

Partneriaeth Pen-y-Bont a'r Fro
Bridgend & Vale Partnership
working together - gweithio ar y cyd



**INTERNAL AUDIT SHARED SERVICE
DRAFT ANNUAL AUDIT PLAN FOR THE
DIRECTORATE OF ASSISTANT CHIEF EXECUTIVE
LEGAL & REGULATORY SERVICES**

2015 – 2016

Bridgend CBC

1. Introduction

- 1.1 The Legal & Regulatory Services Directorate is acutely aware that the effect of the Medium Term Financial strategy will be a challenge to the priorities of the Authority and the way in which this will be a challenge internally in limiting the services that the Directorate can deliver. The impact is therefore that the plan will require continuous review to ensure the Directorate is able to meet the changing needs of the Authority, albeit to those priorities and not necessarily to those services which are not prioritised. The Directorate will focus on the stated corporate priorities in the corporate plan and corporate projects that feed into it. The Directorate's assets are its staff and the skills that they hold and in preparation for those cuts there has already been a significant loss of staff and a move away from the traditional stability of staffing within the Directorate with staff looking for and succeeding in finding alternative employment. There is also a concern, due to the additional pressures on staff that sickness levels particularly due to stress, will rise.
- 1.2 In addition there is uncertainty as to the future makeup of the Directorate. Regulatory Services has formed a joint service with the Vale and Cardiff and is managed by the Vale. The Directorate has an ongoing monitoring exercise of the service. Other services within the Directorate are fluid addressing the needs of the Authority for the time being.
- 1.3 The Directorate is however staffed with people who have a genuine desire to support the Authority and a performance culture that is recognised by the Authority as delivering. The last year's achievements are significant particularly given the extraordinary pressure placed upon staff
- 1.4. The Directorate provides a genuine mix of internal, collaborative, joint and external service provision. The Directorate is well placed for the future, has the culture to continuing delivering services but will be impacted considerably by the cuts. It is important that the position be constantly reviewed to ensure that the loss of staff does not increase the cost of the service overall due to outsourcing but also the reduction of quality to the service due to skills loss.

2. Improvement Priorities for 2015-17

2.1 Bridgend County Borough Council has identified six improvement priorities; improvements the Council believe matter most to people in the borough. These priorities are as follows:

Working together to develop the local economy	Working together to raise ambitions' and drive up educational achievement.	Working with Children and Families to tackle problems early	Working together to help vulnerable people to stay independent.	Working together to tackle health issues and encourage healthy lifestyles	Working together to make best use of our resources.
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3. Corporate Commitments

Improvement Priority (IP)	Commitment Objective	Assistant Chief Executive – Legal & Regulatory Services - Commitments (Actions)
IP5 – WORKING TOGETHER TO TACKLE HEALTH ISSUES AND ENCOURAGE HEALTHY LIFESTYLES.	Work with Partners to address issues such as mental wellbeing, childhood obesity, alcohol, smoking and substance misuse, especially among young people.	<p>Promote Healthy Options Scheme with businesses across BCBC. The aim of this Healthy Options award is to increase accessibility to healthy food.</p> <p>Continue to work with partners towards joint inspections of premises selling age restricted products such as tobacco and alcohol.</p> <p>Develop and provide advice and education to businesses in relation to their responsibilities in relation to regulated matters such as the sale of age restricted products, food hygiene and food labelling.</p> <p>To work with Families First Service providers to ensure they deliver the expected outcomes for the programme of supporting families.</p>

	Work with a range of partners to develop services and opportunities that encourage and promote life-long physical activity including making the best use of our Rights of way cycle ways and community routes.	Support partners in LSB to further develop targeted projects to encourage better health with a focus on the Llynfi Valley.
IP6 – WORKING TOGETHER TO MAKE THE BEST USE OF OUR RESOURCES	Implement the Council's Medium Term Financial Strategy and the Bridgend Change Programme to deliver the savings required.	Achieve the savings identified in the Medium Term Financial Strategy.
	Explore innovative and flexible ways of delivering services, moving from ad hoc procurement to controlled commissioning.	Deliver the projects contained within the Bridgend Change Programme. Implement the contract management and a procurement strategy to improve the efficiency.

4. Corporate Risks

The Council assesses on an annual basis the major risks that will affect the ability to achieve the Corporate Improvement Priorities, provide services as planned and fulfil its statutory duties. In relation to the Directorate of the Assistant Chief Executive – Legal & Regulatory Services the following is included within their Business Plan:

Risks to the department and Authority. Risks to the department and Authority are assessed monthly within the department management team. Risks are identified at the opening and each file bring forward and review. Risks identified are signed off by management and kept under review by the fee earner. Risks are identified as being strategic, operational and regulatory.

Risk over the period of each year is then review at the Annual General Meeting to review the management of risk and to seek to develop better risk management.

For the forthcoming year, the Business Plan has identified the risks that the MTFs brings to both the department and wider Authority. The management and mitigation of risk is an integrated part of the culture of the department and will continue to be managed within the adopted process of the department.

Collaboration moving forward will have an impact on the delivery of regulatory services. Any further delays in the process will impact on the ability to deliver the proposed savings and resilience; performance against key performance indicators may also dip through the transition period in particular

5. The Risk Assessment Process

5.1 The information which has been used to prepare the risk assessment and proposed internal audit plan for the Directorate of the Assistance Chief Executive – Legal & Regulatory Services has been collected and collated from a number of different sources including the information contained above. The starting point for a risk based audit approach is an understanding of the Council’s priorities and risks. This has been achieved by reviewing the Corporate Plan, Directorate’s Business Plan, Corporate Risk Register and meeting / interviewing Corporate Directors and their Senior Management Teams asking where they perceive to be the main risks within their individual areas and where they would require internal audit to provide assurance that such risks are being effectively mitigated and managed. This information is used to inform and design the audit plan.

5.2 The plan is based on an underlying risk assessment. The inherent risks existing within each area are then identified for audit as part of the audit planning process. The audits which make up the plan have been assessed on priority. Internal Audit will ensure that all reviews classified as “high” risk, will be completed by the end of the year, “medium risk reviews are the next level down, but still require a scheduled review. Although “low” risk reviews still carry a degree of risk, these have not been included on the plan but continue to be risk assessed annually to take account of any changes in their status.

6. Proposed Internal Audit Plan for the Directorate of the Chief Executive (Legal & Regulatory Services) 2015-16

DIRECTORATE – ASSISTANT CHIEF EXECUTIVE – LEGAL & REGULATORY SERVICES

Area	Identified Risk(s)	Audit Scope	Total Days
Decision Tracking / Approval Process	Decision Making is not transparent; Failure to comply with the Council’s Constitution.	To provide assurance that the decision tracking and approval process for the Council in relation to Cabinet and Scrutiny Committees is robust, transparent and in accordance with the Council’s Constitution. This will include the framework of strategic control in relation to matters reserved for the collective decision making of the Council and arrangements for delegated decision making.	15
Money Laundering	Failure to comply with Legislation.	Review to assess the adequacy of the Council’s Money Laundering Policy to ensure compliance with legislative requirements.	10

Contracts Register	Failure to comply with relevant policies and procedures.	To review the Council's Contracts Register to ensure that the procedures and processes for maintaining the Register are robust, accurate and up to date.	10
Impact of Savings	Negative impact on the overall control environment.	To review the overall impact on the Directorate's control environment as a result of continued budget reductions. This review will incorporate, staff reductions, service delivery, client expectations and levels of demands.	15
Procurement / Project Compliance Framework	Non compliance with CPR and FPR's Expenditure Ultra Vires.	Review of the operation of key controls including tendering, ordering, commitments, compliance with Contract and Financial Procedure Rules.	30
		<i>Overall Total – Assistant Chief Executive – Legal & Regulatory Services</i>	80