure that the process in place for recording breaches into the Data Security Breach Incident tracker is sufficient to record all information required about who is reporting and logging the breach, the timescales of action completion, KPI information, reports to the ICO and so on; and also ensure that reference numbers are assigned to each incident within the log that are reflected on its accompanying investigations and related documents completed by the investigating managers.

- The SIRO and relevant Business Managers should ensure that all outstanding remedial actions have been or are being implemented, and these actions are reviewed and monitored to ensure effectiveness in mitigating the risk and reducing the likelihood of recurrence.
- The DPO and Heads of Service should further consider whether all staff should receive the updated GDPR data protection training, as opposed to omitting staff who 'do not process data'.
- The SIRO should ensure that the Data Security Breach Procedures are clearly accessible via the staff intranet, with old versions being removed to avoid confusion.

Detailed Assessment

Performance Management

Medium Risk

Previous findings:

The Group ICT Manager confirmed that there is a quarterly Corporate Performance Assessment report produced which includes information regarding ICT performance, however a copy was not made available at the time of the original audit (March 2018). We were therefore unable to conclude on the extent to which the priorities stated in the ICT Strategy are measured, monitored and achieved and the requirements of the Performance Management Framework are being met.

Follow up review findings:

There are 4 KPI's for the ICT Service, against which stakeholder satisfaction is gained by means of an OTRS Service desk survey after each 5th ticket logged. Provision and discussion of the 2017/18 Quarterly KPI results with the Group ICT Manager identified that results are generally showing good/very good/excellent performance across the 4 KPIs, and there was not much variance in the figures seen. It was noted that the KPIs for both "Availability of voice and data network" and "Availability of storage area network (core computing)" have consistently scored 100% throughout 2017/18.

On discussion with the Group ICT Manager, it was explained that no ICT service meetings are held regarding KPI performance, however KPI data is forwarded to the Corporate Management Board via an administrator for their review at Corporate Management Board meetings. This data is then put into an accumulative KPI report which is viewed by Council on a quarterly basis, however there was no evidence of this within Council minutes on the Council website. The previous KPI report was viewed, which did not contain the four ICT KPI's. The Group ICT Manager explained that they had enquired as to why the ICT KPIs were not included within this report, however an answer was not provided by the end of this review. The Group ICT Manager stated that efforts will be made to ensure that the ICT KPIs are included in the reports going forward. Two samples of Corporate Management Board agendas and corresponding minutes were provided during the Healthy Organisation Corporate Governance review but did not appear to discuss the ICT Service's performance criteria within the agendas or minutes.

It appears that KPI data is gathered on a sufficiently regular basis and that KPI survey topics are for relevant measures. It is, however, unclear how the ICT Service proactively manage their performance formally within the Service; and there was little evidence of discussion of their Performance at Corporate Management Team meetings or at full Council.

Asset Management

Low Risk

Previous findings:

There is no documented Asset Management Plan in place for the ICT department. For this reason, we were unable to conclude how the ICT asset management functions links with the service desk, configuration management, change management, procurement, release management and starters/leavers process, or whether a full asset management life cycle takes place within ICT.

There is a database in place which is used for ICT asset management, however only one screenshot of information held within the database was provided for audit testing. We were therefore unable to confirm whether further assets life cycles are monitored, or how assets are recorded on this register.

Follow up review findings:

As identified within the previous audit, there is no documented plan or policy for asset management within the ICT Service. Whilst there is not an asset management policy to define assets (software or hardware) within the Service, the ICT Business Continuity Plan holds a list of 'critical' software applications (identified as Tier 1). The list was developed by the Group ICT Manager during meetings with Business Managers prior to the final ICT Business Continuity Plan being published in May 2016.

Discussion with the Group ICT Manager has clarified that the full lifecycle of an asset can be tracked within the CMDB, whether purchased via the ICT Service or via Directorates. New ICT assets are requested via the OTRS Service desk ticketing system and will only be considered if a business case completed by one of five Directorate Business Managers has been attached. Requests for new equipment must be approved by the Group ICT Manager prior to procurement of the asset.

Existing hardware assets are assigned a 5-year expiry date, after which they will be replaced. It is noted that capital funding was restricted in 2017/18 meaning that some assets had reached their 5-year expiry date, however were not replaced. £175,000 of capital funding has been approved by Council to fund the 2018/19 ICT asset renewal, allowing the service to bring their asset renewal up to date.

When a member of staff leaves employment at the Council, a ticket is logged to make ICT aware. Once the ticket has been administered by ICT, the assets record is updated with that information and the equipment is cleared of data and added to stock if not reassigned to another user. To manage and identify assets within the database, assets are assigned an identifier based upon asset type and how and when they were purchased. These categories are not documented within any ICT documentation provided, although they were evident in an asset record pulled from the CMDB which was viewed during the audit.

Compliance with Legislation - GDPR	Medium Risk
---	--------------------

Previous findings:

During the previous audit, it was unclear whether the Data Protection Officer (DPO) at the Council would continue the role long-term, or whether, as expected, it would be reassigned to the Council's Information Officer. The Information Officer had not received any specific GDPR training at the time of testing.

The progression towards implementing GDPR was also unclear, due to there being no formal implementation plans, nor record of minutes from the Implementation Group that had been created.

Evidence was seen that the Data Protection Policy had been reviewed and approved by Council, along with the Data Retention Plan and Data Retention Schedule; however there were concerns regarding the data retention timescales assigned to certain files in the Data Retention Schedule.

Follow up review findings:

In discussion for this follow up review with the Group ICT Manager, it was made clear that the DPO role has now been designated to the Information Officer, who was interviewed during our last review.

There is concern over whether there are any plans to appoint a new SIRO, as the current post holder (the Monitoring Officer, Corporate Director of Operational & Partnership Services) is due to retire from the post on 6th July 2018. There did not appear to be a formal handover of the SIRO responsibilities prior to the current SIRO taking annual leave before their retirement.

On discussion with the Information Officer, now DPO; the role was unofficially assigned from 1st April 2018 by the Corporate Director for Operational & Partnership Services. We were informed that the decision to appoint the Information Officer as DPO was communicated to staff via a Data Protection update within the Bridgenders mailing tool, though when viewed this update did not explicitly inform staff of the DPO appointment. The DPO recently begun GDPR Practitioner Certification training w/c 14 May 2018, which was expected to be completed in 5 weeks' time.

The DPO was unaware of the Information Management Strategy (version 2015), which holds old versions of the Data Protection & Security Breach Policies and Procedures as well as designating the responsibility of DPO to the Monitoring Officer. The DPO was made aware of this document and they advised that they would be update the document.

At present, Freedom of Information requests are not published on the Council's website. A project plan is underway to add more information to the new website, which the DPO expects to lessen the number of FOI requests received.

During the original audit it was identified that some timescales relating to staff records within the Data Retention Schedule did not match the Retention Guidelines for Local Authorities. It was advised that HR are still in the process of determining the appropriate retention guidelines for the issues raised. Once fully completed, all revised Privacy notices will be published via the Intranet and on the Public facing website. When discussed with the DPO, this was due to go ahead on 25th May 2018, but on review of the Intranet, this is yet to occur.

The DPO provided the following statistics in relation to Council staff who have completed the new GDPR training:

Corporate staff: 21% completed, 79% not completed
Schools: 9% completed, 91% not completed.

The DPO explained that these figures were representative of a full head count, however not all staff would be receiving the new GDPR e-module training, only those who process personal data as part of their role. Statistics in relation to those members of staff who process personal data were requested however it was advised it was not possible to provide this information. This indicates that there has been no formal identification of the quantity of existing staff who are to take the GDPR training at the Council.

ICT Structure	Low Risk
---------------	----------

Previous findings:

The ICT structure chart was provided; however, this did not outline the responsibilities/detailed scheme of delegation within the ICT department. Due to no further information regarding ICT roles, we were unable to conclude as to the structure/scheme of delegation of the ICT or Information Management functions at the Council.

Follow up review findings:

The Group ICT Manager advised that no decisions effecting the ICT Service as a whole would be made without their approval. It was explained that there is a Scheme of Delegation within the Council's Constitution document which applies to all Group Managers at the Council, although on viewing the Constitution, this was not found to be the case.

The structure chart provided in the original review is the Service's means of identifying the delegation of authority, along with HR job descriptions which provide further detail of the roles duties/responsibilities. These were provided for the Group ICT Manager, the Data & Network Services Manager and the Systems Manager.

The post of Unified Services Manager is currently vacant and has been since the promotion of the Group ICT Manager who previously held the role. The Unified Services Manager post is currently being supported by the Data & Network Services Manager and the Group ICT Manager.

Policy, Procedures & Training	Medium Risk
--	--------------------

Previous findings:

ICT Policy/Strategy and Code of Conduct documents are available via the Intranet, however most of the documents were found to be out of date and without document control.

Some policies were available in Welsh language, however this not for the entire suite. There was also no consideration for the equality/diversity of ICT in relation to the Discrimination Act, regarding alternative equipment/assets or staff procedures.

Follow up review findings:

The suite of ICT & Information Management Policies and Codes of Conducts still required review at the time of follow up review.

Generally, policies are distributed to staff during the Corporate Induction at the beginning of their employment, which would be signed for on completion of the module on their Corporate Induction Record. Codes of Conduct are delivered as a mandatory e-learning module as part of this process. The exact ICT policies required would be determined by the role of the new member of staff. During employment, updates and newly created policies are communicated via email for Service Managers to disseminate to their teams or via the Bridgend's mailing service. The relevant Intranet page would also be updated to reflect the change.

On top of the mandatory training for ICT staff, specialised ICT roles receive further coaching/training via their peers and have accessibility to specialised accreditation pathways. The Group ICT Manager explained that the ICT Services department advocate using apprentices to develop their teams specialisms and foster a good learning culture.

Training matrices were viewed for both the Unified Services and Systems teams within the ICT Service. Both identified areas of Mandatory training that had not been completed for ICT, Safeguarding, Fire Safety and Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV), some of which was not completed for the Support and Digital Officer Manager amongst other staff currently in post.

PSN Compliance	Medium Risk
-----------------------	--------------------

Previous findings:

Although it was advised that regular PSN check testing is performed internally, we were unable to view a copy of the most recent compliance certificate at the time of the audit and the improvement plan was too vague to confirm implementation of any recommendations, as no timescales or accountabilities were identified in the plan.

Follow up review findings:

As informed by the Group ICT Manager, the previous PSN assessment had expired at the time of the original Healthy Organisation review in April 2018. It was explained that this was due to a changeover of responsibility for ensuring its compliance in the Service, as well as a lack of notification by the PSN Assessors. A PSN review was undertaken at the end of April 2018, as soon as possible following it being identified that the previous certificate had expired. The Group ICT Manager provided the remedial actions tracker for 2017/18 during the original Healthy Organisation review and also the new



remedial actions tracker for 2018/19's review. At the time of testing the 2018/19 tracker and Assessors PSN report had been sent for approval, but that it may not be returned for a few months, as such there had not yet been a decision on whether the PSN actions suggested by the Service yet had been approved yet. It was agreed by the Head of Internal Audit that we would conclude the report on her satisfaction that the PSN was in hand and had been sent for approval.

Details taken from the ICT Service's 2018/19 PSN remedial actions tracker are outlined below:

Risk Level	Total Actions Required	Actions Completed
High	35	7
Medium	16	3
Low	16	0

*figures correct as of 13 June 2018.

The total high-risk actions to be taken is 35, compared to a total of 40 high-risk actions to be taken from the previous assessment. The total medium-risk actions to be taken is 16, compared to a total of 24 from the previous assessment. The total low-risk actions to be taken is also 16, compared to 0 within the previous assessment. The total number of high-risk actions to be completed has fallen compared to the previous year's report, and there has been the addition of new columns in the tracker to assist with monitoring responsibility for completing actions, as well as deadlines and comments left by those responsible.

There are plans for PSN compliance to be phased out across the Public Sector, however it was confirmed that PSN compliance will be adhered to until the point in which the Council no longer utilise services via PSN.

Business Continuity & Disaster Recovery	Low Risk
--	-----------------

Previous findings:

We were unable to conclude a full opinion regarding a critical application list, having not been able to view the Configuration Management Data Base (CMDB). The ICT Business Continuity Plan provided did not identify which applications are critical, but did identify application 'owners', contact details for the application suppliers, alternative systems and which servers the application related to. It was noted that the ICT BCP was last reviewed during May 2016. It was advised that there is a printed copy of the ICT Business Continuity Plan held in a fire safe within the Civic Offices. The Group ICT Manager also confirmed that the applications list is not under a regular review process and had not been updated since it was compiled three years ago.

Regarding the Corporate Business Continuity Plans for the Council, the tests could not be concluded as there were no documents identified/provided. The Group ICT Manager confirmed that there are Service/Directorate Business Continuity Plans, but the ICT Plan does not feed into an overarching Corporate Continuity Plan.

Follow up review findings:

Directorate/Service Business Continuity Plans

As previously confirmed, there is an applications list within the ICT BCP, but not within the CMDB. 'Critical' applications are identified within the ICT Business Continuity Plan as 'Tier 1' systems. The Group ICT Manager explained that while most applications are accounted for within the ICT Business Continuity Plan, Directorates should include the applications that they use within their own Directorate Business Continuity Plans and Disaster Recovery Plans. It was also identified by the Group ICT Manager that the ICT Plan has no link with the Corporate Business Continuity Plan, and we were not able to locate a Corporate Business Continuity Plan via the staff Intranet.

One other Business Continuity Plan was made available at the time of the previous audit, for the Social Services & Well-Being Directorate. This document was out of date (due for review in Jan 2016), and did not provide a list of applications used by the Service, nor a plan to follow if applications (for example the DRAIG database) become unavailable. Neither did it link to the ICT BCP server recovery type plans for these applications.

Corporate Business Continuity Plans

The owners of the Major Incident Plans for the Council are the Emergency Planning Team, with the Emergency & Electoral Team Manager responsible for their review and relevant planning. The Emergency & Electoral Team Manager provided the most recent revision of the Strategic Major Incident Plan, Recovery Plans and the Emergency Incident Control Plans; as well as the Corporate (Strategic) Business Continuity Plan. The Corporate Business Continuity Plan for the Council is in place to ensure that during a major incident occurring there are sufficient plans to keep services available to customers, such as bin collection, and other every day services.

The Major Incident Plans and supporting documents have recently been reviewed and, due to restructuring within the Council, there are plans to develop major incident training modules for Service Managers towards the end of 2018 regarding call outs, planning for recovery, and other related topics, to ensure that all necessary staff have sufficient knowledge. The Recovery Plan document outlines the responsibilities of all local Authorities in the case of a major incident and is currently in draft form (dated Feb 2018).

The Emergency & Electoral Team Manager also explained that there are Local Resilience Plans in place which sit beneath the Major Incident Plan, which are developed through seven different 'Category 1' members of local authorities (including Fire teams, Water Boards, and Health Care representatives) who work together at a Regional Planning Group to create recovery plans with regional collaboration.

The Council's Corporate Business Continuity Framework was last reviewed and updated in March 2018, by the Emergency Planning & Electoral Team Manager. The Corporate Business Continuity Framework is supported by individual Directorate plans with more detail on how each directorate will run its own services in the event of a crisis affecting how the Council deliver business as usual. The Framework identifies the Corporate Management Board as the Crisis Management Team and sufficiently outlines teams varying responsibilities if the Plan was to be activated. Contact and distribution list details are not held within this document, but separately by the Emergency Planning team, which would be distributed as necessary when an incident occurred.

It is expected that each service area would hold information regarding emergency response within their own Business Continuity Plan, which was found to be the case within ICT and Social Services & Well-Being. The ICT and Social Services BCPs viewed were both found to be out of date/due for review at the time of testing, with the Social Services plan not identifying their critical/other applications to be bought back in the event of failure. Business Continuity Plans for the remaining service areas were not reviewed as part of this work.

Security Breaches	Medium Risk
--------------------------	--------------------

Previous findings:

The Group Manager for ICT confirmed that the DPO and SIRO monitor security breaches at the Council, deciding on which to report to the ICO and monitoring breaches once reported via a central spreadsheet. The Data Security Breach spreadsheet was not provided for audit testing.

The Strategy/Codes of Conducts and mandatory Data Protection training in place appeared to be robust enough to ensure that breaches are reported and monitored, however these required reviews to align with the implementation of GDPR.

Follow up review findings:

The Security Breach Incident Tracker was provided by the Group ICT Manager. It was advised that it is stored within the Councils O: Drive, of which only certain users can access (DPO, SIRO and the Business Managers).

One case of a laptop theft was discussed during an audit interview with the Group ICT Manager, who explained that the incident was reported to the ICO, who took no further action due to the laptop's encryption. Another instance was discussed regarding a significant breach which took place in late 2016, which led to a member of staff being suspended pending further investigation/action. It was advised that the incident was being dealt with by HR and had not yet reached a conclusion.

The ICT Service Desk can be used to log security breaches, however they do not hold full details of the incident investigation, which are signposted to the relevant 5 Business Managers to follow up confidentially. The Security Incident Breach tracker is then updated with the cases progress. Upon review of the tracker, it was found that a lot of information was missing from various columns. The tracker holds all security breach information since 2001, but only a handful of entries in total have been identified with a "Security Breach Ref #".

Within the details tab of the tracker there was little information regarding whether the actions (if any) put in place were completed, by whom, the date of completion and whether any further monitoring was being implemented to address any potential for the incident to reoccur and/or affect other areas of the Council.

Guidance is not easily identifiable within the Bridgend staff intranet as to how to report a data security breach. There is information regarding reporting a Security Breach within the Information Management Strategy as an appendix; however this document is out of date (last reviewed in 2015). It is not possible to tell from the Security Breach Incident Tracker whether the process explained within the Information Management Strategy appendix has been followed as there is insufficient information kept within the tracker to conclude this.

During the audit testing completed in the original Healthy Organisation review, it was identified by the Group ICT Manager that there was a mandatory ICT training module for staff members, as well as a Data Protection mandatory module during staff inductions, to ensure that the data breach protocol is communicated to all staff members.

Appendix A - Mapping Areas for Attention to 2018/19 Internal Audit Plan

Theme	Area for Attention	Update
Information Management- Performance	The Corporate Director for Operational & Partnerships Services should ensure Corporate oversight and analysis of ICT Performance is on the CMB agenda if appropriate and that KPIs are further reported to Council at the quarterly committee meetings.	Complete – performance is monitored on line.
Information Management- Performance	The Group ICT Manager should consider implementation of more formal Performance review within the ICT Service.	Actioned. Current methods are deemed appropriate.
Information Management- Asset Management	The Group ICT Manager should develop an asset management plan for the ICT Service.	Already in place.
Information Management - Legislation - GDPR	There is concern over whether there are any plans to appoint a new SIRO. The Executive Director should ensure that this role has been passed on to a suitably senior member of the Management team.	This has already been actioned with the Monitoring Officer covering the SIRO role.
Information Management- Legislation - GDPR	The SIRO should consider whether the unofficial appointment of the DPO is appropriate, and how staff could be more explicitly made aware of who is responsible/ the main point of contact for the role of DPO.	This has already been actioned and an appropriate appointment made which was clearly disseminated to staff via Bridgenders.
Information Management- Legislation - GDPR	The DPO should consider a more formal approach to recording the remaining progress of GDPR implementation, as without this information it would be difficult to effectively prove that GDPR implementation was underway in a timely manner, and in accordance with the implementation deadlines which are not currently documented in formal plans.	A GDPR implementation Board was established with key representation from each Directorate. It has been accepted that formal minutes should have been taken;
Information Management – Legislation - GDPR	The SIRO and DPO together should consider whether the current stance to not publish FOI requests and responses via the Councils website shows sufficient compliance with the Local Government Transparency Act and formally risk assess the impact of not publishing FOI's online.	There is an FOI Publication Scheme on the intranet which publishes FOI responses that we consider would be of interest to the public. The team are currently reviewing the Publication Scheme with a view to publishing more FOIs
Information Management – Legislation - GDPR	The DPO should ensure that the Retention Guidelines within the amended Data Retention Schedule are correct and in accordance with statutory requirements.	The Data Retention Policy has been reviewed in light of GDPR and was approved by Cabinet in January 2018;
Information	The DPO should ensure that revised	Complete

Theme	Area for Attention	Update
Management – Legislation - GDPR	Privacy Statements are made available via the intranet and public facing website.	
Information Management – Legislation - GDPR	The SIRO and DPO should ensure that staff who have not completed the updated GDPR training are mandated to do so.	GDPR training – this is a set agenda item for the IG Board. The completed lists are reported and each Business Manager is then required to chase those within their Directorate who are yet to complete it;
Information Management - ICT Structure	The Corporate Director for Operational & Partnership Services should consider whether there is enough clarity within guidance and structure documentation at the Council, to allow for transparency regarding who holds important Information Governance roles and responsibilities.	Already in place. Some updating is required but this is low risk and therefore not high priority.
Information Management - ICT Structure	The Information Management Strategy was seen to not have been reviewed since May 2015 and having viewed the document it is unclear who would be responsible for reviewing this Strategy. The document should be reviewed to reflect the Information Governance roles not otherwise described within the current version, as well as to reflect changes to Council processes in light of the GDPR implementation; including the delegation of a new DPO, and the updated Data Protection and Security Breach Policy appendices.	The Information Management Strategy is currently being reviewed by Legal as it is felt that it appropriately sits with Legal.
Information Management – Policy, Procedures & Training	The Group ICT Manager should review all ICT Policies and Procedure documents to ensure that they are up to date and reflect the current day ICT Service procedures, as the versions available within the staff intranet dated back to 2009 in some instances. A regular review plan should also be put in place to prevent the documents being out of date in future.	Complete
Information Management – Policy, Procedures & Training	The Group ICT Manager should ensure Service-wide mandatory training has been completed for staff in ICT.	Complete
Information Management – PSN Compliance	The Group ICT Manager should satisfy himself that the next PSN assessment due date is within calendar reminders and work plans of those responsible for ensuring compliance, to avoid expiration	The Group Manager is satisfied. PSN is being replaced by Cyber Essentials Plus.

Theme	Area for Attention	Update
	of the 2018-19 certificate prior to booking the next assessment.	
Information Management – PSN Compliance	The Group ICT Manager should ensure that deadlines allocated to “High” risk PSN Assessor recommendations/actions are adequate.	All high risks are actioned immediately therefore no recommendations or actions are outstanding.
Information Management – PSN Compliance	The Group ICT Manager should consider whether the recurring issues have been addressed with adequate actions which will lead to the mitigation/eradication of the risk recurring a third time.	This is being considered and will be addressed when the Data-centre is moved to Ravenscourt.
Information Management – Business Continuity & Disaster Recovery	The Group ICT Manager should ensure the review of the ICT Business Continuity Plan goes ahead in Summer 2018 to bring the Plan up to date and to clarify the identity of 'critical' applications within the applications list.	This is being considered and will be addressed when the Data-centre is moved to Ravenscourt.
Information Management – Business Continuity & Disaster Recovery	The Corporate Director for the Social Services and Well-Being Directorate should ensure that the Business Continuity/Disaster Recovery Plans for their services are updated and contain an Emergency Plan in light that their Services critical ICT applications should fail. They should link to the ICT Business Continuity Plan with regards to Recovery of their applications.	As above – this will be actioned as part of the update
Information Management – Business Continuity & Disaster Recovery	The Corporate Director for Education and Family Support should ensure that they hold adequate and up to date Business Continuity and Recovery Plans for their Directorate’s Services in the event of a major event or disaster.	As above – this will be actioned as part of the update.
Information Management – Business Continuity & Disaster Recovery	The Corporate Director for Communities should ensure that they hold adequate and up to date Business Continuity and Recovery Plans for their Directorate’s Services in the event of a major event or disaster.	As above – this will be actioned as part of the update.
Information Management – Business Continuity & Disaster Recovery	The Corporate Director for Operational and Partnership Services should ensure that they hold adequate and up to date Business Continuity and Recovery Plans for their Directorate’s Services in the event of a major event or disaster.	No longer applicable. Will cover the Directorate of CEX – Resources and included as above.
Information Management – Security Breaches	The SIRO should ensure that access to the Data Security Breach Incident tracker is adequately access-restricted.	This is already appropriately access-restricted.
Information Management – Security Breaches	The DPO should ensure that the process in place for recording breaches into the Data Security Breach Incident tracker is	Already actioned and monitored by the DP officer.

Theme	Area for Attention	Update
	sufficient to record all information required about who is reporting and logging the breach, the timescales of action completion, KPI information, and reporting to the ICO; and ensure that reference numbers are assigned to each incident within the log that are reflected on its accompanying investigations and related documents completed by the investigating managers.	
Information Management – Security Breaches	The SIRO and relevant Business Managers should ensure that all of their relevant actions in relation to security breaches have been or are being implemented, and these actions are reviewed and monitored to ensure effectiveness in mitigating/eradicating the risk of recurrence.	DPO – there is a Code of Practice for Data Breaches available for staff on the intranet which outlines the new process in light of GDPR. All data breaches are recorded in Legal and should also be held by the relevant Business Manager. Data Breaches is a set agenda item for the IG Board so that breaches can be discussed with a view to ensuring such breaches do not recur.
Information Management – Security Breaches	The SIRO should ensure that the Data Security Breach Procedures are clearly accessible via the staff intranet, with old versions being removed to avoid confusion.	See above.

Report Authors and Distribution

Report Authors

This report was produced and issued by:

- Moya Moore, Assistant Director
- Dan Newens, Senior Auditor
- Emily Hobbins, Auditor

Key Contacts

The key contacts for Information Management:

Martin Bell, Group ICT Manager

Charlotte Branford, Information Officer (DPO)


Julie Cooper, Emergency Planning Team

Distribution List

This report was distributed to:

Helen Smith, Head of Internal Audit

Statement of Responsibility

 **Conformance with Professional Standards**
SWAP work is completed to comply with the International Professional Practices Framework of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Auditing Standards.

 SWAP Responsibility

Please note that this report has been prepared and distributed in accordance with agreed Audit Charter and procedures. The report has been prepared for the sole use of the Partnership. No responsibility is assumed by us to any other person.

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO AUDIT COMMITTEE

13 DECEMBER 2018

REPORT OF THE CHIEF INTERNAL AUDITOR

UPDATED FORWARD WORK PROGRAMME 2018/19

1. Purpose of report

1.1 The purpose of this report is to present to Audit Committee the updated Forward Work Programme for 2018/19.

2. Connection to corporate improvement objectives/other corporate priorities

2.1 This report assists in the achievement of the following corporate priority/priorities:

- Smarter use of resources – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

3. Background

3.1 The Core functions of an effective Audit Committee are:-

- To consider the effectiveness of the Council's Risk Management arrangements, the control environment and associated anti-fraud and corruption arrangements.
- Seek assurances that action is being taken on risk-related issues identified by auditors and inspectors.
- Be satisfied that the Council's assurance statements properly reflect the risk environment and any actions required to improve it.
- Oversee the work of internal audit (including the annual plan and strategy) and monitor performance.
- Review summary internal audit reports and the main issues arising, and seek assurance that action has been taken where necessary.
- Receive the annual report of the Chief Internal Auditor as Head of Audit.
- Consider the reports of external audit and inspection agencies, where applicable.
- Ensure that there are effective relationships between external and internal audit, inspection agencies and other relevant bodies, and that the value of the audit process is actively promoted.
- Review and approve the financial statements, external auditor's opinion and reports to Members, and monitor management action in response to the issues raised by external audit.

3.2 Effective Audit Committees help raise the profile of internal control, risk management and financial reporting issues within an organisation, as well as providing a forum for the discussion of issues raised by internal and external

auditors. They enhance public trust and confidence in the financial governance of an authority.

4. Current situation/proposal

- 4.1 In order to assist the Audit Committee in ensuring that due consideration is given by the Committee to all aspects of their core functions the updated Forward Work Programme for 2018/19 is attached **at Appendix A.**

5. Effect upon policy framework and procedure rules

- 5.1 There is no effect upon the policy framework and procedure rules.

6. Equality Impact Assessment

- 6.1 There are no equality implications arising from this report.

7. Well-being of Future Generations (Wales) Act 2015 implications

- 7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

8. Financial implications

- 8.1 There are no financial implications arising from this report.

9. Recommendation

- 9.1 That Members consider and note the updated Forward Work Programme for 2018/19.

Helen Smith
Chief Internal Auditor
13th December 2018

Contact Officer: Helen Smith – Chief Internal Auditor

Telephone: (01656) 754901

E-mail: internalaudit@bridgend.gov.uk

Postal Address

Bridgend County Borough Council
Internal Audit
Innovation Centre
Bridgend Science Park
Bridgend
CF31 3NA

Background Documents

None

**AUDIT COMMITTEE
SCHEDULE OF MEETINGS AND FORWARD WORK PROGRAMME
2018 - 2019**

PROVISIONAL DATE OF MEETING	FORWARD WORK PROGRAMME	OFFICER RESPONSIBLE	UPDATE
2018			
28th June	Information and Action Requests (if applicable).	Chief Internal Auditor (CIA)	N/A
	Updated Forward Work Programme 2018/19.	CIA	Completed
	Pre-audited Statement of Accounts 2017/18.	Head of Finance	Completed
	Draft Annual Governance Statement 2017-18	Head of Finance	Completed
	Treasury Management Outturn 2017/18	Head of Finance	Completed
	Proposal to Incorporate the Shared Internal Audit Service (RIASS) into a Larger Service Hosted by the Vale of Glamorgan Council to Include Two Additional Councils	Head of Finance	Completed
	Incident and Near Miss Reporting Procedure (Excluding Health and Safety)	Head of Finance	Completed
	Community Action Fund 2017-18 Update	Head of Finance	Completed
	Audit Committee's Term of Reference	Head of Finance	Completed
	External Auditors / Inspection Reports (where applicable).	Head of Finance / WAO	
	IASS Outturn Report April and May 2018. Together with progress against Plan.	CIA	Completed
	Healthy Organisational Review	CIA	Completed
6th September	Information and Action Requests	CIA	N/A
	Updated Forward Work Programme	CIA	Completed
	Statement of Audited Accounts and Final Annual Governance Statement 2017/18	Head of Finance / WAO	Completed
	Internal Audit 4 months Outturn Report April to July 2018, progress against plan	CIA	Completed
	External Auditors / Inspection Reports (where applicable).	Head of Finance / WAO	
15th November	Up dated Forward Work Programme	CIA	Completed
	Information and Action Requests (where applicable)	CIA	N/A
	Risk Management	Head of Finance / Risk & Insurance Officer	Deferred to December
	Update on Community Action Fund	Head of Legal and Regulatory Services	Deferred to December
	Treasury Management Half Year monitoring report 2018-19	Head of Finance	Completed
	Internal Audit Outturn Report – April 2017 to September 2018.	CIA	Completed
	Healthy Organisation Review – Information Management follow up	CIA	Completed
	Incident & Near Miss Procedure	Head of Finance	Deferred to December
	External Auditors / Inspection Reports (where applicable).	Head of Finance / WAO	Completed
	Annual Audit Letter 2017/18		

APPENDIX A

	Annual Improvement Report 2017/18 Performance Work update – 2018/19 Service User Perspective of Disabled Facilities Grants		
13th December			
	Risk Management (including Incidents / Near Misses)	Head of Finance / Risk & Insurance Officer	Submitted
	Update on Community Action Fund	Head of Legal and Regulatory Services	Submitted
	External Auditors / Inspection Reports (where applicable). Certificates for both the annual audit and performance assessment.	Head of Finance / WAO	Submitted
	Healthy Organisation Review – Action Plan Update	Head of Finance	Submitted
	Re-presentation of the Healthy Organisation Review – follow up Information Management	CIA – ICT Group Manager	Submitted
	Updated Forward Work Programme	CIA	Submitted
2019			
17th January	Up dated Forward Work Programme	CIA	
	Internal Audit 8 months Outturn Report April – November 2018	CIA	
	External Auditors / Inspection Reports (where applicable)	Head of Finance / WAO	
	Corporate Risk Assessment 2019-20	Head of Finance	
	Fraud Update	Head of Finance / Benefits Manager.	
	Corporate Fraud Framework	CIA	
	Treasury Management Strategy 2019-20	Head of Finance	
	External Auditors / Inspection Reports (where applicable). Performance Work Update – 2018/19	Head of Finance / WAO	
18th April	Updated Forward Work Programme	CIA	
	Proposed Forward Work Programme 2019-20.	CIA	
	Internal Audit proposed Annual Strategy and Audit Plan 2019-2020.	CIA	
	Internal Audit Shared Service Charter 2019/20	CIA	
	Draft Head of Audit’s Annual Opinion Report and outturn for the Year 2018/19	CIA	
	External Auditors / Inspection Reports (if applicable): - External Audit Plan 2019/20 Certification of Grants and Returns 2017/18 Performance Work Update – 2018/19	Head of Finance / WAO	

By virtue of paragraph(s) 12, 13, 18 of Part 4 of Schedule 12A of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank