City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Audit Committee

At: Committee Room 5 - Guildhall, Swansea

On: Tuesday, 11 June 2019

Time: 2.00 pm

Membership:
Councillors: C Anderson, P M Black, T J Hennegan, P R Hood-Williams, O G James,
P K Jones, J W Jones, E T Kirchner, M B Lewis, S Pritchard, W G Thomas,
L V Walton and T M White

Lay Member: P O'Connor

Agenda

Page No.

1   **Election of the Chair for the 2019-2020 Municipal Year.**

2   **Election of the Vice-Chair for the 2019-2020 Municipal Year.**

3   **Apologies for Absence.**

4   **Disclosures of Personal and Prejudicial Interests.**
    www.swansea.gov.uk/disclosuresofinterests

Next Meeting: Tuesday, 13 August 2019 at 2.00 pm

Huw Evans
Head of Democratic Services
Tuesday, 4 June 2019

Contact: Democratic Services: - 636923

Cyngor **Abertawe**
Swansea Council

City and County of Swansea

Minutes of the Audit Committee

Committee Room 5, Guildhall, Swansea

Tuesday, 9 April 2019 at 2.00 pm

Present: P O'Connor (Independent Chair) Presided

Councillor(s)	Councillor(s)	Councillor(s)
C Anderson	P M Black	T J Hennegan
P R Hood-Williams	P K Jones	J W Jones
E T Kirchner	S Pritchard	L V Walton
T M White		

Officer(s)
Simon Cockings	Chief Auditor
Peter Field	Principal Officer Prevention, Wellbeing and Commissioning
Adam Hill	Deputy Chief Executive / Director of Resources
Tracey Meredith	Chief Legal Officer
Jeremy Parkhouse	Democratic Services Officer
Jonathon Rogers	Corporate Fraud Team Investigator
Richard Rowlands	Strategic Delivery & Performance Manager.
Ben Smith	Chief Finance Officer / Section 151 Officer

Also Present: -
Jason Garcia	Wales Audit Office
David Williams	Wales Audit Office
Ian Arundale	Cardiff Council, Audit Committee
David Hugh Thomas	Cardiff Council, Audit Committee
Chris Pike	Cardiff Council, Audit Manager

Apologies for Absence
Councillor(s): O G James, M B Lewis and W G Thomas

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82 **Representatives of Cardiff Council Audit Committee.**

The Chair welcomed Ian Arundale (Chair), David Hugh Thomas and Chris Pike (Audit Manager) who were representing Cardiff Council Audit Committee as part of the peer review process.

83 **Disclosures of Personal and Prejudicial Interests.**

In accordance with the Code of Conduct adopted by the City and County of Swansea, the following interests were declared: -

Councillor P R Hood-Williams – Minute No.91 – Internal Audit Strategy & Annual Plan 2019/20 – Governor of Crwys Primary School – personal.

Councillor T M White - Minute No.85 – Wales Audit Office – 2019 Audit Plan – City & County of Swansea - Member of the Local Pension Board and beneficiary of LGPS - personal.

Paula O'Connor – Agenda as a whole – Head of Internal Audit to Abertawe Bro Morgannwg University Health Board – Personal.

84   Minutes.

Resolved that the Minutes of the previous meeting of the Audit Committee were approved as a correct record.

85   Presentation - Governance Update.

Adam Hill, Deputy Chief Executive provided the Committee with a Governance Update presentation. Details on the following were provided: -

- Overview – Councillor and Chief Officer responsibilities;
- Governance Framework – Two core principles and five supporting principles;
- Internal Governance;
- External Governance;
- Assurance;
- Assurance Framework (Golden thread);
- Risk Management;
- 3 Lines of Defence;
- Sources of Assurance – Internal and external;
- Potential Sources of Assurance;
- Assurance Statements (Annual – April).

The Committee asked questions of the Officer, which were responded to accordingly. Issues discussed included: -

- Political and officer 'buy in' to the process including their aspirations;
- Legally and financially showing governance procedures;
- The challenge to CMT to ensure it fits with Corporate Priorities and delivers going forward;
- Confidence in the governance process going forward;
- Partnership working going forward;
- The role of Scrutiny in overseeing governance.

The Chair thanked the Deputy Chief Executive for his presentation and stated that it had provided assurance and covered a gap that had existed in the Committee's understanding of governance. She added that it was clear that officers were committed to making improvements and she looked forward to working to strengthen the framework / risks to ensure all areas were covered.

86   Wales Audit Office - 2019 Audit Plan - City and County of Swansea.

Jason Garcia, Wales Audit Office (WAO) presented the 2019 Audit Plan which provided the proposed audit work, when it would be undertaken, how much it would cost and who would undertake it.

Appendix 1 set out the responsibilities of the Auditor in full and Exhibit 1 provided the three phases of the audit approach. The risks of material misstatements were provided at Exhibit 2, the performance work in last year's audit outline still in progress were set out in Appendix 2 and the proposed audit fee for this work was set out in Exhibit 4. The more significant and/or recurring issues identified when undertaking grant certification work in 2017-18 were identified at Appendix 3. The components of the performance audit work were shown in Exhibit 3 and the timetable of the proposed audits was provided at Exhibit 6. An update on the progress of the Plan would be reported to the Committee.

It was highlighted that there were no significant issues of concern.

The Committee discussed the following: -

- Monitoring the provisions of the Well-being of Future Generations (Wales) Act 2015, avoiding duplication, providing clarity, providing a programme of work and assurance;
- Wales Audit Office fees, particularly the recent reductions and how the fees are justified;
- Governance and monitoring of the City Deal going forward;
- Brexit preparations and the assurance provided at Appendix 3;
- Performance work in last year's audit outline still in progress.

The Chair sought clarification that the Assurance and Risk Assessment was not an audit review but a WAO scoping exercise. She also requested that the Committee be informed of any issues arising from the scoping exercise.

 Resolved that: -

1) the Wales Audit Office Audit Plan 2018/19 be noted;
2) an update report on performance work and also any issues from the assurance and risk assessment scoping be provided in the next Municipal year.

87   Wales Audit Office - 2019 Audit Plan - City and County of Swansea Pension Fund.

David Williams, Wales Audit Office presented the 2019 Audit Plan for the City and County of Swansea Pension Fund.

The responsibilities of the Auditors, along with those of management and those charged with governance, were set out in Appendix 1. The audit approach consisted of three phases as set out in Exhibit 1. The financial audit risks, which included significant risks were provided at Exhibit 2. The estimated fee was provided at Exhibit 3.

The aim of the Auditors was to identify material misstatements and also to issue an audit statement confirming the consistency of the financial statements included in the annual report with the audited Pension Fund financial statements. The timetable of works was provided at Exhibit 5.

Resolved that the contents of the report be noted.

88   **Social Care Contracts Audit Update.**

Peter Field, Principal Officer, Prevention, Wellbeing and Commissioning presented a 'for information' update report on Adult Services Social Care compliance with Corporate Procedure Rules (CPR's) and Public Contracts Regulations 2015.

The Committee were provided with updates regarding progress to April 2019. Also provided were the details of the number of non-compliant Social Care Contracts at December 2018.

It was outlined that 21 contracts were non-compliant and details of these contracts were provided for Residential Care, Domiciliary Care, Supported Living, Third Sector and other non-compliant contracts.

The Committee asked questions regarding the following: -

- The ongoing risk being low;
- Re-commissioning of services to ensure legally compliant procurement processes having the likely increase of approximately £1.6m in 2019/20 and the focus upon making all contracts compliant.

Resolved that the contents of the update be noted.

89   **Revenue and Capital Budget Monitoring 3rd Quarter 2018/19.**

Ben Smith, Section 151 Officer presented a 'for information' report on financial monitoring of the 2018/19 revenue and capital budgets, including the delivery of budget savings.

The Revenue and Capital Budget Monitoring 3rd Quarter Monitoring report that was presented to Cabinet on 14 February 2019 was provided at Appendix 1.

He stated that the report was provided to give assurance to the Committee that the Section 151 Officer and Corporate Management Team were fully aware of the financial position and the Authority was working towards reducing the overspend and to provide a balanced budget.

He added that the additional Social Services care costs were unavoidable and had resulted in the Authority not managing to adhere to its savings targets.

The Committee discussed the following: -

- budget overspend, the sustainability of the budget and the difficulty being faced by local authorities in Wales regarding Social Services care costs;
- Revenue outturn forecast based on third quarter position, particularly the net directorate expenditure and managing the position going forward;
- Housing Revenue Account current repairs forecast and no other material budget issues to highlight at present;
- The Authority lobbying Welsh Government for additional funds;
- MRP review outcome and policy going forward.

Resolved that Revenue and Capital budget monitoring be a regular item on future Committee agendas.

90   Internal Audit Section - Fraud Function Anti-Fraud Plan for 2019/2020.

The Corporate Fraud Team Investigator presented the report on the Anti-Fraud Plan for 2019/2020. He noted that the Anti-Fraud Plan for 2019/2020 remained very similar to 2018/19, the work of the Team was largely reactive and there had been an increase in procurement fraud.

The Committee discussed the following: -

- Good results being achieved and partnership working with DWP;
- Reminding staff regarding fraud awareness;
- Capacity of the Corporate Fraud Team going forward.

Resolved that the Anti-Fraud Plan for 2019/20 be approved subject to an ongoing review of adequacy of resource.

91   Internal Audit Charter 2019/20.

The Chief Auditor presented a report which sought to approve the Internal Audit Charter 2019/20. He specifically highlighted the Charter outlined in Appendix 1 of the report, which included the following: -

- Definition of Internal Audit;
- Role and Function of Internal Audit;
- Scope of Internal Audit;
- Independence of Internal Audit;
- Consultancy Role of Internal Audit;
- Fraud, Bribery and Corruption Role of Internal Audit;
- Internal Audit Resources; and
- Quality Assurance and Improvement Programme

The Chief Auditor confirmed that he had no other management responsibility which restricted the independence of the Internal Audit.

The Chair queried whether the Chief Auditor had any other management responsibilities. He confirmed that he had no other management responsibilities which restricted the independence of the Internal Audit.

The Chair also queried aspects of Quality Assurance and Improvement programme and suggested that this be discussed outside of the meeting.

Resolved that the Internal Audit Charter 2019/20 be approved.

92   Internal Audit Strategy & Annual Plan 2019/20.

The Chief Auditor presented a report that sought approval of the Internal Audit Plan and Internal Audit Strategy for 2019/20.

The Internal Audit Strategy was provided at Appendix 1, a summary of the Internal Audit Plan 2019/20 at Appendix 2 and a list of audits planned for the year at Appendix 3, along with the planned days for each audit and the perceived risk.

He added that for 2019/20, the Internal Audit Section comprised of 9.1 full time equivalents plus the Chief Auditor, the same level of resources as 2018/19. This gave a total number of available days of 2,366. It was highlighted that the plan provided sufficient coverage across departments.

A discussion ensued and centred around the following: -

- Days covering Corporate Priorities and possibly amending the way in which figures are presented;
- Direct mapping / data assurance;
- Emphasis on Level 1 – Cross cutting reviews – Council governance and control and increasing level of assurance;
- Pensions administration being at Level 2, medium / high risk due to the amount of funds being outsourced and assurance being provided by Wales Audit Office checks on the Wales Pension Partnership.

Resolved that the Internal Audit Plan and Strategy for 2019/20 be approved.

93   DBS Process Update.

The Chief Auditor presented a 'for information' report which gave an overview of the DBS verification process. Appendix 1 outlined the Council's verification process.

He added that all DBS verifications were up to date and the delay highlighted in the previous audit was because of staff sickness. Procedures had been amended to ensure that the previous situation was not repeated. However, schools followed a different procedure.

The Chair stated that the update had provided the Committee with assurance that the DBS verification process was up to date and correctly administered.

94   Progress Towards Meeting the Welsh Housing Quality Standard. (For Information)

The Progress Towards Meeting the Welsh Housing Quality Standard report was provided 'for information'.

95   Monthly Corporate Risk Tracking - March 2019. (For Information)

Richard Rowlands, Strategic Delivery & Performance Manager presented a 'for information' report which provided the Monthly Corporate Risk Tracking for March 2019.

It was added that the following Corporate Risks were tracked monthly by the Committee: -

- CR80 - Financial Control and Sustainable Swansea
- CR81 – City centre
- CR90 (and supplementary risk CR102) - Decision to leave the European Union (BREXIT)

Appendix A described the status of each risk at 28 March 2019.

The Committee queried fewer generic savings at CR80 – Financial Control and Sustainable Swansea and a response was provided.

The Chair confirmed that she was due to meet with the Strategic Delivery & Performance Manager to observe the new Risk Management software. She also highlighted that requests for improvements to the risk management information presented to Audit Committee would be seen once the new system was implemented.

96   Audit Committee Action Tracker. (For Information)

The Chief Auditor presented the Audit Committee Action Tracker report 'for information'.

The Chair queried the action taken regarding Minute No.80 – Audit Committee Action Tracker Report update of 12 February 2019 and would discuss further with the Chief Auditor following the meeting.

97   Audit Committee Work Plan 2018/19. (For Information)

The Audit Committee Work Plan was reported 'for information'.

The Chief Auditor stated that a new Work Plan would be presented to the Committee in June. The Chair requested sight of the draft work plan prior to the next Committee meeting.

The Chair added that that since the Audit Committee performance review in March 2018 good progress had been made against the key findings highlighted by the

Wales Audit Office at Appendix 2. She also asked that the Wales Audit Office undertake a further performance review in the new Municipal year.

The meeting ended at 4.00 pm

Chair

Cyngor **Abertawe**
Swansea Council

Report of the Chief Finance Officer

Audit Committee – 11 June 2019

Service Centre - Accounts Receivable - Update at May 2019

Purpose:	To provide an update for the Service Centre, Accounts Receivable Function.
Report Author:	Sian Williams (Service Centre Manager) & Michelle Davies (Cash Management & Accounts Receivable Manager)
Finance Officer:	Ben Smith
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar
For Information	

Internal Audit on Accounts Receivable Function – Update May 2019

1.   Introduction

1.1   As a result of an internal audit on the Accounts Receivable function carried out in December 2018, an assurance level of moderate was given.

1.2   An action plan was developed to address the issues identified and appropriate implementation steps put in place.

1.3   This action plan identified the following HR & MR actions (High Risk & Medium Risk)

- (2.2.4) Income should be clawed back from a Service if a "Dispute" is not resolved within six months (MR)

   Progress to Date – Review implemented and an on-going schedule in place for six monthly reviews to continue

- (3.6.3&3.6.9) All debts should be escalated on a timely basis. Where payment is not received within the timescales allowed a decision should be made on whether to refer to Legal or write-off the debt. (HR)

  Progress to Date – Debt Recovery Strategy is continuously reviewed and key areas monitored. A further review will be undertaken as part of our Leaner Systems Thinking and move to Oracle Cloud to determine further possible automation/workflows to assist in the process.

- Very old unpaid invoices should be prioritised to ensure limitation period not expire. Diary entry dates should be used in all instances to ensure debt recovery is pursued. (MR)

  Progress to Date – This activity has been completed and remains a criteria for prioritisation and team members now ensure all follow up actions are diarised.

- Officers in Legal should pursue unpaid debts. (MR)

  Progress to Date – Completed AR team reviewing and identifying all cases and referring to Legal where appropriate.

2. Equality and Engagement Implications

2.1 There are no equality and engagement implications associated with this report.

3. Financial Implications

3.1 There are no financial implications other than those set out in the body of the report.

4. Legal Implications

4.1 There are no legal implications other than those set out in the body of the report.

Background Papers: None.

Appendices:

Appendix A -   Accounts Receivable Final Audit Report.

CITY AND COUNTY OF SWANSEA FINAL INTERNAL AUDIT REPORT FINANCIAL SERVICES & SERVICE CENTRE ACCOUNTS RECEIVABLE 2018/19

1. Introduction

1.1 An audit has recently been completed of the Accounts Receivable system which is used by all invoice generating Services in the Council. This system is managed and controlled by the Accounts Receivable (AR) Team within Financial Services & Service Centre.

1.2 The objectives of the review were to ensure that adequate financial controls are in place for minimising business risk, and that the controls are operating in practice.

1.3 The scope of our work is based on the CIPFA audit programme and the audit included the evaluation and testing of a range of controls regarding the following:

- Financial regulations and procedure notes.
- User access.
- Creation of invoices.
- Collection of income.
- Recovery of arrears.
- System reconciliations.
- Invoice cancellations.
- Write-offs.
- Refunds.
- Disaster Recovery and Business Continuity.
- System back-ups.
- Performance monitoring.

1.4 It was noted between January 2017 and December 2017 (the most recent statistics available) that 25,996 invoices had been raised. Of these, 85% was collected within 12 months. This is a reduction from the previous audit when the collection rate was 95.4%.

1.5 We are aware that the performance of the Accounts Receivable team has been adversely affected by a reduction in dedicated staff resources. This has been due to a reduction in the number of officers in the team and to organisational restructures that have occurred.

1.6 The Accounts Receivable team was last audited in 2017/18 when there were 13 recommendations and the opinion rating was "Substantial".

1.7 The findings and conclusions of the audit are recorded in this report, and the Recommendations arising are shown in the attached Management Action Plan.

1.8 The report has been divided into two sections to ensure that findings and recommendations can be directed at the appropriate staff within the Council. The first section relates to findings relating to Services within the Council, and the second section contains findings relating to the AR Team.

2 Other Council Services

2.1. Raising of Invoices

2.1.1 The raising of invoices is decentralised to officers in all Services of the Council. A customer should only be allowed credit after a check is carried out on the AR system for unpaid invoices and a check of their credit history. All Services that create invoices have been issued with guidance on how to carry out credit checks.

2.1.2 A sample of invoices was chosen where a new invoice had been created for debtors who already had overdue invoices on the system. These were reviewed to confirm that further credit was only allowed if the service was required to be provided by statute. 19 out of 20 invoices tested satisfactorily, however in one case (invoice 60251862 for £1,089.00 created by Trading Standards) had been raised when there was already an existing overdue debt in being.

2.1.3 A sample of invoices was checked to ensure that they were raised promptly, the value was correct and that the invoice had a valid budget code. 19 out of 20 invoices tested satisfactorily, but in the case of invoice number 60292375, for £1,950 created by Highways & Transportation there was a delay in the invoice being created. This will be highlighted to the Service at their next audit.

2.1.4 Three systems interface into the Accounts Receivables system - Highways, Trade Waste, and Lifeline. A sample of 10 interface records were reviewed. Seven were found to be satisfactory but three did not have adequate evidence of being reconciled.

2.2 Disputes

2.2.1 Reports of invoices classed as being in "Dispute" are forwarded to the relevant Head of Service each month to be reviewed at PFM. It was confirmed that reports had been distributed on a monthly basis.

2.2.2 As at November 2018, there were 166 invoices with a value of £581,045 subject to a Dispute. A comparison with the number at the time of the last audit is shown below:

DISPUTES	November 2017	November 2018
Value	£459.721	£581,045
Number	235	166

2.2.3 It was found from a sample check that a number of Disputes had not been resolved by the Service that created the invoice within the 14 day target period. Examples are stated in the table that follows:

Invoice No	Amount due £	Debtor	No of days classed as "Dispute"	Service
60169066	4,659.46	A	2059	AS-Income & Finance
60166216	2,857.17	A	2121	AS-Income & Finance
60236814	568.98	B	1083	HREV - Leasehold Service Charges
60217357	320.95	C	1359	EP-Swansea Marina

Invoice No	Amount due £	Debtor	No of days classed as "Dispute"	Service
60259625	33.85	D	657	CBS-Schools Work
60278288	10,066.56	E	392	EH-Trading Standards
60279032	30,000.00	F	385	FS-Financial Strategy and Reports
60288077	380.88	G	251	FS-Financial Strategy and Reports
60286255	1,997.55	H	278	TE-Highways Engineering Services
60288097	950.00	H	251	TE-Highways Engineering Services

2.2.4 It was recommended (and agreed) in the 2015/16 and 2016/17 audit reports that income should be clawed back from Services if disputes relating to invoices have not been resolved within 90 days. It was noted however, that the Cash Management and Accounts Receivable Manager had carried out a cleanse of invoices on Dispute, and that Services were notified that if disputes were not resolved after six months the invoices would be cancelled and income clawed back from Service's budget.

3 AR Team

3.1 Financial Regulations & Procedure Rules

3.1.1 The Council's Financial Procedure Rules and Accounting Instructions provide a framework for the creation of invoices, amending invoices, receipt of income, and recovery of outstanding debt. Accounting Instructions No. 7 relates to the collection of credit income and was found to be up to date.

3.2 User Access

3.2.1 It was noted that the AR Oracle User Access report had not been reviewed for user responsibilities since September 2017.

3.2.2 A review of staff in Services with access to the Oracle system was carried out to ensure that access rights were appropriate. This proved satisfactory.

3.2.3 A discussion with the Cash Management & Accounts Receivable Manager regarding the access of officers in AR revealed that there was an officer with access (SuperUser/Administrator) that was no longer appropriate to their current post.

3.3 Raising Invoices

3.3.1 A review was carried out to ensure that invoices were consecutively numbered, without any gaps in the sequence allocated by the system. A report generated showed that there had been three occasions since January 2018 where gaps had occurred but officers in AR were aware of these, and had recorded the details appropriately.

3.4 Invoice Cancellations

3.4.1 A sample of 20 cancellations was checked to confirm they had been processed in accordance with the agreed procedures. This test proved satisfactory.

3.4.2   It was confirmed that a routine sample check of 10% of cancellations had been carried out by senior officers within the AR team. This check is to ensure that cancellations are valid, properly authorised, and have been actioned correctly.

3.5   Receipt of Income

3.5.1   The system access levels allocated to staff for recording income were reviewed and found to be satisfactory.

3.5.2   A review of the official invoice used by AR confirmed that all available payment methods are stated on the reverse of the invoice.

3.5.3   Income received from the cash system should be reconciled to the Accounts Receivable system on a daily basis. A sample check of ten days spread throughout 2018 was reviewed and found to be satisfactory.

3.5.4   Unidentified (debtor unidentified) and Unapplied (debtor known, but invoice unidentified) cash receipts are reviewed by AR on a regular basis. A comparison of the both types as at December 2017 and December 2018. There had been significant progress in the unidentified values, however unapplied figures have increased. It was also noted that some of the unidentified payments were dated as far back as 2004, although the majority were for a low value.

Date	Unidentified £	Unapplied £
December 2017	£69,669	£43,366
December 2018	£4,406	£128,942

3.6   Debt Recovery

3.6.1   The system escalates each unpaid invoice through stages in the system although manual interventions can be made. A check that the appropriate reminders and Final reminders were being issued promptly proved satisfactory.

3.6.2   At the time of the audit, it was found that reminders sent to debtors advised of a 2% credit card charge. It was confirmed that Design Print had been informed that this had been removed, but had reverted back to using an old stock of reminders.

3.6.3   A check on a sample of 20 unpaid invoices to confirm that the debt escalation process was working satisfactorily was carried out. It was found that for all of the 20 invoices in the sample, the debts were not being progressed as would be expected:

Invoice No	Invoice Date	Amount Due £	Date of last action on Oracle	Comment.
60242690	March 2016	£6,939.19	February 2018	AR team should be escalating debt.
60275310	Aug 2017	£4,578.84	February 2018	AR team should be escalating debt.
60243222	March 2016	£3,179.55	October 2017	AR team should be escalating debt.

Invoice No	Invoice Date	Amount Due £	Date of last action on Oracle	Comment.
60275863	August 2017	£2,880.00	No recovery action taken.	AR team should be escalating debt.
60255582	October 2016	£2,701.12	July 2018	AR instructed by Service Department to pursue recovery, however this was not being progressed.
60248048	May 2016	£2,479.00	September 2017	AR team should be escalating debt.
60257386	November 2016	£2,281.20	September 2017	AR team should be escalating debt.
60218569	March 2015	£1,967.21	February 2018	AR team should be escalating debt.
60246542	April 2016	£2,186.85	August 2018	AR team should be escalating debt and should have been placed back on agreement
60239946	January 2016	£1,550.01	No recovery action taken.	AR team should be escalating debt.
60240295	January 2016	£1,346.70	No recovery action taken.	AR team should be escalating debt.
60236227	November 2015	£1,346.59	No recovery action taken.	AR team should be escalating debt.
60239499	January 2016	£1,112.87	No recovery action taken.	AR team should be escalating debt.
60239194	January 2016	£1,108.27	No recovery action taken.	AR team should be escalating debt.
60211703	October 2014	£990.00	November 2014	AR team should be escalating debt.
60177047	June 2013	£800.00	July 2018	AR team should be escalating debt
60188067	November 2013	£300.00	No recovery action taken.	AR team should be escalating debt.
60275655	August 2017	£30,897.60	February 2018	Officers in the AR team were advised by officers in the Service that created the invoice that it had been referred to Legal. However, this had not been confirmed, and a referral had not been made. This was an isolated occurrence as AR team should refer all cases to Legal.
60275072	August 2017	£23,676.26	May 2018	AR should be escalating debt.
40002726	November 2009	£705.26	November 2016	AR should be escalating debt.

3.6.4 While carrying out this test it was noted that some invoices were approaching the six year limitation period when the debt could no longer be enforced, and that diary entries were not being used to follow-up contacts with the debtor.

3.6.5 A review of a sample of invoices where "Agreements" had been put in place with the debtor confirmed that instalments were being monitored satisfactorily on a monthly basis.

3.6.6 It was found that agreements put in place with debtors who are subject to an Independent Voluntary Arrangement (IVA) were not being reviewed regularly.

3.6.7 A sample of ten invoices that were recorded on AR as being "Referred to Legal" was checked to ensure that recovery action was ongoing in Legal by referring to their Timebase case management system. The following was found:

Invoice number	Invoice Date	Original amount due	Status with Legal	Test Satisfactory
60294830	June 2018	£16,286	Company in liquidation, Legal dealing with this process ongoing.	Yes.
60190349	January 2014	£15,961	Responsible Officer in Legal left in July 2018 and not assigned to another member of staff member.	No. Legal not pursuing as expected.
60229791	August 2015	£4,950	Legal progressing case - possible Write Off.	Yes.
60217489	February 2015	£4,500	Case closed by Legal April 2016 but no trace of email sent to AR inbox.	No. AR team not aware that case has been closed.
60094246	February 2010	£4,958	Case closed by Legal December 2016 but no trace of email to AR inbox.	No. AR team not aware that case had been closed.
60194236	March 2014	£2,132	Responsible officer in Legal left the Council in July 2018 and not yet assigned to another member of staff.	No. Legal not pursuing as expected.
60268008	April 2017	£2,300	Case sent to Legal's Inbox but marked as complete in error. Will have to be re-opened as soon as staff capacity allows.	No. Legal not pursuing as expected.
60141840	December 2011	£2,190	Case closed by Legal in March 2016.	No. AR team not aware that case had been closed.

Invoice number	Invoice Date	Original amount due	Status with Legal	Test Satisfactory
60121430	March 2011	£398	Referred to Legal in October 2013 but no further action taken.	No. Legal not pursuing as expected.
04826449	May 2006	£1,269	Referred to Legal on in February 2014 but no action taken by Legal.	No. Legal not referring as expected.

3.6.8 We attempted to reconcile the number of invoices recorded as "Referred to Legal" on the AR system to the number being progressed by Legal. As at November 2018, 501 invoices were recorded as being "Referred to Legal" on AR, but officers in Legal advised that they only held 124.

3.6.9 Although invoices with large values are prioritised, there was a backlog of approximately 4,100 overdue invoices that are likely to be eligible to be sent to officers in Legal. Before these invoices can be forwarded to Legal, officers in AR must obtain evidence from the relevant Service that the debt can be substantiated. This is a time consuming process and we were advised that this was unable to be addressed due to a lack of staff resources in the AR team.

3.7 Write-offs

3.7.1 Invoices which are eligible to be written-off are submitted to the Head of Financial Services & Service centre on a periodic basis. A sample of ten Write-Off Pro-Formas was selected to ensure that they had been properly authorised and that all recovery avenues had been exhausted. It was found that the Pro-Forma had not been saved to the server for invoice number 60104954.

3.7.2 A sample of ten requests for write-off received from officers in the Service that created the invoice was reviewed. These were checked to ensure that they were being processed promptly and that the write-off was appropriate. Nine out of ten in our sample proved satisfactory, however in the case of invoice 60287346 for £847.22 it was found that all recovery avenues had not been exhausted.

3.7.3 A sample of ten write-offs that had been approved by Head of Financial Services and Service Centre were selected to ensure that they had been written-off on the AR Oracle system. This tested was satisfactory.

3.7.4 While reviewing write-offs processed it was noted that invoice 60162410 had been written–off but a second invoice for the same debtor (60165017) had not been written-off as required.

3.8 Refunds

3.8.1 Written procedures for processing refunds have been compiled and it was confirmed that there is an adequate division of duty for the creation of refunds. A sample of ten refunds was selected to ensure that they had been processed in accordance with these procedures.

3.8.2 All ten cases tested satisfactorily with it being confirmed that a credit balance existed on the account in question, and the debtor did not have any other accounts which were overdue.

3.9 Monitoring and Reporting

3.9.1 It was confirmed that monthly reports of disputed debts/total debt over 60 days were being reported to all Heads of Services and the relevant managers to review at PFM.

3.9.2 The overall total debt outstanding on the system as at January 2018 and 2019 was as follows:

Debt level	2017/18 (Jan 2018)	2018/19 (Jan 2019)
Total debt.	£7.6m	£8.2m
Average monthly overdue debt.	£8.8m	£10.1m
Overdue more than 4 months.	£0.9m	£1.2m
Overdue more than 12 months.	£1.8m	£1.9m

3.9.3 It was noted that there are no performance targets for the AR section and that reports on debt recovery performance are not routinely produced and presented to senior management within Financial Services and Service Centre.

3.10 Legacy Invoices

3.10.1 Legacy invoices are invoices created prior to the introduction of the Oracle AR system in April 2006. A review of outstanding Legacy invoices was carried out to ensure that recovery action was ongoing. Our testing revealed the following:

a) There were 27 legacy invoices held on the system.

b) 11 invoices are at 'Write-Off' status.

c) 9 invoices were subject to an agreement/legal arrangement.

d) 5 invoices did not have any evidence of ongoing debt recovery.

e) The remaining 2 invoices were school invoices. Whilst carrying out this test, it was noted that unpaid invoice reports for schools were not being routinely issued.

3.11 Security of Data

3.11.1 All officers in AR are aware of the principles of General Data Protection Regulation 2016 (GDPR) requirements and the Council is registered on the Information Commissioner's website. The GDPR Managers Checklist was also provided to demonstrate compliance with the regulation.

3.11.2 There is a Business Continuity Plan in place, although it was noted that this was compiled in December 2014. It was stated at the time of the audit that a new BCP is being developed by the Head of Service to take account of staff restructures and agile and working arrangements.

3.12 **Social Care Debt**

3.12.1 Social Care debts used to be invoiced using the AR system but invoices are now created on the Abacus system. It was noted that there were only five unpaid Social Care invoices held on the AR system. These were reviewed and the following was identified:

a) Three invoices were being pursued by the Social Care Income & Finance Team but the AR team had not been provided with updates since January 2018.

b) One invoice was subject to satisfactory ongoing recovery.

c) The remaining invoice was held on 'Write-Off' status.

4 Conclusion

4.1. The Internal Audit Section operates a system of Assurance levels which gives a formal opinion of the achievement of the service's/system's control objectives. The Assurance levels vary over four categories: 'High', 'Substantial', 'Moderate' and 'Limited'.

4.2 Recommendations arising from this review are detailed in the attached Management Action Plan. Each recommendation has been prioritised according to perceived risk – High, Medium, Low and Good Practice. The overall Assurance level is based on the recommendations made in the report.

4.3 The description of each type of recommendation and also the basis for each of the assurance levels is noted in **Appendix 1**.

4.4 It was found during the course of our review that although some procedures were working satisfactorily there were key areas that require attention. These relate to the monitoring of invoices categorised as being "on dispute", the escalation of unpaid invoices, and the communication with staff in Legal regarding invoices referred for court action.

4.5 As a result, an Assurance Level of "**Moderate**" has been awarded. This indicates that the ineffective controls represent a significant risk to the achievement of system objectives.

4.6 We will contact you in due course to confirm that you have implemented the agreed recommendations.

4.7 This audit was conducted in conformance with the Public Sector Internal Audit Standards.

Classification of Audit Recommendations

Recommendation	Description
High Risk (HR)	Action by the client that we consider **essential** to ensure that the service / system is not exposed to **major risks**.
Medium Risk (MR)	Action by the client that we consider **necessary** to ensure that the service / system is not exposed to **significant risks**.
Low Risk (LR)	Action by the client that we consider **advisable** to ensure that the service / system is not exposed to **minor risks**.
Good Practice (GP)	Action by the client where we consider **no risks** exist but would result in better quality, value for money etc.

Audit Assurance Levels

Assurance Level	Basis	Description
High Assurance	Recommendations for ineffective controls affecting the material areas of the service are not High or Medium Risk. Any recommendations are mainly Good Practice with few Low Risk recommendations.	There is a sound system of internal control designed to achieve the system objectives and the controls are being consistently applied.
Substantial Assurance	Recommendations for ineffective controls affecting the material areas of the service are not High Risk. Occasional Medium Risk recommendations allowed provided all others are Low Risk or Good Practice.	There is a sound system of internal control but there is some scope for improvement as the ineffective controls may put the system objectives at risk.
Moderate Assurance	Recommendations for ineffective controls affecting the material areas of the service are at least Medium Risk.	The ineffective controls represent a significant risk to the achievement of system objectives.
Limited Assurance	Recommendations for ineffective controls affecting the material areas of the service are High Risk.	The ineffective controls represent unacceptable risk to the achievement of the system objectives.

MANAGEMENT ACTION PLAN
FINANCIAL SERVICES & SERVICE CENTRE
ACCOUNTS RECEIVABLE 2018/19

REPORT REF	RECOMMENDATION	CLASS (HR; MR; LR; GP)	AGREED ACTION/ COMMENTS	RESPONSIBILITY FOR IMPLEMENTATION	IMPLEMENTATION DATE	Update May 2019
2.1.2	Services should be reminded that they should carry out credit checks to ensure further credit is not allowed where there is an existing unpaid debt unless the service being provided is required by statute.	LR	Agreed. E mail to be sent to all HOS to be cascaded to all staff responsible for income collection.	Michelle Davies	Already implemented.	NA
2.1.4	Evidence should be maintained of all interfaces being reconciled to AR.	LR	Agreed. All AR staff to be reminded of importance of this process and ensure that correct process is followed consistently. The interface reconciliation process to be reviewed.	Michelle Davies	Already implemented.	NA

REPORT REF	RECOMMENDATION	CLASS (HR; MR; LR; GP)	AGREED ACTION/ COMMENTS	RESPONSIBILITY FOR IMPLEMENTATION	IMPLEMENTATION DATE	Update May 2019
2.2.4	Income should be clawed back from a Service if a "Dispute" is not resolved within six months. **(Previous Audit Recommendation)**	MR	Agreed. Old dispute review to be carried out every 6 months to review and cancel disputed invoices where no action is being taken to resolve and no communication received from service dept.	Michelle Davies	Already implemented and scheduled for May & Nov 2019 to start process again.	Scheduled and ongoing process of review and action
3.2.3	System users with Super User/ Administrator access to be checked on an annual basis by the AR Transaction Manager.	LR	Agreed	Michelle Davies	October 2019 (Next Annual Review)	Scheduled

REPORT REF	RECOMMENDATION	CLASS (HR; MR; LR; GP)	AGREED ACTION/ COMMENTS	RESPONSIBILITY FOR IMPLEMENTATION	IMPLEMENTATION DATE	Update May 2019
3.5.4	Measures should be taken to reduce the number and value of unapplied credits.	GP	Agreed. The existing process is long-winded and is a work-around process as the system has no specific set procedure. A change request was raised for a new correct process to be developed however it is not possible to progress this until we move to Oracle Cloud solution. In the meantime AR staff will prioritise this list as and when they can with the resource available. Oracle Cloud implementation is estimated to be mid to late 2020. Either there will be a standard process available or it will be developed at or after implementation.	Michelle Davies / Alison Evans / Laura Bombroffe / Oracle Sysadmin	Acknowledged March 2019. This is an ongoing process of AR 's routine workload.	The list is continuously reviewed as part of 'business as usual'. The AR team have scheduled an additional 2 days per month to work on the older credits.

Prior to the move to Oracle Cloud, a full leaner systems review of the current process will be undertaken and streamlined/automated where possible |
| 3.6.2 | Design Print should be notified immediately to remove the mention of a 2% credit card charge on reminders issued. | GP | Agreed. DP had failed to remove old paper stocks as instructed. | Laura Bombroffe | Already implemented | NA |

REPORT REF	RECOMMENDATION	CLASS (HR; MR; LR; GP)	AGREED ACTION/ COMMENTS	RESPONSIBILITY FOR IMPLEMENTATION	IMPLEMENTATION DATE	Update May 2019
3.6.3 & 3.6.9	All debts should be escalated on a timely basis. Where payment is not received within the timescales allowed a decision should be made on whether to refer to Legal or write-off the debt. **(Previous Audit Recommendation)**	HR	Agreed in principle but there is a finite amount of resource on the team which will limit the capacity to review the backlog of invoices. There is a strategy in place to review the debt backlog and staff are given work targets to complete. Debt recovery activities have to be constantly reviewed and adjusted so that all high, middle and low value debts are covered. The team works on different invoices as prioritised but it's not possible to provide assurance that every invoice will be progressed within the timescales. Communications have been sent out to HOS in Jan 2019 for cascading to staff responsible for collecting income to remind them of their responsibilities and to request that they implement a monthly debt recovery routine in each section to support the central service.	Michelle Davies	July 2019 to complete Apex Ageing Debt report development and issue communications .	The Debt Recovery strategy is continuously reviewed with key areas monitored. Invoice priorities are flexed to ensure that all areas are covered. Review will be undertaken to see if the move to Oracle Cloud can provide any automation/workflows to assist in this process

REPORT REF	RECOMMENDATION	CLASS (HR; MR; LR; GP)	AGREED ACTION/ COMMENTS	RESPONSIBILITY FOR IMPLEMENTATION	IMPLEMENTATION DATE	Update May 2019
			In addition, there is development work in progress to create Ageing Debt reports in the Apex application which will allow Service Depts to extract real-time reports themselves. Once these self-serve reports go live the reminder to implement a debt recovery routine in each Service Dept will be included in all of the communications that will be issued.			Work is currently underway to continue to develop new Ageing reports and Dashboards within the Apex reporting app.
3.6.4	Very old unpaid invoices should be prioritised to ensure limitation period does not expire. Diary entry dates should be used in all instances to ensure debt recovery is pursued.	MR LR	Agreed. Old invoices will be reviewed as part of the AR debt recovery activities prioritisation. These were reviewed at the last debt recovery extract and will be regularly reviewed. AR staff to be reminded that all follow up actions should be diarised.	Michelle Davies	March 2019	This has been completed and remains a criteria for prioritisation Completed

REPORT REF	RECOMMENDATION	CLASS (HR; MR; LR; GP)	AGREED ACTION/ COMMENTS	RESPONSIBILITY FOR IMPLEMENTATION	IMPLEMENTATION DATE	Update May 2019
3.6.6	Invoices subject to IVA's should be checked on a six monthly basis to ensure payments are being received.	LR	Agreed. These were last reviewed in Nov 2018 and debt recovery activity procedures will incorporate a regular review of all invoices on hold.	Michelle Davies	March 2019	This has been completed and remains a criteria for prioritisation
3.6.7	Officers in Legal should pursue unpaid debts. **(Previous audit recommendation)**	MR	Agreed. AR team will review the identified cases and re-refer to legal where appropriate	Michelle Davies	April 2019	Completed

REPORT REF	RECOMMENDATION	CLASS (HR; MR; LR; GP)	AGREED ACTION/ COMMENTS	RESPONSIBILITY FOR IMPLEMENTATION	IMPLEMENTATION DATE	Update May 2019
3.6.8	An up-to-date reconciliation should be carried out to confirm the status of all debts categorised as "Referred to Legal" and this reconciliation and should be carried out periodically in the future. **(Previous audit recommendation)**	LR	Agreed in principle but there is a finite amount of resource on the team which will limit the capacity to carry out a complete review of the invoices in this area. Work has been periodically carried out over the previous 8 years and progress has been made each time but the problem has persisted as there has been insufficient resource to complete the task as it is very time consuming. The work area will continue to be periodically worked on throughout the year, however the extent to which it can be completed will depend on the amount if resource available to dedicate to it.	Michelle Davies / Debbie Smith	September 2019.	2 work days per month have been allocated to re-commence progress on this review.

Review will be undertaken to see if the move to Oracle Cloud can provide any automation/workflows to assist in this process |
| 3.7.1 | All Write-off Pro-formas should be saved to the server. | GP | Agreed. AR staff to be reminded. A new automated process is being developed which will ensure that all requests are automatically validated and saved so will remove the reliance on staff having to remember. | Michelle Davies | March 2019 | The new process is under current development with IT and is progressing well. |

REPORT REF	RECOMMENDATION	CLASS (HR; MR; LR; GP)	AGREED ACTION/ COMMENTS	RESPONSIBILITY FOR IMPLEMENTATION	IMPLEMENTATION DATE	Update May 2019
3.7.2	Checks should be taken to ensure all appropriate steps are followed prior to an invoice being written off.	GP	Agreed. AR staff to be reminded.	Michelle Davies	March 2019	Completed
3.7.4	Invoice number 60165017 should be submitted for write-off.	GP	Agreed.	Michelle Davies	Already implemented	NA
3.9.3	Reports on the performance of debt collection should be presented to the Section 151 Officer on a quarterly basis.	LR	Agreed subject to confirmation of what information is required by S151.	Michelle Davies / Sian Williams	Implemented	Performance of Debt is included in the Monthly Resources P&FM Report and is authority wide
3.10 1(d)	All "Legacy" invoices that are not subject to an "Agreement" should be routinely reviewed.	LR	Agreed. These were last reviewed in Nov 2018 and debt recovery activity procedures will incorporate a regular review of all invoices on hold.	Michelle Davies	March 2019	Completed
3.10 1(e)	Unpaid invoice reports for schools should be sent to Primary Support Officers (PSO's) on a quarterly basis.	GP	Agreed.	Laura Bombroffe	Already implemented	NA

REPORT REF	RECOMMENDATION	CLASS (HR; MR; LR; GP)	AGREED ACTION/ COMMENTS	RESPONSIBILITY FOR IMPLEMENTATION	IMPLEMENTATION DATE	Update May 2019
3.11.2	The Section's Business Continuity Plan should be updated. **(Previous Audit Recommendation)**	LR	Agreed.	Sian Williams	Already implemented	NA
3.12.1 (a)	All remaining Social Care debts should be reviewed by officers in AR on a six-monthly basis.	LR	Agreed. These were last reviewed in Nov 2018 and debt recovery activity procedures will incorporate a regular review of all invoices on hold.	Michelle Davies	March 2019	Completed
Service Departments						
3.12.1 (a)	Social Care Income & Finance Team should update the "Notes" tab within AR to evidence recovery action taken. **(Previous audit recommendation)**	GP	Agreed.	Laura Bombroffe / Revs & Bens Overpayment Recovery team	Already implemented	NA

Report of the Chief Transformation Officer

Audit Committee – 11 June 2019

Corporate Risk Policy & Framework

Purpose:	The report presents the Council's Corporate Risk Policy and associated Framework.
Report Author:	Richard Rowlands
Finance Officer:	Paul Roach
Legal Officer:	Debbie Smith
Access to Services Officer:	Rhian Millar
For Information	

1. Background

1.1 The Corporate Risk Policy and Framework sets out how the Council should manage risk.

1.2 Audit Committee oversees the Risk Policy and Framework.

2. Corporate & Directorate Risk Registers

2.1 The Audit Committee was consulted on the draft Risk Policy on 11th July 2017 before it was subsequently approved at Cabinet in August 2017.

2. Equality and Engagement Implications

2.1 There are no direct equality and engagement implications from this report.

3. Legal Implications

3.1 There are no legal implications.

4. Financial Implications

4.1 There are no financial implications.

Background papers: None.

Appendices:

Appendix A – Corporate Risk Policy
Appendix B – Corporate Risk Framework.

City & County of Swansea

Risk Management Policy

Purpose

This policy sets out the principles for managing and communicating risk, ensuring that risk management is effectively implemented throughout the City and County of Swansea.

The Risk Management Policy governs how the Council manages risks to achieving its priorities and objectives, risks arising from service delivery, risks to corporate and financial health and governance and the longer-term risks facing the Council and community.

The Council recognises that it has a responsibility to manage business risks effectively in order to reduce uncertainty in achieving its priorities and objectives and to benefit from opportunities.

This policy applies to all Council staff and its principles should be applied when working internally or externally with partners and other stakeholders.

Approval

Title	Date

Reference No.:	Version 1.2
Date:	22/02/2017
Author:	Performance & Delivery
Website	**http://staffnet/riskmanagement**

Risk Management Policy

Contents

Document Control

Version No.	Revision Date	Summary of Changes
1.2	2016/17	*Purpose* - amended
		Risk Management Statement – amended
		What is Risk Management – amended
		Aims of Risk Management – amended
		Principles of Risk Management – deleted
		Risk Levels – added
		Roles & Responsibilities – added
		Risk Management Cycle – added
		Risk Escalation – added
		Risk Management Communication – amended
		Corporate Risk Management Framework - amended

Risk Management Policy

1. Risk Management Statement

The City and County of Swansea is aware that the nature and range of its responsibilities and the environment in which it exercises them present a wide range of risks. Such risks may threaten the achievement of the Council's aims and objectives as set out in the Corporate Plan and affects its employees, service users, Council tax payers and other stakeholders.

The Council also recognises the need to strike the right balance between encouraging innovation and avoiding risk. It is appropriate to take and manage calculated risks in pursuing opportunities to improve services and to obtain better value for money.

The Council like all public bodies, as well as considering short and medium risks, will also have to understand and address the longer-term risks and challenges facing the Council and the community. We need to prevent risks from occurring and to mitigate their impact should they occur. We may need to work with others to prevent risks from occurring or to control and manage them. We need to be mindful that dealing with risks does not create risks and issues for other public bodies. Involving clients, customers and citizens in helping to prevent and to control and manage risks will help too.

While the elimination of risk entirely is neither feasible nor desirable, the Council is committed to the continuing management of risk through a cost-effective formal process which involves risk identification and categorisation, evaluation, and treatment to eliminate or mitigate the likelihood of risks occurring and their impact.

Clear identification and assessment of risks will improve corporate governance and performance and lead to more effective use of resources and direct improvements to the service to our customers.

2. What is Risk Management?

The term 'risk management' incorporates all the activities required to identify and control the exposure to risk which may have an impact on the achievement of the Councils business.

Risk Management is the process by which risks are identified, evaluated and controlled and is a key element of the framework of corporate governance.

> **Definition of Risk**
> *Risk is the threat that an event or action will adversely affect an organisation's ability to achieve its objectives and to successfully execute its strategies.*

Risk arises as much from failing to capture opportunities whilst pursuing business objectives as it does from a threat that something bad will happen.

3. Aims of Risk Management

Through this Policy, the Council aims to:
- Provide an effective/consistent approach to identifying, evaluating and controlling risk across all activities.
- Improve the ability of the Council to achieve its priorities and objectives.
- Embed risk management into the culture and practices of the Council so that everyone recognises that risk management is part of their jobs.
- Place greater emphasis on prevention rather than detection and correction.

Risk Management Policy

- Improve the identification, evaluation and control of strategic and long-term risks, operational risks and community risks.
- Protect and enhance the assets and image of the Council.
- Embed the Sustainability Principle (Well-Being of Future Generations Act 2015) and improve the Council's governance and decision making processes and outcomes.

4. Risk Levels

There are different levels within the risk register: Corporate, Directorate, Service, Project / Programme and Information risks.

Corporate Risks are those that have a potential impact on the Council as a whole and / or the community or could prevent the Council from achieving its priorities and objectives.

Directorate Risks are those that have a potential impact on a single Directorate and could interfere with it achieving its priorities and objectives.

Service Risks are those that have a potential impact on a single Service Unit and could interfere with it achieving its priorities and objectives.

Programme and Project Risks are those that could have a detrimental or other impact on the achievement of programmes or projects objectives.

Information risks involve the fraudulent, unauthorised or negligent access, use, misuse or misplacing of information, records and data held by the Council that is confidential, commercial or otherwise sensitive.

Risks may appear in more one level within the risk register but mitigation and controls would be relevant and specific to each level of risk.

Risks are identified during Corporate, Directorate and Service Planning or during review or as and when they arise.

All risks are recorded in Risk Registers and are controlled at least on a monthly basis at the appropriate forum as detailed in the Risk Management Framework accompanying this Policy.

Corporate Risks will also be reported and reviewed in-depth each quarter in line with corporate performance monitoring.

In addition, RED risks at the different levels, including Directorate and Service Risks, have visibility and are reviewed each month at CMT.

5. Roles & Responsibilities

The Leader and Cabinet are responsible for setting the Council's risk management policy and agreeing the Risk Management Framework, having ownership or joint-ownership of Corporate Risks with CMT where Cabinet can help control the risk and for assessing the current and long-term risks associated with Cabinet reports.

The Chief Executive and Corporate Management Team (CMT) are responsible for ensuring that an effective risk management policy, framework and arrangements are in place within the Council. CMT also has ownership or joint-ownership of Corporate Risks with Cabinet

where CMT can help control the risk and for reviewing and regularly monitoring 'RED' risks at the different risk levels.

Cabinet and CMT jointly own and are responsible for the Risk Management Policy and Framework and for championing risk management throughout the Council. They are jointly responsible for identifying and evaluating current and longer-term Corporate Risks during corporate planning and as they emerge and for reviewing, monitoring and ensuring control of Corporate Risks. CMT and Cabinet have joint-ownership of Corporate Risks where CMT and Cabinet together can help control the risk.

Directors and Heads of Service are responsible for championing and making arrangements for embedding risk management throughout their directorates and service units. They are also responsible for identifying and evaluating current and longer-term risks during directorate and service planning and as they emerge and for reviewing, monitoring and ensuring risks are controlled. Directors and Heads of Service will also be responsible for ensuring risks are escalated for control and mitigation when necessary.

Cabinet Members have joint-ownership / ownership for Corporate, Directorate and Service Risks where they can help control the risk.

All Members are responsible for considering the current and long-term risks associated with policy decisions.

All officers and managers are responsible for Identifying opportunities and managing risks effectively in their jobs, reporting any risk management concerns, incidents and 'near misses' to their line managers. Officers and managers are responsible for identifying, evaluating and controlling operational risks and for ensuring they are documented on relevant risk registers/trackers/reporting templates. Officers and managers are responsible for escalating risks for control and mitigation when necessary.

Internal Audit is responsible for providing an independent and objective opinion to the Council on the effectiveness of the risk management policy and arrangements.

Audit Committee are responsible for challenging and providing independent assurance to Members on the adequacy of the Risk Management Policy and Framework, the development and operation of risk management in the Council and monitoring progress in addressing risk related issues reported to the Committee.

The Senior Information Risk Owner (SIRO) is responsible for ensuring that information risks are treated as a priority for all business outcomes and providing board-level accountability and assurance that information risks are being addressed.

The 'Responsible Officer' is responsible for the management, monitoring and control of an identified risk. The responsible officer is the person who is able to do something to control the risk. The responsible officer will escalate risks for control and mitigation when necessary.

More detailed information on Risk Management roles and responsibilities can be found in the Council's Risk Management Framework associated with this Policy.

6. Risk Management Cycle

The Council implements a 'Four Step' Risk Management Cycle across the Council to provide a consistent approach to managing risk.

Risk Management Policy

Risks will be identified by considering the hazards that could happen and, if they did, their adverse or other impact.

Current and long-term risks will be formally identified, categorised and reviewed during annual corporate, directorate and service planning.

Identified risks will be categorised as: strategic (long-term or external) risks, operational risks arising from Council activity or service delivery; financial risks to budget planning, control or resilience; regulatory risks resulting from legislative frameworks, and; governance risks resulting from the leadership, management, decision-making or control of the Council. Risk categorisation will help clarify the nature of risks and help identify whether a particular risk is a corporate, directorate or service level risk.

Identified risks will be evaluated according to the likelihood they will occur and the impact they will have should they occur.

Once risks have been identified and evaluated, decisions will be made concerning how to respond to specific risks by taking action to improve the outcome as detailed in the Risk Management Framework associated with this Policy. When considering how to respond to risks, the Sustainable Development principle (Well-Being of Future Generations Act 2015) will be applied.

The outcomes from the operation of the Risk Management Cycle will be recorded in the appropriate Risk Registers.

Risks will be controlled and monitored at the appropriate forum on a monthly basis and more frequently if necessary.

More detailed information on Risk Management Cycle can be found in the Council's Risk Management Framework associated with this Policy.

7. Risk Escalation

Risks will be escalated when the impact from a risk, or decisions or actions needed to mitigate or control the risk, is beyond a single service or directorate, or when the risk tolerance line has been exceeded; or for other reasons outlined in more detail in the Risk Management Framework associated with this Policy.

8. Risk Management Communication

This Policy and the associated Risk Management Framework seeks to help embed risk management into the Council's culture. This will require effective staff and Member communication and training. Risk identification and evaluation is integrated into corporate and service planning. Cabinet and CMT and individual Directors and Heads of Service must champion and make arrangements for embedding risk management throughout the Council. The Council will disseminate best practice in risk management from its own experience and that of others.

9. Corporate Risk Management Framework

This policy should be read in-conjunction with the corporate Risk Management Framework, which aims to help managers and Members at all levels apply risk management principles consistently across their areas of responsibilities.

City & County of Swansea

Corporate Risk Management Framework

Purpose

This framework describes the specific risk management activities that will be undertaken within the City & County of Swansea. The aim is to help managers at all levels apply the principles consistently across their area of responsibility.

CIPFA state that *"Risk management is important to the successful delivery of public services. An effective risk management system identifies and assesses risks, decides on appropriate responses and then provides assurance that the chosen responses are effective."*

The Council recognises that it has a responsibility to manage risks effectively in order to reduce uncertainty in achieving its priorities and objectives and to benefit from opportunities. This framework applies to all Council staff and its principles should be applied when working internally or externally with partners and other stakeholders.

Definition of Risk
"Risk is an event, action, or lack of action that could adversely affect the Council's ability to achieve objectives and to successfully execute its strategies. Risk arises as much from failing to capture opportunities whilst pursuing business objectives as it does from a threat that something bad will happen"

Approval

Title	Date

Reference No.:	Version 1.10
Date:	14th February 2017
Author:	Performance & Delivery
Website	**http://staffnet/riskmanagement**

Contents

Document Control

Version No.	Revision Date	Summary of Changes
1.10	2016/17	*Foreword* – amended
		Definition of Risk - added
		Definition of Risk Management - added
		Corporate Commitment to Risk Management - amended
		Aims of Risk Management – amended
		Benefits of Risk Management - deleted
		Risk Levels – added
		Roles & Responsibilities - amended
		Risk Management Cycle – amended
		Risk Escalation – added
		Glossary of Terms - deleted

1. Foreword

This framework aims to help employees, senior managers and elected Members to apply risk management principles consistently across their area of responsibility.

The intention of the framework is to help ensure that risk management is embedded into the culture of the Council, with members, managers and officers at all levels recognising that risk management is part of their jobs.

Clear identification and assessment of risks will improve corporate governance, corporate and service planning and performance and lead to more effective use of resources and direct improvements to the service to our customers.

The Council is increasingly involved in dealing with uncertainty and managing major change. We are under increasing pressure to deliver better services, increasingly in partnership with others, in new and innovative ways and within reducing budgets. All of this attracts risk which needs to be managed and controlled effectively if we are to achieve the desired outcomes.

The Council like all public bodies, as well as considering short and medium risks, will also have to understand and address the longer-term risks and challenges facing the Council and the community. We need to prevent risks from occurring and to mitigate their impact should they occur. We may need to work with others to prevent risks from occurring or to control and manage them. We need to be mindful that dealing with risks does not create risks and issues for other public bodies. Involving clients, customers and citizens in helping to prevent and to control and manage risks will help too.

Risk management is the process of identifying significant risks, evaluating the potential consequences and implementing the most effective way of responding to, controlling and monitoring them.

By being more risk aware, the Council will be better placed to avoid threats and take advantage of opportunities when they arise.

Risk Management is everyone's business but it will be championed and strongly led by the Corporate Management Team, Cabinet and Leadership Team of the Council

Signed ……………….………………….．.

   Phil Roberts
   Chief Executive

2. Definition of 'Risk'

Risk is the threat that an event or action will adversely affect an organisation's ability to achieve its objectives and to successfully execute its strategies (CIPFA).

3. Risk Management

Risk Management is the process by which risks are identified, evaluated and controlled and is a key element of the framework of corporate governance (CIPFA).

4. Corporate Commitment to Risk Management

The Council views the management of risk as an essential part of strong corporate governance. The approach is one of managing risk proactively and positively. Effective risk management helps improve services and outcomes, enhances accountability and ensures compliance with formal policies and procedures. Proactive and effective risk management is everyone's business.

5. Aims of the Risk Management Framework

Through this framework, the Council aims to:

- ensure an effective risk management system is in place;
- Improve the ability of the Council to achieve its priorities and objectives.
- help employees, senior managers and elected Members to apply risk management principles consistently across their area of responsibility;
- ensure that the risk management system identifies and assesses risks, decides on appropriate responses and then provides assurance that the chosen responses are effective;
- ensure that risk management is embedded into the culture of the Council, with employees, Members and managers at all levels recognising that risk management is part of their jobs;
- place greater emphasis on prevention rather than detection and correction;
- improve the identification, evaluation and control of strategic and long-term risks, operational risks and community risks;
- protect and enhance the assets and image of the Council;
- embed the Sustainability Principle (Well-being of Future Generations Act) and improve the Council's governance and decision making processes and outcomes.

6. Risk Levels

There are different levels within the risk register: Corporate, Directorate, Service, Information and Project / Programme Risks.

Risks Levels
Corporate Risks are those that could have a detrimental impact on the whole Council or community or could prevent the Council from achieving its priorities and objectives. Corporate Risks are recorded in the Corporate Risk Register.

A **Directorate Risk** is a risk that:
- Could have a detrimental impact on a single directorate and interfere with it achieving its priorities and objectives.
- Needs cross-service mitigation and control within the directorate.
- Is beyond the capacity of a single service to control and mitigate.

Directorate Risks are recorded in the Directorate Risk Register.

A **Service Risk** is a risk that:
- Does not have a detrimental impact beyond a single Service Unit and interfere with it achieving its priorities and objectives.
- Can be mitigated and controlled within the Service Unit.

Service Risks are recorded in the Service Risk Register.

An **Information Risk** is a risk that:
- Involves the fraudulent, unauthorised or negligent access, use, misuse or misplacing of information, records and data held by the Council that is confidential, commercial or otherwise sensitive.

Information Risks are recorded in the Information Risk Register

A **Project and Programme Risk** is:
- An uncertain event or condition that, if it occurs, has a positive or negative effect on a project's or programme's objectives.

Project or programme risks are identified and recorded onto a Risk Tracker, which Project or Programme Managers are expected to control and manage.

There may be 'uniform' risks identified, e.g. safeguarding, Health & Safety, financial control, etc. that should appear at all levels of the risk register. Risks may appear in more one level within the risk register but mitigation and controls would be relevant and specific to each level of risk.

7. Roles and Responsibilities

To implement this framework, specific roles and responsibilities for key stakeholders have been identified as outlined below:

Roles & Responsibilities

Leader and Cabinet
- Set the Council's Risk Management Policy and agree the Risk Management Framework.
- Have ownership of Corporate Risks where Cabinet can help control the risk.
- Assess / challenge the current and long-term risks associated with Cabinet reports.

Chief Executive and Corporate Management Team:
- Ensure that an effective Risk Management Policy, Framework and arrangements are in place within the Council.
- Have ownership of Corporate Risks where CMT can help control the risk.
- Review and monitor 'RED' risks at the different risk levels.
- Consider the current and long-term risks associated with decisions.

Cabinet and CMT
- Have joint-ownership of the Risk Management Policy and Framework and champion risk management throughout the Council.
- Identify and evaluate current and longer-term Corporate Risks during corporate planning and as they emerge.
- Review, monitor and ensure control of Corporate Risks.
- Have joint-ownership of Corporate Risks where CMT and Cabinet can help control the risk.

Cabinet Members:
- Have joint-ownership / ownership for Corporate, Directorate and Service Risks where they can help control the risk.

Elected Members:
- Gain an understanding of risk management and its benefits;
- Be aware of how risks are being managed through the Risk Management Policy and Framework; and
- Maintain an awareness of the risk management implications of policy decisions.

Directors:
- Champion and make arrangements for embedding risk management throughout their Directorate.
- Identify and evaluate current and longer-term Directorate Risks during directorate planning and as they emerge.
- Review, monitor and ensure control of Directorate Risks.
- Ensure Directorate level risks are escalated when necessary.

Heads of Service:
- Champion and make arrangements for embedding risk management throughout their Service Unit.
- Identify and evaluate current and longer-term Service Risks during service planning and as they emerge.
- Review, monitor and ensure control of Service Risks.
- Ensure Service level risks are escalated when necessary.

Council Officers and Managers:
- Identify opportunities and manage risks effectively in their jobs, reporting any risk management concerns, incidents and 'near misses' to their line managers.
- Identify, evaluate and control operational risks and ensuring they are documented on relevant risk registers/trackers/reporting templates.
- Escalate risks when necessary.

Internal Audit:
- Provide an independent and objective opinion to the Council on the control environment (which comprises of risk management, control and governance) by evaluating its effectiveness in achieving the Council's objectives.

The Audit Committee:
- Challenge and provide independent assurance to the Members of the adequacy of the risk management framework.
- Challenge and monitor the effective development and operation of risk management in the Council.
- Monitor progress in addressing risk related issues reported to the Committee.

The **Responsible Officer** is responsible for the management, monitoring and control of an identified risk. The responsible officer should be the person who is able to do something to control the risk. The responsible officer will escalate risks for control and mitigation when necessary.

The **Updater** is responsible for updating the risks recorded in the risk register.

The **Administrators** are responsible for oversight of the risk management framework, quality assurance, maintaining policies and procedures and system administration and maintenance.

The **Corporate Director (Resources)** has the authority to escalate risk concerns or issues from PFM to Corporate Management Team on behalf of Corporate Finance, HR and Performance representatives.

The **Senior Information Risk Owner (SIRO)**:
- Ensuring that information risks are treated as a priority for all business outcomes.
- Providing board-level accountability and greater assurance that information risks are being addressed.

Project and Programme Managers are responsible for controlling, reporting and escalating programme / project risks above their agreed tolerance levels to senior management.

Risk awareness raising and training sessions will be provided for the workforce and for elected Members on identifying and reporting risks, including what to do if they identify a risk.

8. Risk Management Cycle

The Council implements a 'Four Step' Risk Management Cycle across the Council to provide a consistent approach to managing risk.

Figure 1 – Risk Cycle
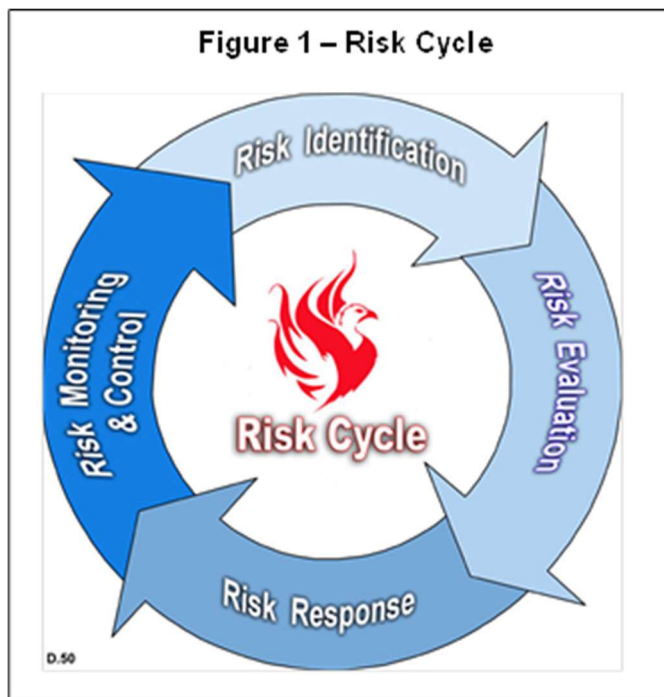
Step 1 – Risk Identification

Step 2 – Risk Evaluation

Step 3 – Risk Response

Step 4 – Risk Monitoring & Control

8.1   Step 1 - Risk identification

Risk identification is about considering the hazards that could happen and, if they did, would have an adverse or other impact.

Risks are formally identified and reviewed during annual corporate and service planning as part of the consideration of the threats to achieving our priorities and objectives. This is illustrated in fig 2 on the next page.

Customer
- Objectives & Risks

Processes
- Objectives & Risks

Priorities & Risks

Workforce
- Objectives & Risks

Finance
- Objectives & Risks

Fig 2 – Identifying risks to achieving our priorities and objectives during corporate and service planning.

The SWOT (Strengths, Weaknesses, Opportunities and Threats) tool and the PESTLE tool are useful to help scan the **current** and **future (long-term) organisational** and **external environment** in order to help **identify potential risks**:

- **P**olitical forces
- **E**conomic factors (including financial)
- **S**ocial factors (including demographic / well-being)
- **T**echnological factors (including systems, information and data)
- **L**egal factors (including legislative)
- **E**nvironmental factors

Note that any **Health & Safety threats or hazards** should be reviewed and identified during corporate and service planning as part of the risk identification process. More information on Health & Safety Risk Assessments can be found at http://www.swansea.gov.uk/staffnet/riskassessments

Risks are described using the **"If and then"** statement. The **"If"** being the risk and the **"then"** being the impact if it's not dealt with.

The risk description must be clear and precise and appropriate to the public domain. Here is an example of wording a risk:

> **"*If* the Council does not meet WAG targets to achieve diversions from landfill *then* the Council will be subject to penalties and payments"**

Note that new and emerging risks will also need to be identified, recorded, evaluated and controlled as they become known.

8.1.1 Risk Categorisation

Risk Categories
Strategic Risks are long-term or external threats or events that adversely affect the Council's ability to achieve its priorities and objectives.
Operational Risks are threats or events that arise from the services the Council delivers or the activities that it carries out.
Financial Risks are threats or events that may have an adverse impact on or result from the Council's financial budgeting, planning, control and resilience.
Regulatory Risks are threats or events resulting from the legislative framework within which the Council operates.
Governance Risks are threats or events that result from the leadership, management, decision making and control of the Council.

All risks have the potential to damage the reputation of the Council.

Risk categorisation helps clarify the nature of risks, although in reality risks may be put into more than one category; attempts should be made to identify the main category that any risk should fall into.

The different categories of risk should help identify whether a particular risk is a corporate, directorate or service level risk. For example, a care provider going out of business may be an operational risk but it may also lead to a reputational risk to the whole Council. For this reason, because there is a potential impact on the whole Council, it may be deemed that the risk is a Corporate level risk instead of a Service level risk.

8.2 Step 2 - Risk Evaluation

There are two factors that determine how important a risk is. These are:
- The chances of it happening (**likelihood**);
- The cost or consequences if it does (**impact**).

- **Risk Matrix**
  - When evaluating the likelihood and impact of risks, the risk matrix (as shown in figure 3 below) can be used to help plot the risks. This is a simple mechanism to increase visibility of risks and assist management decision making.

Risk Matrix Fig 3
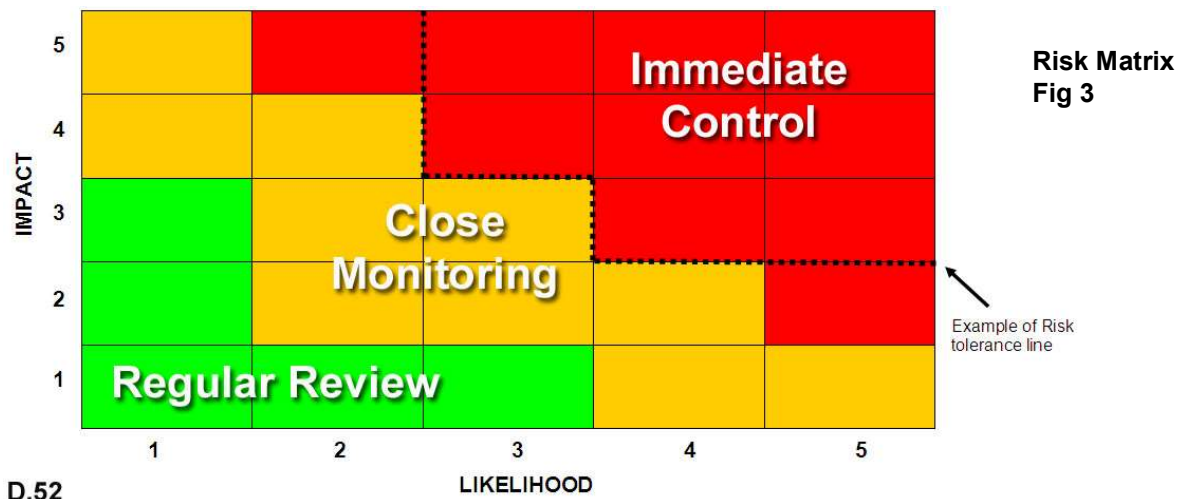
Within the Council, a RAG (Red, Amber, and Green) status will be used to evaluate these factors and it's important to recognise that each RAG colour represents a particular meaning as follows:

Red – Immediate Control - There are significant problems which will have a significant impact on the Council if it is not managed;

Amber – Close Monitoring - will affect the Council if it is not properly monitored and controlled;

Green – Regular Review - Going to plan but needs to be monitored on a regular basis.

- **Assessing Likelihood and Impact**
  - Once the risks have been identified the **likelihood** of risk occurring and the **impact** they will have if they occur must be assessed. It is important to note that the likelihood and impact of the risks identified need to be considered and ranked using the risk matrix according to the worst case scenario that could happen with the existing controls in place.

- **Risk Proximity**
  - When considering a risk's likelihood, another aspect is when the risk might occur. Some risk will be predicted to be further away than others and so attention should be focused on the more immediate ones first. This prediction is called the risk's **proximity**. Under the Sustainable Development Principle, the Council should look to identify **longer-term risks** – See Section 8.3 Risk Response.

- **Control Measures/Countermeasures**

- When evaluating risk, there is a need to identify existing control measures that are currently in place to manage the risks and any new countermeasures that need to be put in place to manage the risk. See Section 8.3 Risk Response.
- **Risk Tolerance**
  - When identifying risk tolerance, a **risk tolerance line** could be plotted on the matrix to show that any risks above this line needs to be referred upwards for decisions. An example is plotted on fig 3 above. See Section 9 Risk Escalation.

8.3 Step 3 Risk Response

Once risks have been identified and adequate control measure assessed, decide how to respond to specific risks by taking action to improve the outcome. Possible responses to risk should include the four T's as follows:

- **Treat -** Treating the risk – take action to control it in some way by applying containment or contingent actions. Within this categorisation:
  - **Containment** actions are those which lessen the likelihood of the risk or the consequences, and are applied **before** the risk materialises.
  - **Contingent** actions are those which are put into place **after** the outcome from the risk has happened. Here the focus is on reducing the impact of the risk. These actions can be pre-planned so that people know what to do in advance.
- **Transfer -** Transferring some aspects of risk is a recognised method either by getting a third party to take it on or, if available, an insurance policy.
- **Tolerate -** Perhaps nothing can be done at a reasonable cost to mitigate the risk, although the risk should be monitored to ensure it remains acceptable.
- **Terminate -** By doing things differently and thus removing the risk, where it is either feasible or practical to do so.

When considering how to respond to risks, the Sustainable Development principle should be applied as outlined below:

- **Long-term**…looking at longer-term and emerging risks and looking to see how they may be prevented or their impact reduced, e.g. climate change.
- **Prevention…**looking to see how risks may be prevented from happening or their impact reduced should they occur.
- **Integration…**reviewing how risks, controls or responses may have a detrimental impact on the goals and objectives of other public bodies.
- **Collaboration…**reviewing working in partnership with others to help prevent, control or remove risks.
- **Involvement…**considering how involving stakeholders may help prevent, control or remove risks.

8.4 Step 4 Risk Monitoring and Control

Risks must be **monitored** and **controlled**. Risks should be **monitored on a monthly basis** and more frequently if necessary.

Corporate Risks will also be reported and reviewed in-depth **each quarter** in line with corporate performance monitoring. In addition, RED Risks at the different levels, including

Directorate and Service Risks, should also have visibility and be reviewed **each month** at CMT.

Risks are monitored and controlled at the appropriate forum as follows. Risk must be a standard item on the agenda for each of these meetings.

Risks	Forum
Corporate Risks	Corporate Management Team
Directorate Risks	Performance & Financial Monitoring (PFM) meetings
Service Risks	Directorate Management Team (DMT) / Senior Management Team (SMT) & PFMs.
Information Risks	Information Governance Board
Programme / Project Risks	Programme / Project Board

Risk Control Checklist

The following checks can be useful to help monitor and control the risk:

- ✓ Is the proximity of the risk still correct?

- ✓ Is the likelihood and impact of the risk occurring still correct?

- ✓ Are the controls in place accurate and up-to-date?

- ✓ Are the planned responses (actions) in place the right ones?

- ✓ Have the planned responses (actions) to the risk been implemented?

- ✓ Are the controls and / or planned responses (actions) having the desired effect in controlling and / or mitigating the risk?

- ✓ Do additional risk responses (actions) need to be put in place to help control or mitigate the risk?

- ✓ Does the risk need to be escalated?

9. Risk Escalation

Risks would be escalated from Service level to Directorate level to Corporate level when:

- A decision is required or actions need to be taken to mitigate risk that are beyond the authority or capacity of the Service or Directorate;

- When a broader view is required or the collective knowledge of the Service or Directorate is not enough to mitigate the risk.

- When the impact of a risk coming into effect is broader and goes beyond a single Service or Directorate.

- When the 'tolerance line' plotted onto the risk matrix has been crossed.

- 'Information only escalation', i.e. when it is important that a higher body is aware of issues or risks that they may be required to take action on in the future.

Note – these guidelines must be exercised with some discretion and judgment from Heads of Service and Directors. There may be political, reputational issues etc. that although may not be of the greatest corporate importance might still need to be escalated anyway. There may be occasions when risks are escalated from service level straight to corporate level at Corporate Management Team. See Point 7 Roles and Responsibilities.

Performance Improvement and Risk Management Framework

Corporate

CMT / Cabinet

CMT

BPRG

- Corporate Plan & Sustainable Swansea
- Corporate Risk Register

Directors / HoS & individual Cabinet Members

Directorate

PFM

- Directorate Plans
- Directorate Risk Register

HoS & officers

Service

SMT / PFM

- Service Plans
- Service Risk Register
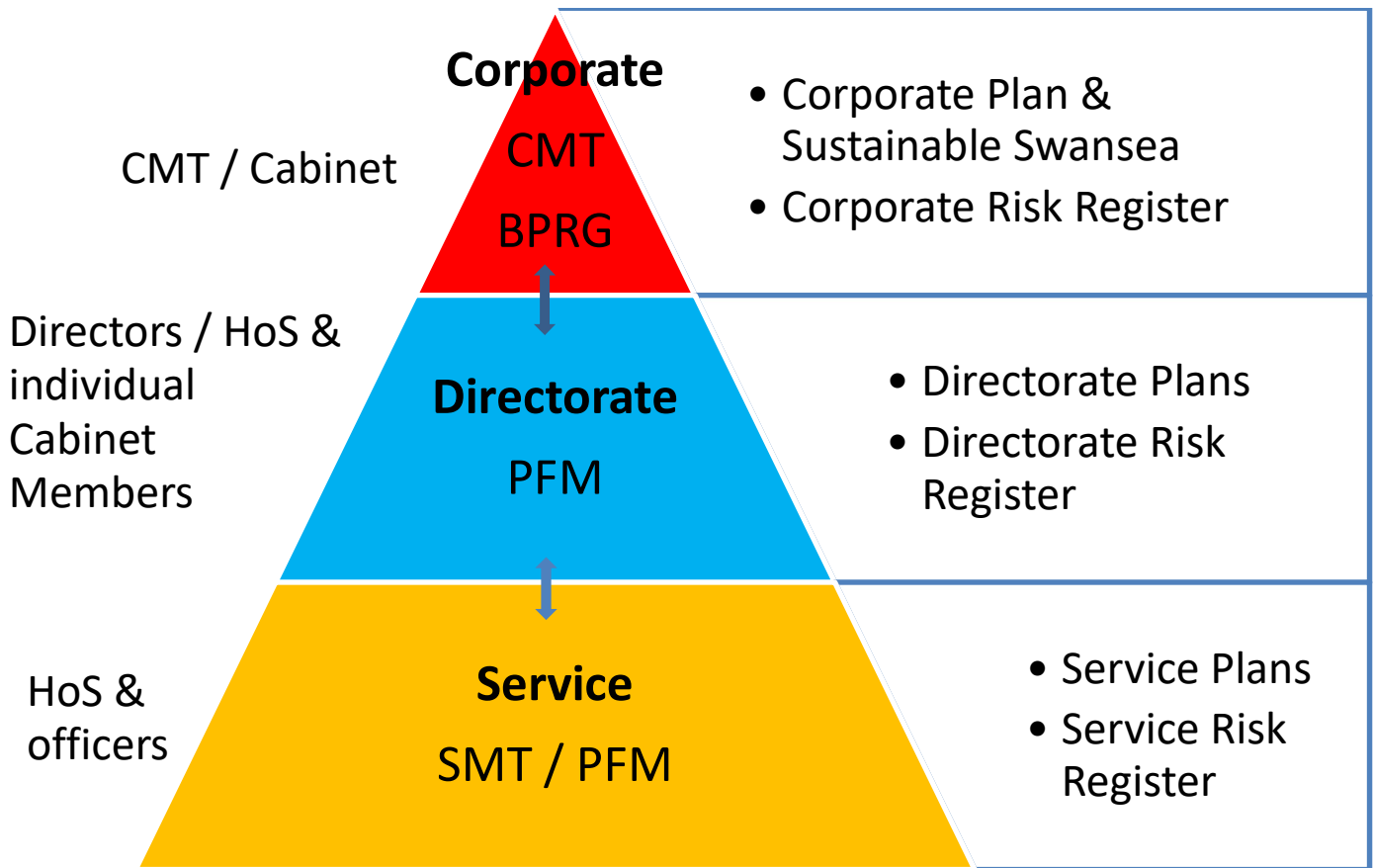
Report of the Chief Transformation Officer

Audit Committee – 11 June 2019

Overview of the overall status of Risk
Quarter 4 2018/19

Purpose:	The report presents an overview of the status of risk in the Council during Quarter 4 2018/19 to provide assurance to the Committee on the operation of the risk management policy and framework within the Council.
Report Author:	Richard Rowlands
Finance Officer:	Paul Roach
Legal Officer:	Debbie Smith
Access to Services Officer:	Rhian Millar
For Information	

1.   Background

1.1   Audit Committee requested on the 11th July 2017 an overview each quarter on the overall status of risk in the Council to give assurance that the risk management process is being followed.

1.2   This report at Appendix A covers the Quarter 4 2018/19 period and compares an overview of the position to Quarter 3 2018/19.

2.   Corporate & Directorate Risk Registers

2.1   The Corporate & Directorate Risk Registers (dated 23/05/19) are attached at Appendix B and Appendix C respectively.

2.   Equality and Engagement Implications

2.1   There are no direct equality and engagement implications from this report.

3. Legal Implications

3.1 There are no legal implications.

4. Financial Implications

4.1 There are no financial implications.

For Information

Background papers: *None*

Appendices: Appendix A - Summary of the overall status of risk within the Council Quarter 4 2018/19.
Appendix B – Corporate Risk Register dated 23/05/19
Appendix C – Directorate Risk Register dated 23/05/19

Audit Committee

Summary of the overall status of risk within the Council – Quarter 4 2018/19

The following report summarises the overall status of risk within Swansea Council.

Overall Risk Status – Quarter 4 2018/19

The table below illustrates overall risk status as at Quarter 3 and Quarter 4 2018/19.

	Low Risk	Medium Risk	High Risk
Quarter 3 18/19	20	137	30
Quarter 4 18/19	24	138	32
+ - change	+4	+1	+2

Summary – changes to the Risk Registers

- **85.6%** of the risks that were in place as at Quarter 3 2018/19 were recorded as having been reviewed in Quarter 4 2018/19 (**27** were recorded as being reviewed).

- This is an improvement over the position at Quarter 3 2018/19 where 79% of risks had been reviewed since Quarter 3 2018/19.

- **17** new risks were added to the registers.

Low Risk	Medium Risk	High Risk
2	13	2

- **11** risks were closed.

Low Risk	Medium Risk	High Risk
3	8	0

- **2** out of the **11** risks **(18%)** that were closed had reasons/comments for doing so recorded, compared to **83%** in Quarter 3 2018/19. Reasons for closure displayed in the chart below:

Reasons for Risks Closure - Q4

Risk replaced
9%

Moved to other Service
9%

No reason given
82%
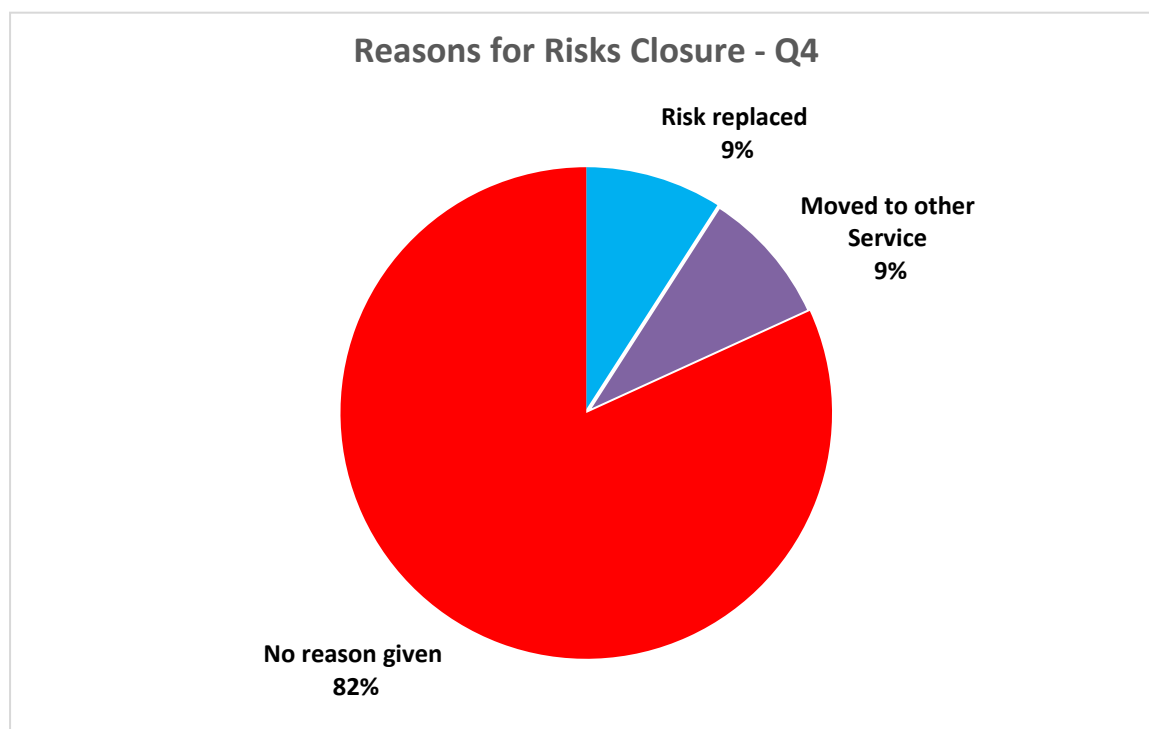
- One risk was escalated in Q4 whereas no risk was escalated in Quarter 3 2018/19.
- One risk was reinstated in Q4.
- The overall RAG status of **16** risks were changed.
- Of these **10** showed a reduction in risk level and **6** showed an increase.

Other observations

- Controls and actions are in place for all risks on the registers.
- CMT are reviewing the Corporate Risks each month.
- A new risk register ICT application is in development.
- The annual review of Corporate Risks will take place in May 2019.

Corporate & Directorate Risk Registers

- The Corporate Risk Register and Directorate Risk Registers dated 23/05/19 are attached at **Appendix B** and **Appendix C** respectively.

Corporate Risk Register Report 23/05/19

Risk Id	Risk Title	Category	Responsible Officer	Date Last Updated	Overall RAG
CR 80	**Financial Control (Service overspending) and Sustainable Swansea**	Corporate Finance	ben smith	23/05/2019	R
CR 81	**City Centre**	Corporate Plan Priorities	martin nicholls	17/05/2019	A
CR 82	**Safeguarding**	Corporate Plan Priorities	david howes	17/04/2019	A
CR 83	**Pupil attainment and achievement**	Corporate Plan Priorities	nick williams	08/03/2019	A
CR 84	**Tackling poverty**	Corporate Plan Priorities	david howes	10/05/2019	A
CR 85	**Workforce Strategy**	Corporate Governance	sarah caulkin	26/04/2019	A
CR 86	**Digital, data and cyber security**	Corporate Governance	sarah caulkin	26/04/2019	A
CR 87	**Emergency Planning, Resilience and Business Continuity**	Corporate Governance	adam hill	07/03/2019	A
CR 88	**Health & Safety**	Corporate Governance	adam hill	07/03/2019	A
CR 89	**New legislative and statutory requirements**	Corporate Governance	tracey meredith	10/04/2019	A
CR 91	**Tax evasion**	Corporate Finance	ben smith	23/05/2019	A
CR 101	**Regional Working**	Corporate Governance	jack straw	08/03/2019	A
CR 90/ 102	**Decision to leave the European Union (BREXIT)**	Corporate Finance	adam hill	28/03/2019	R

CR 80: Financial Control (Service overspending) and Sustainable Swansea

Risk Description:
If we fail to deliver Sustainable Swansea and maintain sufficient financial control, and in particular do not ensure we contain service overspending, then we will not be able to respond appropriately to continuing austerity, demographic pressures, increasing demand and changing public expectations.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risks CR46 and CR47.

Category:
Corporate Finance

Controls in Place:
• An agreed plan and a process for corporate level monitoring in place.
• An agreed budget.
• Clear governance and reporting in place.
• Prevention Strategy.
• Regular monthly monitoring at P&FMs.
• Reporting, monitoring and review at FSTG.
• Audit Committee providing challenge, oversight and assurance.
• Collaborative officer and Member budget setting process in place.
• Launch of Reshaping Board to further challenge delivery/mitigations for non-delivery and accelerate timescale for assuring delivery
• MTFP.
• Dedicated Scrutiny Service Improvement and Finance Performance Panel consider and scrutinise the budget on a quarterly basis

All the above refreshed for 2019-20 budget round including launch of Zero Based Budget as next phase of Sustainable Swansea

Actions to be taken:
• The budget position is tracked and reported to CMT, P&FMs and FSTG on a monthly basis to monitor progress and highlight risks to meeting savings early.
• Fewer generic savings.
• Cross-cutting Commissioning Reviews.
• Continue to embed the Sustainable Development Principle into the budget setting process forming part of Budget Week in September 2018.
• Involve the public in co-producing and setting the budget.
• Aspire to collaborate more with other local authorities
• Join-up information so outcomes and delivery are clear to the public
• Review of schools SLAs in response to underlying shortfall on delegated schools budget

BGS Update 26/6 - budget position is being tracked to try and early capture and warn on all delivery risks not just financials - financial pressures remain severe given draw from reserves 17-18 outturn, emerging pressures for 18-19

BGS 24/9 - position remains stable compared to first quarter for 19/20 but has not materially improved. Risks for the future have increased especially around ending of public sector pay cap, partial funding only of teacher pay award,

pending substantial increases to teacher employer costs, ongoing social care pressures. LG settlement 9 October - and extent to which there will be recognition and funding - will be key

BGS 14/11 - provisional settlement like for like cash £18k - allocation not adequate to address pressures. Develop ongoing budget proposals in light of this provisional settlement. Await further announcements and final settlement around 20th December.

BGS 13/2/19 - final settlement £1.5m better than provisonal - this had been fully factored into Dec Cabinet budget report. Capital settlement for next 3 years £20m better than provisional, saving £1.5m in borrowing costs per annum longer term. Again fully factored into December Cabient report.

Feb 19 - 3rd quarter budget monitoring indicates no material improvement - S151 action to ensure budget technically balances for 18/19 - downside is increases risks faced in 2019/20 budget round.

Feb 19 - current budget and mtfp reports going through Scrutiny and Cabinet and Council process. Publication for Special Cabinet missed publication deadline for February Audit Committee. Will follow to next Audit Committee (April).

Apr 9 - latest positon reported to Audit Committee re controls exercised/action being taken

May 23 - outturn 18-19 finalised and services continue to overspend but actions in year have limited overspend (some only temporarily). Early indications are overspending pressures likely to continue in social services, education and resources/corporate services. S151 Officer retains a range of options to contain and mitigate overall impact on Council.

Responsible Officer: ben smith
Current Likelihood: Very High
Current Impact: Very High
Overall RAG Status: Red
Report Date: 23/05/2019 16:10:49

CR 81: City Centre

Risk Description:
If we are unable to attract sufficient external investment and financial support and do not regenerate the city centre, then there will be a detrimental impact on the Swansea economy and reputational damage for the Council.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR58.

Category:
Corporate Plan Priorities

Controls in Place:
• City Deal agreement in place
• City Centre Strategic Framework and resources to deliver it.
• Political mandate, leadership and support.
• Development advisory group in place
• Positive coms attracting inward investment opportunities
• Corporate priority.
• Developer confidence reflected in their actions taking forward schemes.
• The BID and buy-in from city centre businesses.
• Financial control of the revenue budget providing financial headroom for
capital schemes
• Financial commitment through the councils capital and revenue programme
and EU/WG funding streams

Updated 26th March 2019 MPN

Actions to be taken:
• Cabinet approved funding via FPR 7 for next stage of projects on the 21st
June 2018.
• Cabinet approved City Deal joint committee report on the 21st June 2018
with Council on the 26th July. joint committee and ESB now constituted
• Full planning permission obtain for phase 1 October 2018.
• Cabinet approved the FPR7 report on the 29th November to continue with
detailed design and delegate decision on enabling works to section 151
officer.
• Contract award report for PCSA contractor appointment (stage 1) completed
January 2019.
• Regional scrutiny now constituted.
• Amendment made to City Deal business case following meeting with WG/UK
government Nov 2018. Final approval of business case sought from Joint
committee on the 28th march for formal sign off.
• Phase 2 scheme included in DiT Wales investment portfolio launched in
MIPIM in march 2019.
• Approval to proceed to PIN notice to seek joint venture partners for strategic
assets.

Next steps
• Formal approval of business case for phase 1 city deal including receipt of
terms.
• Finalise cost certainty and seek FPR approval (June /July 2019).
• Further scrutiny session to be planned to review detail of final business case

Updated 26th March 2019 MPN (no change in ratings)

17th May update
• Awaiting confirmation of approval of city deal business case due by end of May.
• Due to delay in confirming city deal and resultant enabling works proposed date for FPR now August. This will include scrutiny.
• No change in overall ratings.

Responsible Officer: martin nicholls
Current Likelihood: High
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 82: Safeguarding

Risk Description:
If our safeguarding arrangements are not sufficiently robust, then we will not be doing everything we possibly can to prevent the death, injury or neglect of a child or vulnerable adult and consequential reputational damage.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR45.

Category:
Corporate Plan Priorities

Controls in Place:
• Sufficient numbers of trained adult and children services staff. Principal Officers for Safeguarding within social services
• Corporate Safeguarding Policy and Group.
• Strong performance monitoring and reporting arrangements.
• Positive engagement and support from Cabinet and Council.
• Mandatory corporate safeguarding training in place for staff and Members.
• Commitment to invest in social care is strong.
• Corporate priority.
• Regional and multi-agency safeguarding partnerships.
• Safeguarding leads identified across all Council services
• Separate safeguarding arrangements in place in schools, with a central education safeguarding officer within the main local authority directorate
• Two dedicated scrutiny panels in place to scrutinize social services work and performance.
• New and revised Safeguarding Policy following a review undertaken by the Safeguarding PDDC'

Actions to be taken:
As part of wider adult services restructure, there is a proposal for new adult

safeguarding team to undertake social workers in the teams will undertake safeguarding coordination function.

In the meantime, timescales of undertaking safeguarding activity is being closely monitored by capturing information about timescales; therefore safeguarding activity outside the approved timescales will be highlighted with the relevant principal officer,

A regular audit will commence in June, to ensure that safeguarding process in meaningful to individuals. In addition, there is a multidisciplinary input at CAP to minimize risk to the adult at risk while restructuring adult services.

Adult services are adopting Collaborative Communication social work model, this will involve changing he conversation social work staff are having with people. Moving to a strength based approached keeping the individual central to the assessment process. This will also change the approach of adult safeguarding, by providing a greater voice for individual concerned in the process and keeping this individual central to the process.

Updated 17 April 2019 - David Howes, Director of Social Services

Responsible Officer: david howes
Current Likelihood: Low
Current Impact: Very High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 83: Pupil attainment and achievement

Risk Description:
If we cannot get schools to improve pupil attainment and achievement at a time of reduced resources and increasing demand, then pupils will not get the qualifications and skills they need to succeed in life and there will be a detrimental impact on the future Swansea economy.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR59.

Category:
Corporate Plan Priorities

Controls in Place:
• Positive engagement and support from Cabinet and Council.

• Commitment to invest in Education.
• Corporate priority.
• Good school-to-school support.
• Effective partnership working.
• School Improvement Strategy and Partnership.
• New EOTAS Strategy & programme.
• Attendance Strategy.
• Renewed focus through the Child Protection Board on the educational achievement of LAC.
• Strong school building programme.
• Strong leadership commitment to influencing the ERW agenda.
• Commissioning Review on ALN.
• Dedicated scrutiny panel to scrutinise education work and performance.
• Education Skills Co-ordinator appointed.

Actions to be taken:
• Managing the review of ERW and strong KS4 outcomes in 2018.
• ALN Commissioning Review complete but now requires separate risk.
• OECD principles of schools as learning organisations disseminated to schools and senior leaders in schools
• The Chief Exec and Director have continued to lead on ERW arrangements at Joint Committee including issues regarding funding in particular. However, there remain uncertainties regarding commitment of all LA to regional working under the current budget arrangements although there is a commitment to the model in principle.
• Provided a consultation response regarding the "middle tier" to the Assembly.
• Attendance rates remain variable but still within an acceptable variance. Primary attendance has gone up but secondary attendance is down compared to the half-term last year.
• School Improvement Partnership provides a suitable forum to support and challenge schools regarding their use resources but also to provide support.
• EOTAS project is progressing although there is an anticipated delay. There has been a good outcome to the recent PRU inspection.
• ALN Strategy in place but there are significant capacity issues that need addressing which need raising as a separate risk.

Responsible Officer: nick williams
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 84: Tackling poverty

Risk Description:
If we do not implement a strategy that sufficiently impacts on poverty, then there will continue to be negative consequences for current and future generations, high demand for Council services and a continuing detrimental impact on the Swansea economy.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR44.

Category:
Corporate Plan Priorities

Controls in Place:
• Reviewed and revised Tackling Poverty Strategy agreed by Cabinet
• Cross Council Delivery Plan in place and performance framework being introduced
• Council Poverty Forum renewed, chaired by Chief Executive
• Partnership Poverty Forum in place, and action plan being delivered
• Explorations of social investment options for key services being undertaken
• Scrutiny Inquiry undertaken 2016 and report recommendations largely accepted
• Tackling Poverty a Corporate Priority

Actions to be taken:
Review of Poverty and Prevention infrastructure underway with objective of further strengthening a whole Council approach to tackling poverty. Interim management arrangements agreed with direct report through to the Director of Social Services.

Commissioning reviews now being scoped with a particular focus on the whole Council's approach to delivering employability and related services. Arrangements to establish a Poverty Truth Commission continue to be progressed with a further briefing for CMT and Cabinet scheduled.

Updated 10 May 2019 by Dave Howes, Director of Social Services

Responsible Officer: david howes
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 85: Workforce Strategy

Risk Description:
If we do not have a robust workforce strategy in place, then we will not have staff with sufficient capacity and the right knowledge and skills to manage change, deliver transformed services and ensure statutory compliance.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR43.

Category:
Corporate Governance

Controls in Place:
• Workforce Planning
• Corporate Plan Sustainable Development principles embedded in the objectives
• Service Planning
• Gender pay gap and project plan
• Apprenticeship / traineeships strategy
• Organisational Development (OD) strategy and implementation plan in place
• OD Board meets monthly to monitor progress on delivery
• Tracking and monitoring of OD plan and delivery through new ICT systems and processes
• New reporting through revised CMT/Cabinet governance
• New reporting through Leadership Team
• Corporate Plan refreshed - sustainable development principles embedded into objectives

Actions to be taken:
Latest update April 2019:
- HR Policy review underway
- Sustainable Swansea programme review underway including culture, change plan and workforce planning
- Gender pay gap analysis and plan part of Policy Development Committee work plan
- Service plans near completion, which is informed by a workforce analysis by each service

Responsible Officer: sarah caulkin
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 86: Digital, data and cyber security

Risk Description:
If we do not have robust digital, data and cyber security measures and systems and behaviours in place, embedded and working as best as they can be, then we will be vulnerable to cyber threats, disruption to service delivery, possible loss of information including confidential information and associated fines and reputational damage.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR66.

Risk revised 18/09/18 following attendance at a cyber-event with the police and receiving information from the WLGA regarding what Local Authorities should be demonstrating as basic measures.

Category:
Corporate Governance

Controls in Place:
• Public Services Network (PSN) compliance certificate (tested annually)
• Mandatory data protection and cyber security training for all staff and Councillors
• Communications and awareness raising to all staff and Councillors monthly on good practice
• SIRO identified
• Information Governance Unit (IGU) established
• Created a register of processing activities to identify what personal data we control and process
• Updated the data breach process to align with GDPR requirements
• Created a GDPR compliant privacy notice to be placed on our public website
• Created a Data Protection Impact assessment measuring the impact to individual rights to privacy
• Data Protection Officer required by GDPR regulations now appointed and in place.
• GDPR information for schools published on Staffnet
• Externally hosted email filtering service to prevent the sending and receiving of emails which contain known and suspected virus infections.
• Firewalls and filtering software as our first line of defence to monitor incoming and outgoing network traffic.
• Software patching to enable systems to stay updated and secure from weaknesses and unauthorised access.
• Encryption is used on mobile devices as a security measure that makes data unreadable if it's stolen.
• Up-to-date anti-virus software installed on all Council PC's and laptops to detect and remove malicious software.
• A variety of ICT policies and procedures to ensure staff are responsible for their actions when using technology.

• Staff only granted access to social media / networking for specific business reasons in a work-related professional capacity.
• Council data is backed up and taken off-site.
• Staff on Mobile working and remote access have the facilities to work outside their office and still have the same secure setup as if they were sitting at their desks.
• More use of secure cloud storage.
• Revised ICT Security Policy, Cyber Strategy and Information Governance framework approved by CMT
• General Data Protection Regulation (GDPR) compliance monitoring and reporting through P&FMs and new CMT/Cabinet governance
• GDPR project complete
• Members of Digital Services, Communications and emergency planning attended a cyber-security training event with the police which included senior officers from various local authorities interacting in an event of a real cyber incident.
• Part of the Wales WARP (Warning Advice and Reporting Point) to share cyber threats and defences with other public bodies.
• Member of the CISP (Cyber Security Information Sharing Partnership) which is a joint industry and government initiative set up to exchange cyber threat information.

Actions to be taken:
Latest update April 2019:
• PSN certification achieved
• New regional multi-agency cyber cell meetings being attended to share intelligence and actions
• Embarking on Cyber Essential and Cyber Essentials Plus accreditation
• Digital Services working with internal audit and emergency planning to further improve the ICT Disaster recovery plan.
• Cyber Security strategy created and ready for engagement with staff.

Responsible Officer: sarah caulkin
Current Likelihood: Low
Current Impact: Very High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 87: Emergency Planning, Resilience and Business Continuity

Risk Description:
If we do not have sufficient emergency planning, resilience and business continuity arrangements in place, then we will not be able to respond effectively in an emergency, provide the necessary civic leadership or continue to run vital services and ensure compliance with the legal

requirements of the Civic Contingencies Act 2004 as a Category 1 Responder.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR48.

Category:
Corporate Governance

Controls in Place:
• Major Incident Plan
• Flood Management Plan
• Mass Fatality Plan
• Temporary Mortuary Arrangements
• Crisis Media Plan
• Rest Centre Plan & Arrangements
• Recovery Plan
• Offsite COMAH Plan & Exercising
• Risk Profiling
• Project Griffin Training
• Vehicle Mitigation & Protective Security Advice
• Multi Agency Exercising & Training
• Call Out & Activation Protocols/action Cards
• Continual Review of Plans & Protocols
• Service and Corporate Business Impact Assessments and Business Continuity Plans
• RAG alert system across H&S, emergency management

Actions to be taken:
• Continual review and update of policies
• Continual development of further toolkits to support managers and schools
• Emergency Planning exercise
• Commissioned Emergency Control Centre
• Monitoring and reporting of emergency management to P&FM, escalating to CMT where appropriate
• Ensuring senior staff training and roles are clear
• Greater responsibility allocated to Deputy CEO from 29 October 2018. Responsible Officer changed from Phil Roberts to Adam Hill as per CMT on 13/02/19
Business continuity plans being reviewed and updated

Responsible Officer: adam hill
Current Likelihood: Low
Current Impact: Very High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 88: Health & Safety

Risk Description:
If we fail to have robust Health & Safety policies and arrangements in place, then there could be a health and safety breach identified as a corporate failing with associated legal, financial and reputational consequences.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR50.

Category:
Corporate Governance

Controls in Place:
• Health & Safety (H&S) Policies
• H&S Toolkits
• RIDDOR procedures for reportable incident to the HSE
• H&S audit plan
• Well-being Policies
• Member of British Association of Counsellors and Psychotherapists (BACP)
• SEQOSH accreditation by Faculty of Occupational Medicine
• Noise, Dust, Lighting, Humidity & Vibration sampling
• Directors H&S Committees & Sub safety Groups
• RAG alert system across H&S, emergency management and well-being

Actions to be taken:
• H&S e-learning
• Continual review and update of policies
• Continual development of further toolkits to support managers and schools
• Swansea Council RAG Fire Risk Profiling for all Premises.
• Improved online reporting
• Monitoring and reporting of H&S and well-being to P&FM, escalating to CMT where appropriate
• Greater responsibility given to Deputy CE from 29 October 2018.
Responsible Officer changed from Phil Roberts to Adam Hill as per CMT on 13/02/19

Regular update on corporate Health and Safety introduced as part of Resources DMT to look at trends and patterns

Responsible Officer: adam hill
Current Likelihood: Low
Current Impact: High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 89: New legislative and statutory requirements

Risk Description:
IF the council cannot respond adequately to new legislative and regulatory requirements due to reduced resources, then it will be open to external challenge and may suffer reputational damage and fines.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR62.

Category:
Corporate Governance

Controls in Place:
• Corporate Plan: captures major change and meets duties under the Well-being of Future Generations Act 2015 to set well-being objectives and establish steps to meet them.
• Service Planning: use of the SWOT/PESTLE process to capture external legislative changes and threats, etc. and embed the Well-being of Future Generations Act 2015.
• Role of Directors/Heads of Service: duty to horizon scan and bring forward papers on new changes and to resource accordingly and act in accordance with the Sustainable Development Principle established by the Well-being of Future Generations Act 2015.
• Regular policy briefing developed and widely circulated.
• Regular Policy foresighting briefing - policy perspectives, new ideas and emerging ways of working - developed and widely circulated.
• Monitoring of new legislation by legal department and democratic services.
• Lawyers in Local Government Update on new legislation, consultation and constitutional matters circulated by Head of Legal to CMT on regular basis. Legal implications inserted into decision making reports.

Actions to be taken:
• Strategic Delivery Unit: horizon scan and give advice on our response to new legislation and other major external change.
• Legislative duties and legal obligations incorporated into reports to committees and decision makers with all reports signed off by Legal and Access to Services.
• Embedding legislative duties at the earliest stages of decision-making

Update 8/4/19
• Well Being of Future Generations guidance to be updated to include toolkit which will be referenced in report writing new guidance.
Update 10/04/19
• Created a web page to provide information on Well-being of Future

Generations and to point staff and Members to Welsh Government and Future Generation Commissioner resources to refer to and to help inform the development of any proposals / reports at the earliest stage.

Responsible Officer: tracey meredith
Current Likelihood: Low
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 90: Decision to leave the European Union (BREXIT)

Risk Description:
New Description 23/01/19 (see below) - If there is continuing uncertainty from the decision to exit the European Union (BREXIT), then the Council will not be able to prepare as effectively as it would like to in order to ensure service continuity and to safeguard the financial / economic, social, environmental and cultural well-being of citizens and resident EU nationals.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks. Supersedes risk CR64. (If there continuing uncertainty from the decision to exit the European Union (BREXIT), then there may be a risk to investment in the region due to the loss of grants and decisions affecting strategic inward investment)

Risk Description revised on 23/01/19 following approval by cross-departmental Brexit Steering Group on 21/01/19.

Category:
Corporate Finance

Controls in Place:
• A risk outside directly of Council control/influence.
• Maximise existing grant take ups/explore alternative sources of grant/investment
• Event horizon scanning of all media, parliamentary decisions, negotiations.
• Lobbying through WLGA, professional associations for UK/WG government grant/other decisions to attract inward investment via alternative means e.g. City Deal, Tidal Lagoon (despite UK government rejection of financial support re latter)

Arrangements we are putting place to manage them:

• Corporate - Work with the WLGA and welsh Government to ensure there is

a collective and consistent approach across Welsh local government in responding to BREXIT; the Leader for the Council also leads for WLGA on Europe, which will be beneficial to the Council in identifying means to address risks. Lobby via WLGA, professional associations for locally retained business rates.

• Economic development and regeneration - Increase level of marketing and promotion of city centre projects and opportunities; increase awareness of Business support offer available to local companies and local supply chain opportunities;
exploring alternative funding sources and methods of funding.

• Information management: We will follow ICO guidance with regard to Brexit.

• Records management: We will ensure any European project records are secured and up to date for the period stipulated by the EU regardless of Brexit but also expect there may be guidance from WEFO on this.

• ICT/Digital: We have been ensuring UK based data centres in our move to Cloud to mitigate any impact of Brexit as well as ensuring data security. Brexit may impact patching of software where we have large global suppliers such as Oracle. A fundamental global change to the system as a result of EU legislative changes may still need to be delivered by us (unless
suppliers release a UK version which is yet unknown). We've seen ICT contract costs gradually rising over the past 18 months due to concern in the market on the impact of Brexit. We have been mitigating against contract inflation in the budget and MTFP wherever possible.

• Social care - Relevant staff are participating in briefings on the national schemes set up to mitigate that impact and communicating directly with local providers to better assess likely impact.

• HR - Joined the national teleconferences with the Home Office around EEA nationals and residency. Undertaken a risk assessment and identified potentially impacted employees and areas of work. Plans to communicate to managers information to help by providing useful and reassuring information to staff (FAQs, considering discussing in meetings i.e. one-to one's).
Established a working group to prepare an action plan to ensure that we are able to manage a migrant workforce and making business decisions on how to potentially support employees to regularise their stay or apply to become British citizens.
Attending Home Office seminars, in relation to plans to pilot their Settled Status Scheme systems with UK health and social care staff ahead of the systems becoming fully operational and open to all from 30 March 2019; this pilot will run from 29 November until 21 December this year.
Ensuring that we remain updated in line with CIPD advice and legal guidance.
Internal steering group focussed on preparedness across the organisation and linking through to external groups set up and meeting monthly with action log to ensure measures are put in place and tracked.

Updated 28/03/19 RR
• Ensured that organisations supplying Agency Workers to the Council are complying with Government advice, guidance and rules concerning the employment and status of resident EU nationals
• Draft communications plan and portal for Brexit related internal and external communication and information, including the dissemination of Welsh and UK

Government advice developed.

Actions to be taken:
• Lobby via WLGA, professional associations for locally retained business rates
• Work with the WLGA and welsh Government to ensure there is a collective and consistent approach across Welsh local government in responding to BREXIT.
• Convene a group / committee tasked with mitigation of impacts in regards to BREXIT (COMPLETE)
• Undertake a BREXIT impact assessment (COMPLETE)

BGS Update 26/6/18 - Personally fed into Welsh Assembly Finance Committee budget roadshow on matter, WLGA and professional bodies continue lobbying, still await material detail and devolution consequentials - remains difficult to assess the overall risk - especially the impact score - remains unchanged for now but impact score may increase as time progresses and detail becomes clearer.

BGS 24/9/18 - given lack of progress in the past 3 months pan UK - this has been increased to very high likelihood of uncertainty pervading and the risks and impact of the permutations of Brexit deals and no deals has also deteriorated

BGS 14/11 - Key implications risks and opportunities:

• Legal – no immediate specific issues as all EU laws segue into or are already UK law
• Contracted services – EU nationals employed by your contractors. Probably have higher numbers of non-EU non-UK nationals especially in care sector.
• Care sector - increased fragility of the domiciliary and residential care market due to workforce impacts.
• HR – own workforce we have around 100 EU nationals. There is a proposed settlement fee of £554 per worker. Expectation is we as employer would pay fees even if no legal obligation.
• Civil Contingency - civil unrest locally unlikely but everything is still contingency planned for locally, regionally and nationally; can be escalated as needs be.
• EU funds – after 2022/23 structural funds and programmes dry up. Loss of EU Structural Funds currently £30m of schemes in progress particularly supporting economic development, capital and skills initiatives. There is no indication of how this funding would be replaced and very limited alternative funding from Welsh Government and other sources. Shared Prosperity Fund as replacement vague as to implications – policy vacuum.
In economic development & poverty and prevention, we have around 45 of our staff funded by EU funds. Impact on wider work creation programmes. Wider Welsh issues are E.g. Welsh Development Bank part funded by ERDF.
• State Aid Regime – currently tied to EU rules – but in a "no deal" Brexit we would default to WTO rules, which are arguably even more onerous.
• Agency and workforce - need to actively engage with both for a post EU

Brexit, no discrimination policy etc. .
• Risks – are currently too finance focussed and need to widen to procurement, staff, HR, civil contingency etc. and actions to mitigate (COMPLETE - Description revised 23/01/19).
• Money – zero grant losses from EU factored into MTFP post 2022-23. Unknown.
• Port Health Authority - becomes potentially hard border – implications for goods and food/waste transit etc. Swansea Airport – we are landowner not operator but still a port of entry – albeit small
scale
• Data – where will it be held - Microsoft e.g. only just opened British Data centres. What is the legal regime for services in cloud in future?
• Health, Environment – long-term risk re climate change, agriculture etc.
• Public Health – monitoring water, power - significant resource issues re certification of meat, food, livestock, vaccines etc. if EU certification schemes end.
• Local economy risks: Lower levels of inward investment due to the uncertainty of financial markets and changing regulations created by Brexit. Market uncertainty also affects ability to attract developers and investors to commit to city centre regeneration schemes. Potential effect on businesses ability to trade with EU companies impacting on employment levels.
• Procurement - cost inflation due to a no-deal. There may be some inflation on our contracts; but too early to tell as the detail is not yet apparent. If 'no deal' then likely higher inflation for a period as the supply base reacts to new tariffs etc. Loss of EU labour may cause cost increases too, but again given the settled status regime proposed by UK Gov, that may be a longer-term problem.

AH 14/12/18 - Welsh Audit Office call for Evidence was used to gather information on work undertaken to date to prepare and identify issues in relation Brexit. This information will be used to develop a more robust response through the Brexit Steering group.

RR 16/12/18 – • Review of Civil Contingency Plans • Duty Rota's for Strategic and Tactical Officers

RR 28/01/18 - New controls added following Brexit Steering Group held on 21/01/19. Progress to be reviewed at the next meeting on 26/02/18.

• List all the groups that are meeting with internal and external partners to discuss and respond to Brexit.
• Develop a single communications plan and portal for Brexit related internal and external communication and information, including the dissemination of Welsh and UK Government advice (DRAFT COMPLETE 22/03/19).
• Direct communication with partners through the Local Resilience Forum.
• Revise and fully test Business Continuity Plans (as well as the Port Authority), including the robustness of supplier and partner arrangements.
• Ensure that organisations supplying Agency Workers to the Council are complying with Government advice, guidance and rules concerning the employment and status of resident EU nationals (COMPLETE 26/02/19).

• Establish a working group to prepare an action plan to manage and support the affected EU resident Council workforce and the implications for service delivery.
• Establish a gap analysis to identify all programmes and projects dependent upon EU funding & create a list of strategic options post 2020.
• Procurement - identify level of exposure amongst suppliers and alternative arrangements (especially in services to vulnerable people) should supply be disrupted.

AH 7/3/2019 - This is all covered through the Brexit Steering group with officers allocated responsibility for managing and acting on each point above and feeding back to the steering group.

RR 28/03/19 - controls and actions updated.

Responsible Officer: adam hill
Current Likelihood: <mark>Very High</mark>
Current Impact: <mark>Medium</mark>
Overall RAG Status: <mark>Red</mark>
Report Date: 23/05/2019 16:10:49

CR 91: Tax evasion

Risk Description:
If the Council fails to prevent those who act for or on its behalf from knowingly or unknowingly facilitating (including failing to prevent) tax evasion, then the Council will be criminally liable and will face an investigation by HMRC with potential prosecution and unlimited financial liability.

Risk added 27/03/18 following review of production of Corporate Plan 2017/22 and subsequent review of Corporate Risks.

Category:
Corporate Finance

Controls in Place:
• VAT Manual, Guidance Notes and Accounting Instructions.
• VAT advice available via Principal Finance Partner and external VAT advisors.
• Financial Procedure Rules (FPRs) and Contract Procedure Rules (CPRs).
• IR35 guidance and procedure notes available.
• Procurement rules and procedures.
• Segregation of duties.

Actions to be taken:
• A briefing note discussed at CMT and circulated to senior management

team, head teachers, finance managers and finance contacts to raise awareness.
• Head Teachers, finance managers / managers have established policies, procedures and communication to follow financial rules, procedures and guidance and to prevent the risk.
• Audit/Corporate Fraud have incorporated this as part of their plans, investigations and audits.

BGS review 26/6/18 - no material identified cases - schools remain an operational boundary risk for Council given budget/operational delegation - but on basis of current isolated incidence of risk identified, likelihood down rated to low

BGS Reviewed 24/9/18 - no change to likelihood assessment, impact reduced

BGS Reviewed 12/12/18 - no change to assessment - mitigations adequate

BGS Reviewed 13/2/19 - no change to assessment - mitigations remain adequate, following S151 action taken to strengthen schools segregation of duties for online banking access to own school accounts.

BGS reviewed 23/05/19 - no change to assessment - mitigations adequate

Responsible Officer: ben smith
Current Likelihood: Low
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

CR 101: Regional Working

Risk Description:
If the Council, along with its partners and Welsh Government, does not develop and improve regional working, then it will divert the Council and its resources from key priorities and will not benefit Swansea and its residents.

We need to (Recommendations from Scrutiny Inquiry):

• Continue to be ahead of the game by looking at positive ways forward for Swansea in Regional Working collaborations by being involved, where possible, in pilots/trials that may ease and prepare the way forward for us.
• Address or mitigate the barriers found in existing regional partnerships and use the lessons learnt to inform our new collaboration activities.
• Ensure that we learn particularly from previous large collaborations both positive and negative aspects to help ease our way into new partnership arrangements.

• Ensure all partnerships have an effective governance structure that has a suitable amount of elected member challenge built in, particularly scrutiny in those larger most impactful partnerships like Swansea Bay City Region, Western Bay and ERW.
• Ensure that each partnership has one clear structured lead that can facilitate communication between the partnership and scrutiny.
• Ensure that the current financial and resource implications for Swansea (including quantifying officer time) are clearly and continually understood.
• Review the regional bodies that we work with, to see if any can be rationalised or amalgamated. We must be SMART about the partnerships which we are involved in to ensure we are adding value for time spent.
• That modern technology is used for meetings to reduce travel time, including, for example skype, video conferencing. Ensuring the right facilities are available for Councillors and staff and that they are encouraged and trained to use them.
• Make more use of the third and private sector bodies in our collaboration activities.
• Make representations to Welsh Government through our different working partnerships about streamlining and simplifying the business case and grant application process.
• Partnerships regularly review their governance, membership and impact. This should include the publishing of an annual report.

Category:
Corporate Governance

Controls in Place:
• The senior management restructure approved by Council on 21st June strengthens the Council's management capacity to ensure that the regional collaboration agenda can be taken forward proactively by Swansea whilst also allowing the Council to manage its ambitious programmes based around the corporate priorities.
• The new senior management structure agreed at Council on 21st June 2018 has director leads in place for each partnership.
• The Council is playing a leading and proactive role in major regional collaborations.
• A mapping exercise has been undertaken that identified the key local, regional and national partnerships.
• ERW produces audited and published accounts and are inspected by Estyn and has produced a document called Democratic Accountability and Scrutiny, which recognises the role of scrutiny in, amongst other things, monitoring performance and budgets. The City Deal is in the development stages of practical formation and detailed agreement; it is envisaged that the governance structure will be similar to that of ERW.
• The Chief Executive takes the lead role for ERW and Western Bay as well as being an executive member of the City Deal Joint Committee.
• The Leader of the Council is the City Region Joint Committee Chair.
• The City Deal has a Joint Working Agreement in place, which was approved at Council on 26th July 2018.

• A review of progress has been undertaken by IPC on the Western Bay Health & Social Care collaboration.
• The Council meets up regionally with 5 other local authorities to discuss collaboration projects.
• The Council has a clear rationale in place when collaborating and it is clear on the anticipated benefits and costs.
• ERW has fully formed Governance Arrangements, which includes a Joint committee, an ERW Service Committee and a joint scrutiny mechanism. A Joint Committee Agreement and joint scrutiny arrangements were agreed for the City Deal at Council on 26th July 2018. Western Bay has a Joint Committee in place; there are scrutiny arrangements in place for all three partnerships
• The Council is playing a leading and proactive role in major regional collaborations.
• The Council has a clear rationale in place when collaborating and it is clear on the anticipated benefits and costs.
• The Council understands what it currently contributes directly to ERW, Western Bay and City Region and how much it contributes to all other partnerships.
• The Council is rolling out and promoting the use of Skype as part of the wider roll out of Office 365 resulting from the Council's Digital Strategy and modernisation agenda.
• The City Deal is being delivered with the involvement of the private sector. The Western Bay Programme supports collaborative working between four statutory partner organisations, together with the third and independent sectors. ERW has independent members involved in the Executive Board.
• Representations have been made to Welsh Government on reforming the grant regime; for example through the Council's response to the recent Green Paper on Local Government Reorganisation.

Actions to be taken:
• Continue to influence the collaboration agenda and decision-making at Welsh Government (Responsible officer – Chief Executive).
• Undertake a lessons learnt exercise (including learning points identified by the Scrutiny Inquiry Panel) across the three main regional collaborations and develop an action plan/s with resource implications to address any specific and remaining barriers (Responsible officer - Director leads).
• Review governance arrangements of the 3 main partnerships – ERW, Western bay and City Deal - to ensure they remain fit for purpose (Responsible officer - Director leads & Monitoring Officer).
• Continue to assess the value to the Council from being involved in existing or new partnerships, including an analysis of costs and benefits (Responsible Officer - CMT).
• Review how Skype could be used amongst partners to reduce travelling and officer and Councillor time and further encourage participation in partnership working (Responsible officer – Chief Transformation Officer).
• Continue to engage the third sector in existing partnerships (Responsible officer - Director leads).
• Continue to press Welsh Government for a more streamlined grant process (Responsible officer – Chief Executive).

• Produce an annual report to Council on the progress made across the main regional collaborations; ERW, Western Bay and City Deal (Responsible officer – Chief Executive).

Update February 2019
• Responsible officer changed from Phil Roberts to Jack Straw as per CMT on 13/02/19.
• Regional Working Annual Report to proceed to Council on 25th April 2019

Update March 2019
• Regional Working Annual Report to proceed to Council annual meeting on 23rd May 2019

Responsible Officer: jack straw
Current Likelihood: Medium
Current Impact: High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:10:49

Corporate Services Risk Register Report 23/05/19

Id	Risk Title	Owner	Date Last Updated	Overall RAG
CS 41	**Outstanding Equal Pay Claims**	Sarah Caulkin	26/04/2019	G
CS 83	**ICT Disaster Recovery**	Sarah Caulkin	26/04/2019	A
CS 91	**Corporate Governance**	Adam Hill	26/04/2019	A
CS 92	**Sustainable Swansea Programme Delivery**	sarah caulkin	26/04/2019	R
CS 93	**Snap Parliamentary Election/Referendum**	Huw Evans	16/05/2019	A

CS 41: Outstanding Equal Pay Claims

Risk Description:
If the Authority does not resolve the outstanding Equal Pay Claims THEN it will face a far greater cost in respect of these liabilities at the Employment Tribunal at a later date.

Controls in Place:
Small number of remaining Equal Pay Claims & Back Pay being processed.

- Responsible Officer amended to Sarah Caulkin by S Rees 21.12.17.

Actions to be taken:
Latest update April 2019:
All outstanding pay claims are in the system. Keeping the risk open and reviewing until end of May 2019.

Cabinet decision 16th July 2015 to extend the MOU agreed in November 2014 to all new in scope claimants received since November 2015 and potential in scope non-claimants.

Number of live claims at Employment Tribunal continues to reduce as we make settlements and/or ask for them to be struck out.

Only 60 claims outstanding as at December 2017.

Owner: Sarah Caulkin
Responsible Officer: sarah caulkin
Current Likelihood: <mark>Low</mark>
Current Impact: <mark>Low</mark>
Overall RAG Status: <mark>Green</mark>
Report Date: 23/05/2019 16:30:04

CS 83: ICT Disaster Recovery

Risk Description:
If full DR arrangements are not in place then the Council will have no access to system in the event of a disaster which will have a significant business impact

Controls in Place:
1. There are reliant aspects to a number of the core systems e.g. email.
2. UPS are on all servers to eliminate the risk of power spikes.
3. Backups are taken every day and disks stored off-site
5. New approach to improve / increase resilience and DR in Digital Strategy approved by Cabinet in January 2016. Implementation underway.
6. New storage arrays installed
7. New hybrid cloud environment to improve resilience

Actions to be taken:
Latest update April 2019:
- Audit undertaken in August 2018 with limited assurance. All actions from the recommendations now complete, Audit Committee updated
- Information asset register created, next phase underway with asset owners
- Plans are being developed to provide a full DR solution covering Schools and corporate services
- ICT resilience significantly improved with implementation of digital strategy, i.e. Office 365, new infrastructure and network configuration, new storage and back-up storage
- Project underway moving more services to cloud to improve resilience
- ICT working with resilience staff to support services with their business continuity arrangements
- New projects underway in 2018 as part of Digital Strategy review
- Oil change in transformer successfully completed with no down time in November 2017

Owner: Sarah Caulkin
Responsible Officer: sarah caulkin
Current Likelihood: <mark>Low</mark>
Current Impact: <mark>Very High</mark>

Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:30:04

CS 91: Corporate Governance

Risk Description:
If there is not robust corporate governance then the Council is at risk of not meeting its statutory obligations

Controls in Place:
- Code of Corporate Governance Framework
- Annual Governance Statement
- Council Constitution - procedural rules
- Corporate Plan
- Clear roles and decision making structures
- Risk management
- Financial reporting
- Audit Committee
- Scrutiny Committee
- Statutory Officers

Actions to be taken:
- Risk Owner and responsibility passed to Deputy Chief Executive
- Internal audit of governance assurance rating of substantial
- Updating and reviewing the governance / assurance framework
- Updating and reviewing the Constitution (continuous)
- New tracker around finance / MTFP delivery in place and scrutinised at CMT away days
- Contract Procedure Rules (CPR) in the process of being updated
- Reviewing governance around major projects so high risk projects are visible through CMT
- Updating and reviewing Financial Procedure Rules (FPR)

MTFP agreed with finance reports also for HRA account and Capital programme agreed at Council on 28 February 2019

Owner: Adam Hill
Responsible Officer: adam hill
Current Likelihood: <mark>Low</mark>
Current Impact: <mark>High</mark>
Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:30:04

CS 92: Sustainable Swansea Programme Delivery

Risk Description:
If the Sustainable Swansea Programme does not deliver at the pace and scale as planned, then the Council is at risk of not meeting its financial and strategic plans

Controls in Place:
- MTFP
- Programme plan
- Robust programme governance and reporting
- Robust programme management for risks, issues, changes
- Links with Corporate Governance risk around risk reporting for major projects
- Annual programme review reflecting lessons learned into revised programme

Actions to be taken:
Latest update April 2019:
- New programme implementation underway following MTFP approval at March Council
- New governance Re-shaping Board established, first meeting in May 2019
- New online trackers developed for revenue (2019-20 budget monitoring) and capital
- New tracker monitored at CMT away days monthly
- Pace and scale of savings across the Council continues to be a challenge alongside growing service pressures. CMT taking remedial action to mitigate the risk
- Programme governance and reporting reviewed
- Tracker informs Qtrly finance reporting
- New budget and programme review underway - this year reviewing original strategic principles and framework
- Commissioning review progress presented to Scrutiny in December - further questions and information will be presented at April Scrutiny Performance Panel

Owner: sarah caulkin
Responsible Officer: sarah caulkin
Current Likelihood: Medium
Current Impact: Very High
Overall RAG Status: Red
Report Date: 23/05/2019 16:30:04

CS 93: Snap Parliamentary Election/Referendum

Risk Description:
If a snap Parliamentary Election / Referendum is called due to Brexit or other reason Then this will have a risk impact on the Team ability to deliver it without additional support. It must be delivered therefore support must be provided.

Given the ongoing turmoil within Political Parties and the issues surrounding a Brexit deal, there is a likelihood that a snap Parliamentary Election or Referendum could be called at short notice. The minimum time that the Government need give is 25 working days. This could place the Authority in a difficult position when looking to deliver the election due to Officer planned leave, the need to book venues (Rooms within Guildhall, Polling Stations & Count Venue), appoint and train Postal Voting Staff, Polling Station Staff, and Counting Staff etc.

Controls in Place:
• The HoDS and Electoral Services Team Leader manage Officer Leave and they ensure that there is adequate cover in place for the planned period; however this could get difficult if a snap election were called.
• All additions, deletions and amendments to the Register of Electors are carried out as quickly as possible so as to ensure that as many people as possible are able to vote.
• The Electoral Services Team Leader has informed the relevant Room Booking Officers within the Authority of the potential for a snap election and for them to be prepared to cancel bookings in order to accommodate the election.
• The Head of Democratic Services formally requests additional support from the Chief Executive (Returning Officer) during such periods in order to assist with making contact with all 145 Polling Station venues in order to ensure that they are booked for the day.
• Electoral Services Team Leader / HoDS attends Association of Electoral Administrator Meetings & works closely with the Electoral Commission.
• Continue with the online training of staff system currently in place. Whilst there is a cost to this, it frees up the Electoral Services Team with the aid of the DS Team to get on with the detailed work linked to an election.

Actions to be taken:
• The HoDS to ask relevant Officers to consider cancelling their leave in the event of a snap election. Consideration needs to be given to recompense any critical Officer needed to run such an election.
• In the event of a snap election, the Chief Executive should instruct those responsible for Room Bookings within the Authority, that Elections take precedence and that all bookings will be cancelled. This becomes difficult when Weddings and other major events are being held in the Brangwyn Hall and surrounding rooms. Consideration in that event would be to utilise the LC or other Leisure Centres in Swansea.

Reviewed - The ongoing effect of Brexit and the Deal / No Deal debate continues to keep this as a very real risk. No update required on 26 November 2018

Reviewed 11/12/2018.

RR 07/01/19 - Legal & Demo Service Risk LD33 escalated to Corporate Services Directorate Risk Register as per email dated 18/12/18 from Huw Evans Head of Democratic Services.

Reviewed: 18/02/2019 - The risk remains real. We will continue to liaise with Electoral Commission etc and are ready to react. Staffing risk due to leave remains a concern.

Reviewed: 18/03/2019 - The potential of a Snap Parliamentary Election and / or a Referendum remain as real risks. There is now an additional risk, with the UK potentially having to participate in the European Parliamentary Elections on 23-26 May 2019. A European Parliamentary Election is one of the most straight forward elections to deliver as Swansea will not be the Returning Officer, therefore we will not have any links with Candidates, Ballot Paper Design or Proofing. All key venues are provisionally booked and key staff are ready to work to deliver it. Easter leave will mean some staffing difficulties but this has been factored in.

Reviewed: 16/05/2019 - No change.

Owner: Huw Evans
Responsible Officer: tracey meredith
Current Likelihood: High
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:30:04

People Risk Register Report 23/05/19

Risk Id	Risk Title	Owner	Date Last Updated	Overall RAG
PE 61	**Withdrawal or changes to grants at short notice**	Dave Howes	20/05/2019	A
PE 83	**Capacity to transform services and deliverability of budget proposals**	Nick Williams	08/03/2019	A
PE 84	**Increasing Demand for Specialist Services**	Dave Howes	20/05/2019	A
PE 85	**Workforce Planning**	Dave Howes	20/05/2019	A
PE 87	**Band B Programme funding envelope is reduced**	Nick Williams	20/09/2018	A

PE 89	**Data Breaches of Confidentiality**	Dave Howes	20/05/2019	A
PE 90	**Financial Stability of Social Care Market**	Dave Howes	20/05/2019	A
PE 91	**Insufficient Resources to support Business Case Submission**	Nick Williams	08/05/2019	A
PE 92	**Specialist Provision and OOC Placements**	Mark Sheridan	07/05/2019	R
PE 93	**Accessibility Plan in light of WG guidance**	Louise Herbert-Evans	22/05/2019	A

PE 61: Withdrawal or changes to grants at short notice

Risk Description:
If grants are withdrawn or reduced at short notice, then there are additional costs to the Council as well as planning challenges for reduction in service delivery.

Controls in Place:
All services areas are profiling for loss of grants and developing a plan of action for this. HR process and consultation period arrangements are being negotiated with unions to enable managers to give contractual notice period only. Regular liaison with Welsh Government is taking place to identify potential loss of grants at an early stage. Existing overspends plans are in place, and will be reviewed at quarterly reporting stage. Some areas are already making reductions in anticipation of WG grant cut.

Grant applications are considered carefully and rejected if the terms and conditions are too restrictive.

Corporate Finance are advising departments about the need to comply with Council procedures. This has had a particular focus on the requirement for NGAs and ensuring grants with a value of £75k and above are considered by External Funding Panel.

Models of delivery are reviewed where grants are removed e.g. EMAU.

Actions to be taken:

Continued monitoring of grants - ongoing
Profiling of potential grant reduction - ongoing for different areas
Managers preparing for a future with no ring fencing of grants, in case these are included in the overall Revenue Support Grant.
Continue monitoring and continued pressures as a result of budget announcement October 2018
Three year budget strategies in place for all services
Commissioning groups have been set up for the new 'Super Grants' within

Social Services and Housing.
Delegated powers report setting out new integrated infrastructure for commissioning across' people' services due in June 2019

Updated 17 May 2019 - Dave Howes, Director of Social Services

Owner: Dave Howes
Responsible Officer: david howes
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:33:34

PE 83: Capacity to transform services and deliverability of budget proposals

Risk Description:
IF we do not have sufficient capacity to transform services THEN we will not balance the budget by year end

Controls in Place:
Requested regular reporting on budget proposal tracker to People PFM
Proposals developed in good time for agreement with Cabinet
Cabinet Members well briefed on the decisions that will need to be taken
Capacity for invest to save built into the budget in November in some areas
Improvement Plans in place for all service areas
quarterly budget monitoring in line with PFM cycle
National education grants are being rolled into a single Regional Consortium School Improvement Grant and its value is being reduced. Continuing engagement with stakeholders about funding prospects continues through Education Strategy Group and Schools Forum.
Education PFM now in place
MTFP has identified deliverable savings over next three years.

Actions to be taken:
Budget Tracker in development, should be complete and in PFM reporting by April 2018
recruitment of Invest to Save capacity by June 2018

13/11/18 - Colin Goddard Changed the responsible officer from Chris Sivers to Nick Williams (Director of Education) to fall in line with organisational restructure. Future Updates will be given by Nick Williams.

Service plans completed.
Savings targets still deliverable but external and unforeseen pressures may delay delivery of targets.

External statutory pressures are now creating a risk of overspends in other areas particularly out of county/independent placements and recoupment as well as support for severe and complex needs.
ERW Directors and joint council agreed in principle greater transparency of distribution based on purpose rather than historical precedent.

Owner: Nick Williams
Responsible Officer: nick williams
Current Likelihood: Medium
Current Impact: High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:33:34

PE 84: Increasing Demand for Specialist Services

Risk Description:
IF we cannot predict and reduce demand effectively THEN specialist services will struggle to cope and there will be insufficient resources to meet that demand

Controls in Place:
Predictive modelling taking place for some services
Prevention Strategy agreed
Budget savings tracker in preparation for reporting to PFMs

Actions to be taken:
Implementation of commissioning strategies to ensure supply matches demand. Completion of commissioning reviews for LD,MH and YAPD services to ensure adequate sustainable services (All options appraisals to be finalised by January 2020).

Updated 20 May 2019 - Dave Howes, Director of Social Services

Owner: Dave Howes
Responsible Officer: david howes
Current Likelihood: Medium
Current Impact: High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:33:34

PE 85: Workforce Planning

Risk Description:
IF we do not predict the needs of the workforce of the future THEN we will have experience skills and resourcing gaps that will lead to additional demand and overspending on budgets.

Controls in Place:
• Transformation Plan for Adult services in place, outlining what will be required to achieve change.
• Interim Training Needs Analysis and Workforce Plan is in place.
• Improvement program for skilled workforce in place for Child and family Services
• Senior Workforce development group (SWFDG) in partnership HR established to produce clear data sets to understand workforce current future needs
• Preparation of workforce in readiness for legislative and regulatory changes
• SCWWDP – financial application for 2019/20 has been completed and letter of confirmation received
• Agreed Practice Frameworks for both Child and Family and Adult Services

Actions to be taken:
• Identify reporting mechanisms, which must include and incorporate a performance framework this work is ongoing with SWFDG
• Conclude a performance framework and ensure it is embedded within services – Ongoing
• The development of marketing opportunities in social care
• Work force structure and data cleanse linked to the work force development plan.- Ongoing work with SWDG
• Role profile linked to qualification framework and CPD for all social care staff
• Development of system to ensure verified qualification
• Review
• Production of training hub project plan
• Communication strategy specific to workforce planning to be developed.
• Completion of the SCWWDP Circular application for 2019/20 to be completed mid-February – completed and funding received

Updated 20 May 2019- David Howes, Director of Social Services

Owner: Dave Howes
Responsible Officer: david howes
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:33:34

PE 87: Band B Programme funding envelope is reduced

Risk Description:
IF we are unable to gain approval to detailed business cases and timely access to the full funding envelope approved in principle by WG THEN the investment in schools capital will not address all the identified priority needs.

Controls in Place:
- Robust governance arrangements for Band B
- Coherent and consistent County-wide strategy and detailed plans for early investment priority areas
- Continuing constructive engagement with WG officials
- CMT is ensuring oversight of the programme

Actions to be taken:
- Sufficient capacity and resourcing to inform business cases and then deliver approved schemes
- Detailed business cases submitted and approved by WG in line with indicative delivery timescales
- Contingency 'plan B' in respect of specific investment areas where WG funding support is potentially wavering (e.g. Special Schools)

06-09/18: Risk amended to reflect progress on Band B since the original risk was identified. No changes to RAG status.

Owner: Nick Williams
Responsible Officer: nick williams
Current Likelihood: Low
Current Impact: High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:33:34

PE 89: Data Breaches of Confidentiality

Risk Description:
Data breaches.

Controls in Place:
Adult Services Action Plan and Child and Family Services Action Plan to counteract breaches and to prevent them taking place.

A Data Protection Impact Assessment (DPIA) has been completed

PO for Resources attends all breach panels and communicates lessons

learned.

Communication on keeping data safe has been circulated via May's edition of the staff newsletter in both Adult & Children's Services.

Actions to be taken:
DPIA has been completed along with a process for sending mail. Next steps are to roll out communication/training workshops.
Changes in processes agreed via Panel to be incorporated into guidance for staff with master copy held by PO Resources.
Practice guidance being developed for Social Work Staff to be discussed at SMT June 2019
Working Group to be formed to plan formal training.

Updated 20 May- Dave Howes, Director of Social Services

Owner: Dave Howes
Responsible Officer: Sonia Miles
Current Likelihood: Very Low
Current Impact: Very High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:33:34

PE 90: Financial Stability of Social Care Market

Risk Description:
If there is financial instability within the care home and domiciliary care provider market, then there will be a serious threat to the capacity, choice and quality of services available to citizens and to vulnerable adults to help them to remain at home or in a home of their choice

Controls in Place:
Discussions/meetings held with service providers at risk.

Liaison with Corporate Procurement/Legal/Finance teams.

Packages of care reallocated to alternative service providers, when risks identified relating to the stability of Domiciliary Care providers.

Monitoring visit with all service providers covering regulations/contract specification standards/business plans/financial risk/financial systems.

Actions to be taken:
To develop Swansea's market position through Western Bay Regional Health and Social Care programme, and through the work of a Category Hub, as part

of Sustainable Swansea - Fit For The Future programme.

Termination of contracts with named providers where quality standards are not consistently met or financial due diligence is not found. In some cases this includes reallocation of some packages of care, rather than complete termination of the contract to help stabilize the provider.

Under Sustainable Swansea-Commissioning reviews of Domiciliary Care, Residential Care, and Day Services in Swansea. A re-commissioning process is underway. This involves creating zones across the county to encourage a more even distribution of services and an optimal number of supported living and domiciliary care service Providers. This will help to build stability in the sector (contract awards scheduled for first of October 2019)

Undertaking review of fee rates of care homes to ensure that rates paid can sustain services and cover costs.

A standard approach to annual costs review is being developed to ensure services are sustainable across adult services. This involves assessing impacts of NLW and other inflationary pressures to ensure fees paid cover these cost pressures.

Adult Services Improvement Plan - longer term plan to develop around process going forward.

Updated 17 May 2019 - Dave Howes, Director of Social Services

Owner: Dave Howes
Responsible Officer: david howes
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:33:34

PE 91: Insufficient Resources to support Business Case Submission

Risk Description:
IF there are insufficient resources within other areas of the council (IT/Legal/Estates /CBPS etc.), THEN there is a risk that processes and or timelines slip and or PMs are not provided with sufficient information to support Business case submission.

Controls in Place:
Transferred to service risk ED51.

Escalated to Directorate risk register at Education PFM on 20/11/17 due to

the resources required from other services/directorates.
Re-instated as Directorate Risk 08.03.19

Actions to be taken:

Owner: Nick Williams
Responsible Officer: brian roles
Current Likelihood: <mark>Medium</mark>
Current Impact: <mark>High</mark>
Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:33:34

PE 92: Specialist Provision and OOC Placements

Risk Description:
If there continues to be a shortfall in specialist in county placements for pupils with moderate to profound and complex difficulties including ASD then the department will face escalating costs to place out of area or escalating home education placements and provision or overspend of the severe and complex needs budget.

A lack of in-county placements is reducing parents' confidence of in-county provision as well as calls from STFs for extra funding to meet the complexity of needs. There will continue to be significant pressure on the out of county and recoupment budgets which will be difficult to mitigate.

Controls in Place:
Escalated from Service Risk ED36 linked to EDR044

The LA is looking to increase recoupment charges in line with updated S.52 statement and including admin charges.

Band B proposals submitted for a new special school submitted although these are now likely to be pushed back to Band C.

3 x new ASD STFs due to open opened in Jan 2018

Further proposals increase further specialist provision capacity being drafted for approval at SLB and Cabinet/Council now subject to consultation.

Actions to be taken:
02.05.19
Capacity issues are hampering progress. Paper to restructure ALN services presented to CMT.

06/18:
Alison Lane added as responsible officer following appointment as Head of

ALNU. Mark Sheridan remains risk owner as Head of Service.
• Renewed bid to transformation grant to increase/enhance capacity building activity over the next two years.
• In medium term increase STF places by re-designating current STFs, increasing number of STFs for MLD and ASD. In long term build new special school as part of Band B. The development of outreach support will help to mitigate risk. Seek to ensure ABA providers are quality assured.
• ALN Strategy to map need and provision.

12/17: In short term use innovation funding to provide outreach capacity from special schools. Identify good practice in specialist provision and provide funding to release staff from specialist provision to help with the monitoring. Develop a monitoring and evaluation framework which enables the LA to review specialist provision on an annual basis.
In short term more closely manage severe and complex needs budget and increase places in Pen-y-bryn and current STFs. In medium term increase STF places by re-designating current STFs, increasing number of STFs for MLD and ASD. In long term build new special school as part of Band B. The development of outreach support will help to mitigate risk. Seek to ensure ABA providers are quality assured.
11/17: Finalise specialist provision and special school paper. Continue with Band B proposal process. Bring STFs online

Owner: Mark Sheridan
Responsible Officer: Alison Lane (Edu)
Current Likelihood: High
Current Impact: High
Overall RAG Status: Red
Report Date: 23/05/2019 16:33:34

PE 93: Accessibility Plan in light of WG guidance

Risk Description:
If the Plan is not updated this year then the LA is liable to Equality Act discrimination appeals or Ombudsman complaints

Controls in Place:
22/05/19:
• Review and update Accessibility Strategy
• Carry out condition surveys
• Identify lead officer

Actions to be taken:
22/05/19:
New risk

Owner: Louise Herbert-Evans
Responsible Officer: louise herbert-evans
Current Likelihood: <mark>High</mark>
Current Impact: <mark>Medium</mark>
Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:33:34

Place (General) Risk Register Report

Id	Risk Title	Owner	Date Last Updated	Overall RAG
PL GEN 5	**Housing Risk S: Inadequate supply of housing to meet needs**	Mark Wade	09/05/2019	R
PL GEN 6	**Housing Risk W: Failure to meet the Welsh Housing Quality Standard**	Mark Wade	09/05/2019	A
PL GEN 45	**Highways-Failure to adequately maintain structural integrity of Highway Assets**	Stuart Davies	17/04/2019	A
PL GEN 81	**Failure to deliver the infrastructure to support the City Bay Region's Economic Regeneration Strategy**	Stuart Davies	17/04/2019	A
PL GEN 91	**Major Transport Provider Ceases Trading**	Stuart Davies	17/04/2019	A
PL GEN 95	**Service Failure of Vehicle Fleet**	Stuart Davies	17/04/2019	A
PL GEN 97	**Services in the community**	Geoff Bacon	21/05/2019	A
PL GEN 99	**Inability to undertake food standards and low level food premises inspections**	Lynda Anthony	07/02/2019	A
PL GEN 100	**Swansea's natural resources and biodiversity**	Paul Meller	22/03/2019	A
PL GEN 101	**Backlog in low risk food safety /hygene inspections**	Mark Wade	10/04/2019	A

PL GEN 5: Housing Risk S: Inadequate supply of housing to meet needs

Risk Description:
An inadequate supply of housing to meet needs.

Controls in Place:
A Housing Market Assessment has identified the gap between the supply and demand for affordable Housing. The Authority has been successful in ensuring full spend of the funding in the Programme Delivery Plan and has been successful in the past at applying for additional funds made available by the Welsh Government, to deliver more Affordable Housing and it will continue to apply for such additional funding as and when it is made available.

The Council's More Homes Strategy sets out the Council's plans to increase the supply of affordable housing in Swansea, including direct build council schemes on HRA land.

The More Homes Team is focussed on maximising delivery, including exploring Innovative and alternative models for delivery.

The Council works closely with WG and local RSLs to ensure there is a co-ordinated and strategic approach.

Actions to be taken:
Additional funding has been secured via the two Welsh Government initiatives listed above.

The Cabinet Member for Wellbeing accepted a number of recommendations made by the Affordable Housing Scrutiny Inquiry that would contribute to increasing the supply of affordable housing.
In December 2014 the Panel met again and confirmed that they were happy with progress being made in implementing the recommendations.

The Authority recently successfully bid for funding of £1.76m from the Welsh Government's Smaller Properties Imitative to help RSLs build more smaller affordable units which are now more in demand due to Welfare Reform.

A Strategy for using additional HRA funds to build more Council homes is currently being developed and will be considered by Cabinet early in the New Year.

November Update - A 'More Homes' Development Manager has now been appointed to take forward the Authority's new Council House Building Programme.

December Update - No further update required

January Update - environmental issues have been identified on one of the More Homes pilot sites, another potential pilot site is being identified.

January Update - Social Housing Grant allocated to Swansea is forecast to be fully spent by RSL's this financial year

February Update - Extra £1.4m to be allocated to the Authority by WG to help

RSL schemes. Work to be undertaken to determine which schemes should benefit, this needs to be done by the end of March.

March - all extra resources allocated to RSL schemes.

April - Full Social Housing Grant expenditure programme for 2016/17 developed and approved by the Cabinet Member for Next Generation Services.

May - No further updates

June - no further updates

July - Planning permission being sought for the 2 Council Housing new build schemes.

August - Welsh Government have decided to offer RSLs the opportunity to bid for further Housing Finance Grant to help them build more affordable homes.

September - a new system of financing affordable housing is being introduced by the WG with immediate effect. It blends both Social Housing Grant and Housing Finance Grant and should result in more affordable housing being grant funded over time.

October - A Meeting WG officials was attended by key officers to discuss new grant funding arrangements.

November - 'More Council Homes' - long term strategy is being reported to Council in November

December - no new updates

January - RSLs have been asked to bid for blended SHG/HFG funding for 2017/18

Feb - funding bids received from the RSLs and approved by the Cabinet Member.

march - no new updates

April - no new updates

May - The Authority has received an increased allocation of Social Housing Grant for this financial year.

June - no new updates

July - no new updates

August - the possibility of utilising the WG Innovative Housing Grant is being

explored.

September - Innovative Housing Grant has been applied for and first batch of new Council houses have now been completed.

October - no new updates

November - awaiting the result of the Innovative Housing Grant application

December - The quantity of Innovative Housing Grant awarded to the Authority by the WG in relation to the Colliers Way development was less than anticipated.

January - awaiting details from WG regarding the possibility of increased borrowing to be permitted to fund more Council Housing.

February - awaiting WG guidance on changes to borrowing cap

March - information on borrowing cap changes received from the WG

April - The Authority has reported to WG that 132 affordable homes have been delivered by RSLs in
2017/18 by grant subsidised schemes such as SHG.

May - no new updates

June - audit of affordable housing delivery underway

July - Innovative Housing bid submitted to the Welsh Government

August - the Authority is participating in the Welsh Governments review of affordable housing provision

September - Response sent to WG's Affordable Housing Review

October - The Authority has been successful in its bid for IHP2, to enable 2 new council schemes of 34 homes to be built as Swansea Standard plus Homes As Power stations. The Authority is also bidding for additional borrowing to enable the full allocation of AHG, and to fund more developments post 2020.

November - WG have announced plans to lift the HRA borrowing cap for Welsh stock retaining Local Authorities. Legal advice is being sought on the implications of this. Awaiting recommendations from the Affordable Housing Supply Review.

Decermber - no new updates

January - no new updates

Feb - no new updates

March - no further updates

April - no further updates

May - no new updates

Owner: Mark Wade
Responsible Officer: mark wade
Current Likelihood: High
Current Impact: High
Overall RAG Status: Red
Report Date: 23/05/2019 16:36:33

PL GEN 6: Housing Risk W: Failure to meet the Welsh Housing Quality Standard

Risk Description:
Failure to meet the Welsh Housing Quality Standard.

Controls in Place:
The Welsh Government has accepted the Council's HRA Business Plan for funding the improvements needed to the stock to meet the requirements of the Welsh Housing Quality Standard by 2020. The Business Plan is based on a number of key assumptions, some of which are outside the direct control of the Council such as rent setting policies which are controlled by the Welsh Government. Progress in delivering the capital programme is monitored monthly via the Joint Housing Programmes Forum and the Housing Futures Programme Board to ensure expenditure is maximised and that any slippage is minimised.

Actions to be taken:
The submission of further reports to Programme Board will be made, should any change in terms of the Council's financial position or WG policy occurs.

November Update - A WHQS Compliance Policy has been developed and will be submitted to Council for consideration on February 25th. In addition, WG officials recently visited the Authority and the issue of risks in relation to the WHQS was discussed.

December Update - No further updates required

January Update - The Welsh Housing Quality Standard is being considered by a Scrutiny Working Group on Feb 3rd.

February Update - A WHQS Compliance Policy has been approved by Council and submitted to the WG. A Scrutiny working group have met to consider progress towards WHQS ad have put forward a number of recommendations to be considered. A response will be sent to the chair of the group by the end of March highlighting how these recommendations will be addressed.

March - Response sent to the chair of the WHQS Scrutiny Group

April - All local ward Members informed in writing of WHQS capital works in their area

May - No further updates

June - No further updates

July - Welsh Government Officers visited the Authority to discuss progress with meeting the WHQS. Positive feedback was received and it was indicated that the Authority would continue to receive Major Repairs Allowance funding.

August - Current WHQS compliance statistics sent to the WG to meet their requirements.

September - some potential 'reputational' issues are being experienced with the kitchen and bathroom element of the WHQS. The situation is being closely monitored by both Housing & CBS and remedial action is being taken.

October - no new updates

November/December - adjustments to the HRA Business Plan are being explored which might have an impact on future Capital Programmes.

January - Capital programme for 2017/18 going to Council in Feb

Feb - Capital Programme approved by Council

March - WHQS verification process to commence shortly.

April - no new updates

May - - no new updates

June - no new updates

July - no new updates

August - WHQS compliance return submitted to the Welsh Government.

September - no new updates

October - no new updates

November - overall RAG status reduced to Medium (Amber) after a review of the risk by Housing Futures Programme Board

December - the Welsh Audit Office have arranged to visit the Authority in February to assess progress in relation to achieving the WHQS. An initial planning meeting with the WAO took place in December.

January - no further details regarding WAO audit of WHQS

February - WAO to visit week commencing April 16th, stock condition survey to commence Feb 19th

March - stock condition survey underway

April - WAO currently visiting the Authority to look at WHQS delivery. Stock condition fieldwork now complete

May - provisional results of WAO review now made available to the Authority.

June - The Authority has supplied responses to initial questions raised by the WAO

July - no new updates

August - latest compliance stats being sent to the Welsh Government

September - technical strategy Commissioning Review underway

October - WAO report received. The report was generally positive.

November - Authority's comments regarding the WAO report have been sent back to them.

December - Capital programme for 2019/2020 being developed

January - Capital programme for 2019/20 being developed and will go to Council in February.

Feb - £58.7m WHQS capital programme going to Council in Feb for approval

March - Capital programme for 2019/20 approved.

April - no new updates

May - Revised/Updated WHQS Compliance Policy to go to Council in July

Owner: Mark Wade
Responsible Officer: mark wade
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:36:33

PL GEN 45: Highways-Failure to adequately maintain structural integrity of Highway Assets

Risk Description:
That some of the highway infrastructure is in a poor condition due to a lack of investment over many years. Current backlog in carriageways alone is calculated to be £54m.
Current funding levels mean that the number of roads in poor condition will double within 10 years. An increase of traffic, local HGV movements and prevailing weather conditions are also major contributory factors.
An increase in assets due to reassignment between services without budget transfer also puts increasing pressures on what can be achieved.
Risk of further deterioration and highway becoming unfit for purpose.
Risk of increasing claims due to failure to meet statutory duty.
Risk to continued operation of multi storey car parks may have a significant impact on revenue and City Centre economy.

Controls in Place:
Policy framework developed and approved by Council 2009.
2009 Inspection regime meets code of practice for maintenance management.
Asset Management Plan 2010-15 published autumn 2010.
2010-15 - New 5 year programme for maintenance.
2011 Agreement across all Wales on intervention levels.
Local Road Capital Grant from WAG diminishing and stopped 2011/12.
2012-15 LGBI investment from WG. A total of £10.45m for the Authority to invest in its highways asset of which around £1m per years was directed to this asset.
2013 All Wales Asset Mgmt Project links with SCOTTS project for best practice.
2013-16. £1m extra capital funding each year from the Authority's insurance reserve was allocated to reduce the deficit in funding. With this funding the total budget remains at around 55% of that required to maintain a steady state condition of the highway.
2015-20 - New 5 year programme for maintenance for carriageways, footways, street lighting, structures and drainage published.
Asset Management Plan 2016-25 under review.
2016-17 Asset Management Annual Status Options Report(ASOR).
2017 Review of Safety Inspection Policy in accordance with new draft code of practice.

Significant progress being made through CSS wales and WLGA with additional £1.8m of funding from WG for 18/19 and a commitment to look at future funding levels.

Actions to be taken:
Actions to be taken:
Finalise the 2016-25 Asset Management plan in accordance with latest CCS Wales guidance. Code of Practice Updated 2017.
Bid on further funding to reach steady state levels.
CSS Wales working with WLGA to present case for further funding from WG
Review of non-adopted highway and recently transferred assets to value risk, cost implications and to establish the increase in shortfall in budget due to condition.
Review of safety inspection to new Code of Practice 2019.

Updated 08/01/19

No further update 19/04/18
No further update 14/06/18
No further update 05/07/18
No further update 01/10/18
No further update 14/02/19
No further update 28/03/19
No further update 17/04/19

Owner: Stuart Davies
Responsible Officer: bob fenwick
Current Likelihood: Medium
Current Impact: High
Overall RAG Status: Amber
Report Date: 23/05/2019 16:36:33

PL GEN 81: Failure to deliver the infrastructure to support the City Bay Region's Economic Regeneration Strategy

Risk Description:
To provide Strategic Transport links to main centres of employment. Infrastructure projects are partially reliant on grant funding from Europe or via Welsh Government, the uncertainty of future grant funding streams is a risk to the continued regeneration of the city centre and improving connectivity with other regional centres and key transport corridors / interchanges.

Controls in Place:
Annual bid for grant funding takes place and is successful to date. Transport has now been raised as a key element in the City Deal with proposals to develop a Metro solution being supported by WG

The proposal to develop a SW Wales Metro in collaboration with the Regional Authorities will contribute to the aim of improving connectivity.

Actions to be taken:
A review of our bid submissions are regularly undertaken and advice sought from Welsh Government on quality of bids. Collaborative working across the authority to maximise benefit from various funding sources.
Awaiting announcement regarding Metro funding for 18/19
No further update 19/04/18
No further update 14/06/18
No further update 05/07/18
No further update 24/08/18
No further update 01/10/18
Updated 08/01/19
No further update 14/02/19
No further update 22/03/19
No further update 17/04/19

Owner: Stuart Davies
Responsible Officer: mark thomas
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:36:33

PL GEN 91: Major Transport Provider Ceases Trading

Risk Description:
The Council has contracts in place with transport operators to provide subsidised socially necessary local bus services and also statutory home to school transport services.
The majority of local bus services in the Swansea area are operated by First Cymru and over 80% of these are provided commercially.

Controls in Place:
Transport Officers carry out pre-qualifying checks on all transport providers as part of the procurement process for transport services.

A Corporate Taxi Framework Agreement is in place so that replacement or new taxi services can be arranged quickly.

Transport officers monitor the licensing and fleet makeup of the main providers in the area so that the appropriate suppliers could be contacted and alternative arrangements made quickly should the need arise.

Swansea Council works closely with other local authorities in S W Wales and shares intelligence on transport providers/ issues with them.

Actions to be taken:
Continuing to monitor industry and work with WG.
No further update 19/04/18
No further update 14/06/18
No further update 05/07/18
No further update 24/08/18
No further update 01/10/18
No further update 08/01/19
No further update 14/02/19
No further update 22/03/19
No further update 17/04/19

Owner: Stuart Davies
Responsible Officer: cath swain
Current Likelihood: <mark>Low</mark>
Current Impact: <mark>Medium</mark>
Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:36:33

PL GEN 95: Service Failure of Vehicle Fleet

Risk Description:
The delayed vehicle replacement programme has resulted in a vehicle fleet age profile that is older than required. Resultant large increase in vehicle maintenance costs and non-availability as occurring as a result. Approximately 66% of vehicles have passed their planned replacement dates. There may be a subsequent large increase in vehicle (end of contract) costs within year when vehicles are replaced.

Majority of minibuses owned and used by schools do not use the corporate vehicle maintenance facility (CTU) and the extent of compliance with subsequent H&S and legal obligations is unknown. Vehicles are insured by CCoS. Lack of corporate governance in this regard.

June 2017 - Social Services fleet transferred to ITU under Directorate of Place. 65% existing fleet is overdue for renewal with some vehicles operating beyond their economic life.

Controls in Place:
Tenders for medium commercial, light commercial and refuse collection vehicles.
Vehicles are being withdrawn from service and replaced with short term hire

where repairs are deemed uneconomic to continue use.
Tenders for electric vans, public lighting towers, social services welfare buses and some heavier commercials being prepared.

Some schools use CTU
Fleet Manager presented to primary and secondary business managers on risk (Feb 2015)

Investment in RCV fleet completed. Client Services fleet - 20 vehicles to be procured this year. RCCO approved for £300k 2019/2020 and 2020/21. Robust vehicle replacement programme is being developed and minimum vehicle requirement and specification identified.

Fleet transporting Social Service users - current funding being reviewed.

350 new vehicles procured 2017/18.
New vehicles being procured 2019/20

Actions to be taken:
Jan 2017 - 38 medium commercial vehicles ordered, deliveries expected to commence June 2017
Jan 2017 light commercial tender for 300 advertised, closes Feb 2017
Jan 2017 refuse collection tender for 36 advertised, closed Feb 2017
Jan 2017 instruction issued to workshop staff for prior authorising of repairs to older vehicles
Feb 2017 potential for end of contract cost increases discussed with Finance
August 2017 Tenders completed. 85 vehicles ordered with expectation of full delivery by Feb 2018. Light Commercial tender requirements being agreed with users (300 vehicles). Significant levels of demand on CTU workshops due to age, maintenance costs anticipated to exceed budget by @ £300k for 17/18 if current trend continues.

Jan 2017 Fleet Manager to arrange to present to headteachers' forum. Corporate H&S manager to assist.
August 2017 Initial meet with Education. Fleet Manager to provide guide in readiness fro new term

No further update 19/04/18
No further update 14/06/18
No further update 05/07/18
No further update 24/08/18
No further update 01/10/18
Updated 08/01/19
No further update 14/02/19
No further update 22/03/19
Updated 17/01/19

Owner: Stuart Davies
Responsible Officer: mark barrow
Current Likelihood: Medium

Current Impact: <mark>Medium</mark>
Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:36:33

PL GEN 97: Services in the community

Risk Description:
If there's insufficient buy in from services, then full operational and financial benefits will not be achieved

Controls in Place:
Significant engagement at team and board level. Pathfinder project in Clydach to test the principles

Pilot due to launch Oct 18 (RL) 25.7.18
On target for launch w/c 15th October, Gorseinon project team held first meeting this month too. (RL 24.9.18)
Launch delayed until 5th Nov due to IT issues and Councillors leave. (22.10.18)

Actions to be taken:
Pilot launch date on track, with next pilot area - Gorseinon - identified

risk of underachievement of savings still likely

Pilot launched on 6th Nov at Clydach Library. Work commencing on Hub strategy across county. RL 14.11.18

Resources due to resignation of PM has highlighted requirements for operational management

Reflection paper to be discussed at Leadership June 6th. (RL 21.5.19)

Owner: Geoff Bacon
Responsible Officer: geoff bacon
Current Likelihood: <mark>High</mark>
Current Impact: <mark>Medium</mark>
Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:36:33

PL GEN 99: Inability to undertake food standards and low level food premises inspections

Risk Description:
There is currently a backlog of food safety/hygiene inspections of lower risk (category D and E) food premises and food safety/standards inspections of new business premises which are unrated.

As the inspection of the high risk premises (categories A, B and C) continues to be the priority and the lower risk premises and new businesses are not inspected in accordance with required frequencies due to existing resources, the number of outstanding inspections of these premises continues to grow. This has been identified as an issue that needs to be addressed by the Food Standards Agency (FSA) during their audit of the food service in November 2014 and again in their follow up audit in December 2018. This presents a risk to public safety in respect of potential for food poisoning cases/outbreaks and incorrectly described food, particularly the incorrect description of allergens.

Controls in Place:
Inspection of the high risk premises remains a priority but where capacity is identified through close
monitoring of inspection targets, resources are allocated to inspection of the lower risk and unrated
premises. The food business registration form has been amended to identify the risk presented by the
new business and this information is used to prioritise inspections. New ways of working are being
explored, in line with the agile working programme to increase capacity/output and a review
of resource requirements is underway.

Actions to be taken:
Feb - no new updates

Owner: Lynda Anthony
Responsible Officer: mark wade
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:36:33

PL GEN 100: Swansea's natural resources and biodiversity

Risk Description:
If we do not maintain and enhance Swansea's natural resources and biodiversity, including reversing tree loss, then there will be wider and detrimental impacts on environmental, social, cultural and economic well-being.

Issue: The number of trees and area of tree cover within the County of Swansea is declining.

Factors causing loss of trees (including hedgerows and woodlands) include:
• Tree diseases and pathogens.
• Removal of trees for safety reasons.
• Trees lost through development.
• Lack of robust tree protection measures.
• Lack of a strategy for replacing lost trees.
• Natural loss through age.

Risks arising as a result of tree loss include

• Air and water quality will deteriorate, affecting people's health.
• Mental health and well-being will decline.
• The risk of flooding and landslip will increase in some areas.
• Atmospheric carbon levels will increase.
• Loss of biodiversity and ecological resilience.
• Localised temperature controls and other environmental shelter will be lost.
• Birds and other wildlife will lose habitats and food sources.
• The loss of ecosystem services will impact on public service budgets.
• The loss of aesthetic and character will lead to falling property values, affecting the local and regional economy.
• Noise levels will increase.
• We will not comply with legislative requirements, e.g. Environment (Wales) Act 2016.
• Reputational damage.
• Precedent set for 'other' developers.
• Loss of local distinctiveness and sense of place.
• Sale of council owned land – should be assessed for consideration under the duty imposed by the Environment (Wales) Act 2016 for Tree retention and protection by TPO; could result in both the legal cost and reputational risk of non-compliance.

Controls in Place:
• Planning Policy Wales.
• LDP.
• Felling licence requirements for cutting down large amounts of wood.
• Tree Preservation Orders and Conservation area status.
• Legislation: Biodiversity controls to protect trees with particular features from felling.
• I-tree software to support calculation of ecosystem services in order to

assess comparative economic risks of tree loss or other intervention.
• Wildlife legislation and protected sites.
• Internal management and controls and part of formal and informal process
• Addition of additional corporate priority around biodiversity
• Commissioning of Nowcaster system to monitor air quality

Actions to be taken:
• Mapping of suitable areas for tree planting & setting of targets for planting. The council is setting up a 3 year programme to map Green Infrastructure (GI) assets and ecosystems services for every ward – corporate biodiversity objective for Nature Conservation Team.
• Recording numbers of trees lost, trees maintained and trees planted to measure increase of tree cover on council owned land- current Nature Conservation Team action.
• Raising awareness of rights & responsibilities of the public, encouraging "ownership" of the planting and management of trees. Nature Conservation Team.
• Adopting and implementing a Greening Initiative / Link wildlife corridors / create attractive and used public open spaces. By the planting of trees in the creation of linkages between existing habitats and in the creation of 'Place'. This is Incorporated within LDP policy, and is a corporate biodiversity objective for the Nature Conservation Team to action.
• Adopt LDP Policy including maintaining and enhancing biodiversity and encouraging the planting of trees. LDP Policy due to be adopted in Feb 2019 – for Development Management and Strategic Planning to apply in decision making.
• Develop, adopt and implement a Green Infrastructure Strategy. GI Strategy to be prepared within the next 2-3 yrs. Corporate biodiversity objective and action for the Nature Conservation Team working with partners.
• Develop, adopt and implement appropriate tree policy to govern the removal and replacement of trees on council land. Tree Policy currently being drafted to provide guidance for trees on Council owned land. Adoption of Council Tree Policy is a Corporate Biodiversity objective for the Landscape Team.
• Actions included in the well-being plan for green infrastructure Already highlighted and picked up in corporate biodiversity objective actions for the Nature Conservation team to deliver.
• Identify resources for ongoing maintenance of newly planted trees/hedgerows etc. where appropriate 106 agreements and commuted sums are in
• Produce guidance note for new tree planting with recommended choice of species. Suitable species will vary from site to site depending upon location, orientation, ground conditions, minimising ongoing conflicts and maintenance issues and whilst native species are encouraged many are unsuitable or urban and residential locations and some can trigger health issues such as hay fever from pollen. With so many options it would be preferable to produce a guidance note on what/how not to plant. Long term action for Landscape Team.

Owner: Paul Meller
Responsible Officer: phillip holmes

Current Likelihood: <mark>Medium</mark>
Current Impact: <mark>Medium</mark>
Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:36:33

PL GEN 101: Backlog in low risk food safety /hygene inspections

Risk Description:
There is currently a backlog of food safety/hygiene inspections of lower risk (category D and E) food premises and food safety/standards inspections of new business premises which are unrated. As the inspection of the high risk premises (categories A, B and C) continues to be the priority and the lower risk premises and new businesses are not inspected in accordance with required frequencies due to existing resources, the number of outstanding inspections of these premises continues to grow. This has been identified as an issue that needs to be addressed by the Food Standards Agency (FSA) during their audit of the food service in November 2014 and again in their follow up audit in December 2018. This presents a risk to public safety in respect of potential for food poisoning cases/outbreaks and incorrectly described food, particularly the incorrect description of allergens.

Controls in Place:
Inspection of the high risk premises remains a priority but where capacity is identified through close monitoring of inspection targets, resources are allocated to inspection of the lower risk and unrated premises. The food business registration form has been amended to identify the risk presented by the new business and this information is used to prioritise inspections. New ways of working are being explored, in line with the agile working programme to increase capacity/output and a review of resource requirements is underway.

Actions to be taken:
March - no new updates

April - no new updates

Owner: Mark Wade
Responsible Officer: lynda anthony
Current Likelihood: <mark>Medium</mark>
Current Impact: <mark>Medium</mark>
Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:36:33

Place (Finance) Risk Register Report 23/05/19

Risk Id	Risk Title	Owner	Date Last Updated	Overall RAG
PL FIN 2	**Building Maintenance**	Nigel Williams	21/05/2019	A
PL FIN 12	**Welfare reform**	Jane Harries	09/05/2019	A
PL FIN 16	**Disabled Facilities Grant - Performance and Budget Spend**	Mark Wade	09/05/2019	A
PL FIN 17	**Loss of expertise due to reduction in Capital Funding**	Stuart Davies	17/04/2019	A

PL FIN 2: Building Maintenance

Risk Description:

Given the current condition of our building assets and the available revenue maintenance budget, there is significant risk that the demand will outstrip available budget. As we move forward the ability for us to add to the budget will not exist with other measures to reduce by the required 20%. As part of 'Sustainable Swansea' it is recognised that should the CCoS reduce its asset register, savings could be realised from the revenue maintenance budget. This has been factored within future CB&PS savings.

To ensure we manage within the available budget there needs to be a reduction within the asset portfolio.

Controls in Place:

Maintain prioritisation of annual budget to facilitate statutory compliance programme. Programme identified within service priorities with progress reviewed on a quarterly basis. To ensure that the Authority is fully compliant, as we (CCoS) have a legal obligation under British and European law.
That appropriate measures are adopted to ensure the safety of all staff and visitors within any assets owned by the CCoS. Specific procedures to ensure compliance to include: Electrical testing programme, Asbestos revisit programme, servicing of mechanical and electrical systems, glass filming programme etc.
A statutory compliance Strategy had been developed and implemented to ensure the Authorities position is protected.
Capital maintenance budget identified for priority matters.
Additional one off capital budget made available for school's AMP, which will target areas of high risk. This will support issues of business continuity etc.
Review overall asset base as part of asset management plan.
Maintain existing budget. Work within agreed criteria as agreed by Exec Board. Close liaison with relevant HoS to maintain communication of potential risk.
Continue with risk based approach with prioritisation of budget i.e. target 'D' rated building elements.

Maintain SLA's in respect to condition data and regime of building inspections.

[Updated Aug 2016]
(No further update 18th October 2016 - RL)
(No further update 14th Nov 2016 - RL)
(No further update 12th December 2016 - RL)
(No further update 23rd Jan 17 - RL)
(No further update 28th Feb- RL)
(No further update April 10th - RL)
(No further update 18th May - RL)
(No further update 19th June - RL)
(No further update 24th July - RL)
(No further update 22nd August - RL)
(No further update 17.9.17 - RL)
(No further update 11.10.17 - AS)
(No further update 17.1.18 - AS)
(No further update 28.2.18 - RL)
(No further update 20.3.18 - RL)
(No further update 23.5.18) RL
(No further update 18.6.18) RL

Removal of Leisure Centres and Plantasia will help but as the budget has already been taken in previous years there us still a risk. 25.7.18
As above - Transfer of ownership 1.10.18 16.8.18

(No further update 19.9.18) AS

No further update 14.11.18 RL

Plantasia transferred 1st of March, LC's all transferred, still concern in relation to the level of cuts to the budget which is not in line with the number of buildings being closed.

Actions to be taken:
Removal of Leisure Centres and Plantasia will help but as the budget has already been taken in previous years there us still a risk. 25.7.18
As above - Transfer of ownership 1.10.18 16.8.18
(No further update 19.9.18) AS
No further update 14.11.18 RL
Plantasia transferred end of April, LC's all transferred, still concern in relation to the level of cuts to the budget which is not in line with the number of buildings being closed.
Further reductions in the budget will have a serious impact on the service we deliver.

Year-end figures not as bad as expected, many changes have been made and some assets removed allowing for a balanced budget at year end.

Owner: Nigel Williams
Responsible Officer: nigel williams
Current Likelihood: <mark>Medium</mark>
Current Impact: <mark>Medium</mark>
Overall RAG Status: <mark>Amber</mark>
Report Date: 23/05/2019 16:42:19

PL FIN 12: Welfare reform

Risk Description:
Reduction in the amount of rent being collected as consequence of Welfare Reform changes, impacting on income to the Housing Revenue Account.

Welfare Reform changes introduced in recent years, including the removal of the single room subsidy (bedroom tax), Universal Credit (UC) and the Benefit Cap are all having an impact on the collection of income resulting in increasing arrears.

In December 2017 the DWP will migrate Swansea to a full digital service area. One of the biggest impacts of this will be an increase in the number of UC claimants, meaning they will receive their housing costs direct once a month and their rent will no longer be paid to the Council weekly through housing benefit. In addition in December 2017 18-21 year olds will no longer be automatically entitled to receive housing costs unless they fall into and are exempted category. Collectively all the changes highlighted along with the financial pressures generally being experienced by Council tenants will make income collection extremely challenging in the years ahead.

Controls in Place:
Welfare Reform changes introduced in recent years, including the removal of the single room subsidy
(bedroom tax), Universal Credit (UC) and the Benefit Cap are all having an impact on the collection
of income resulting in increasing arrears.

Swansea migrated to a full digital service area in December 2017. The biggest impact of this has and
will continue to be the number of UC claimants receiving their housing costs directly on a monthly basis. The changes, along with the financial pressures generally being experienced by Council tenants, will make income collection extremely challenging in the years ahead, subsequently impacting on the business plan.

Actions to be taken:
A working group is in place to assess the impact of Welfare Reform and this meets on a quarterly basis. Universal Credit has now been introduced and the rent accounts of those being affected are being closely monitored every week.

In relation to arrears, these are being robustly monitored and appropriate action is being taken.

November Update - No new issues, arrears continue to be monitored. The next Welfare Reform Working Group Meeting is on January 26th.

December Update - no further updates.

January Update - Welfare Reform Working Group meeting is now scheduled for Jan 28th , further information regarding the impact of Welfare Reform will be reported to the group.

December Update - No further updates required

January - meeting of the Welfare Reform Officer impact group planned in February

February Update - Welfare Reform Officer Working Group met and discussed the latest impact statistics for the Authority.

March - No further updates required.

April - No further updates required.

May - n0 further updates

June/July - Officer working group continues to meet on a regular basis to review the current situation

August - no further updates

September - An officer group has been set up involving senior managers, to look at the options open to address specifically the changes being introduced which will affect the under 35s via the introduction of shared room rates.

October - no new updates available

Nov/Dec - no further updates

January - Corporate research project into the likely effects of Welfare Reform in Swansea to be commissioned.

Feb - no further updates

March - no new updates

April - no new updates

May - no new updates

June - no new updates

July - no new updates

August - no new updates

September - no new updates

October - results from the Universal Credit pilot Authorities in Wales being analysed

November - no new updates

December - Universal Credit introduced in Swansea on December 13th with its impact to be analysed.

January - 121 tenants now affected by Universal Credit, impact to be closely monitored

February - further increase in tenants receiving Universal credit

March - no further updates

April - no further updates

May - the impact of UC is increasing at a significant rate, there are over 1200 tenants now claiming UC credit and this is impacting on rent arrears. Analysis of the impact is on-going.

June - numbers of people on UC steadily increasing

July - Arrears have increased 595K in last 7 months and much of this can be attributed to Universal Credit

August - impact still being monitored

September - report taken to Housing Futures Progamme Board outlining possible impact of Universal Credit on the HRA in future.

October -Arrears have increased by 678k in the last 10 months. Current working practices within the Rents Team are in the process of being reviewed in order to ensure that collection and recovery processes are robust and effective.

November - Impact continues to be monitored

December - no new updates

January - no new updates

Feb - no new updates

March - no further updates

April - The impact on Welfare Reform (particularly UC), continues to have a significant impact on rent arrears. Officers continue to support tenants whilst robustly following procedures, and in April the team was reorganised to ensure we continue to meet the challenges of arrears recovery.

May - no new updates

Owner: Jane Harries
Responsible Officer: jane harries
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:42:19

PL FIN 16: Disabled Facilities Grant - Performance and Budget Spend

Risk Description:
Failure to meet Disabled Facilities Grant (DFG) performance and capital budget spend targets for 2018/19

Controls in Place:
Various monitoring systems in place to measure performance and spend within Housing. Regular meetings held at operational level to monitor Occupational Therapy performance within Social Services.

Actions to be taken:
A Batch of DFG referrals are to be issued to an OT staffing agency due to resource issues in the OT team. Direct recruitment of OT staff employed by Housing will follow thereafter in an attempt to maximise long term performance and reduce DFG waiting times for the medium to the long term. Regular updates to P&FM to be given.

November Update - work has now been issued to an O.T agency and 1.5 new OT staff have been recruited by the Council. The agency work will help insure capital DFG spend by the end of the year and the recruitment will help build commitment for 2016/17 spend.

December Update - no new updates required.

January Update - new OTs now in post

February Update - underspend for 2015/16 now projected and P&FM have been informed however the appointments of the new OTs will ensure greater spend in 2016/17.

March - no further issues.

April - no further issues

May - no further issues

June/July - performance improving however further improvements required with regard to the speed of the process. A meeting with Social Services has been arranged to look at the issues.

August - no further updates

September - further changes/plans to increase available OT resources to be taken to CMT in the Autumn.

October - no further updates.

November - changes to procedures being discussed with Social Services

December - further OTs being recruited as part of the on-going structural changes to the OT service.

January - No further update available

Feb - no further updates

March - no new updates

April - no new updates

May - The OT service are exploring procedural changes to the way they operate which could be beneficial to the DFG process.

June - no new updates

July - no new updates

August - no new updates

September - no new updates

October - no new updates

November - New monitoring system in place with social services to ensure numbers of assessments required each month are maintained

December - No further updates

January - no further updates

February - no further updates

March - no further updates

April - no further updates

May - no new updates

June - no further updates

July - no new updates

August - no further updates

September - no further updates

October - no further updates

November - no further updates

December - no new updates

January - no new updates

Feb - no new updates

March - no further updates

April - no new updates

May - no new updates

Owner: Mark Wade
Responsible Officer: mark wade
Current Likelihood: Low
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:42:19

PL FIN 17: Loss of expertise due to reduction in Capital Funding

Risk Description:
All technical staff are fee earning. Therefore, with loss of income there is insufficient funding to pay salaries and staff (knowledge and experience) will be lost. These staff play an integral part in supporting the regeneration of the city centre.

Controls in Place:
Advanced forecasting of future workload, plus diversification of skills to meet peaks in workload. Opportunity to engage with TFW

Actions to be taken:
Actions to be taken: Collaboration with Regeneration to develop successful grant bids to support future workloads. Contingency plan to be put in place to retain key staff members should external grant funding streams cease.
No further update 26/03/18
No further update 19/04/18
No further update 14/06/18
No further update 05/07/18
No further update 24/08/18
No further update 01/10/18
No further update 08/01/19
No further update 14/02/19
No further update 22/03/19
No further update 17/04/19

Owner: Stuart Davies
Responsible Officer: mark thomas
Current Likelihood: Medium
Current Impact: Medium
Overall RAG Status: Amber
Report Date: 23/05/2019 16:42:19

Report of the Chief Auditor

Audit Committee – 11 June 2019

Audit Committee Training Programme 2019/20

Purpose:	This report details the Audit Committee Training Programme for 2019/20.
Policy Framework:	None.
Consultation:	Legal, Finance and Access to Services
Recommendation(s):	It is recommended that Committee reviews and approves the Audit Committee Training Programme for 2019/20.
Report Author:	Simon Cockings
Finance Officer:	Simon Cockings
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar

1. **Introduction**

1.1 A Training Programme for 2019/20 is included in Appendix 1. The dates included for the meetings in 2019/20 were approved by Council on 28/03/19.

1.2 Updated guidance issued by Cipfa in 2018 recommended the following Core Areas of Knowledge for Audit Committee Members:
- Audit Committee Role and Functions
- Risk Management
- Financial Management and Accounting
- Governance & Values of Good Governance
- External Audit
- Internal Audit
- Counter Fraud

1.3   A summary of the details of the core knowledge required may also be found in Appendix 1.

2.   Equality and Engagement Implications

2.1   The Council is subject to the Public Sector Equality Duty (Wales) and must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Our Equality Impact Assessment process ensures that we have paid due regard to the above.

2.2   There are no equality and engagement implications associated with this report.

3.   Financial Implications

3.1   There are no financial implications associated with this report.

4.   Legal Implications

4.1   There are no legal implications associated with this report

Background Papers: None

Appendix 1 – Audit Committee Training Programme 2019/20.

AUDIT COMMITTEE TRAINING PROGRAMME 2019/20

Date of Meeting	Topic	Details of Core Knowledge Required
11 June 2019	Audit Committee Role and Function - Audit Committee Initial Training (*Ben Smith*)	*An understanding of the audit committee's role and place within the governance structures. Familiarity with the committee's terms of reference and accountability arrangements. Knowledge of the purpose and role of the audit committee.*
13 August 2019	Risk Management (*Richard Rowlands*)	*Understanding of the principles of risk management, including linkage to good governance and decision making. Knowledge of the risk management policy and strategy of the organisation. Understanding of risk governance arrangements, including role of members and of the audit committee.*
	Financial Management and Accounting (*Amanda Thomas*)	*Awareness of the financial statements that a local authority must produce and the principles it must follow to produce them Understanding of good financial management principles. Knowledge of how the organisation meets the requirements of the Chief Financial Officer, as required by the CIPFA.*
	Governance & Values of Good Governance (*Adam Hill*)	*Knowledge of the six principles of the Good Governance Framework and the requirements of the Annual Governance Statement (AGS). Knowledge of the local code of governance. Knowledge of the Seven Principles of Public Life. Knowledge of the key arrangements to uphold ethical standards for both members and staff. Knowledge of the whistleblowing arrangements in the authority.*
8 October 2019	External Audit (*WAO*)	*Knowledge of the role and functions of the external auditor and who currently undertakes this role. Knowledge of the key reports and assurances that external audit will provide.* *Knowledge about arrangements for the appointment of auditors and quality monitoring undertaken.*
10 December 2019	Internal Audit (*Simon Cockings*)	*An awareness of the key principles of the Public Sector Internal Audit Standards and the Local Government Application Note. Knowledge of the arrangements for delivery of the internal audit service in the authority and how the role of the Head of Internal Audit is fulfilled.*
11 February 2020	Counter Fraud (*Jeff Fish*)	*An understanding of the main areas of fraud risk the organisation is exposed to. Knowledge of the principles of good fraud risk management practice. Knowledge of the organisation's arrangements for tackling fraud.*

Report of the Chief Auditor

Audit Committee – 11 June 2019

Internal Audit Annual Plan 2018/19 - Monitoring Report for the Period 1 January 2019 to 31 March 2019

Purpose:	This report shows the audits finalised and any other work undertaken by the Internal Audit Section during the period 1 January 2019 to 31 March 2019.
Policy Framework:	None.
Consultation:	Legal, Finance, Access to Services.
Recommendation(s):	It is recommended that Committee review and discuss the work of the Internal Audit Section and note the contents of the report.
Report Author:	Simon Cockings
Finance Officer:	Simon Cockings
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar

1.   Introduction

1.1   The Internal Audit Annual Plan 2018/19 was approved by the Audit Committee on 10th April 2018. This is the third quarterly monitoring report to be presented to Committee. Further reports will be presented throughout the year to allow Committee to review and comment upon the progress of the Internal Audit Section in achieving the Annual Plan.

1.2   This report shows the audits which were finalised in the period 1st January 2019 to 31st March 2019.

2. Audits Finalised 1 January 2019 to 31 March 2019

2.1 A total of 27 audits were finalised during the quarter. The audits finalised are listed in Appendix 1 which also shows the level of assurance given at the end of the audit and the number of recommendations made and agreed.

2.2 An analysis of the assurance levels of the audits finalised is shown in the following table.

Assurance Level	High	Substantial	Moderate	Limited
Number	15	11	1	0

2.3 A total of 213 audit recommendations were made and management agreed to implement 209, i.e. 98% of the recommendations made were accepted against a target of 95%.

2.4 All recommendations made are classified as high risk, medium risk, low risk or good practice. An analysis of the recommendations agreed during the quarter is shown in the following table

High Risk	Medium Risk	Low Risk	Good Practice	Total
2	20	134	53	209

2.5 In addition, the Internal Audit Section also certified the following grants in the quarter as required by the terms and conditions of the grant issued by the Welsh Government.

Grant	Amount £
Regional Consortia School Improvement Grant (Q3 Checklist)	n/a
Work Choice Programme Grant 2018/19 (Claim Process)	n/a

2.6 The Audit Plan is a 'living' document which is likely to change during the course of the year due to e.g. emerging risks or new priorities. However it is important that the Audit Committee can monitor progress against the Plan approved at the start of the year. To achieve this, Appendix 2 shows each audit included in the Plan approved by Committee in April 2018 and identifies the position of each audit as at 31st March 2019.

2.7 An analysis of the details in Appendix 2 shows that by the end of March 2019, 87% of the planned reviews had been completed to at least draft report stage, with an additional 3% of the planned audits in progress. As a result approximately 90% of the Audit Plan was either completed or in

progress. Note that the remaining 10% of the planned jobs have been carried forward to the 2019/20 plan.

2.8 The Internal Audit Section has seen a significant increase in the levels of sickness absence in quarter 2 and quarter 3 of 2018/19 with a cumulative total of 142 days sickness as at the 31/03/19, against an annual budget of 66 days. As noted previously, the vast majority of this absence was in relation to three members of staff being off work long term as a result of non-work related issues/illness during the year.

2.9 The Internal Audit Section was also involved in the following work during quarter 4:
- National Fraud Initiative 2018/19 match investigations.
- Completing the Annual Consultation Exercise.
- Compiling the Audit Strategy & Plan for 2019/20.
- Compiling the Audit Charter for 2019/20.
- Swansea Bay City Deal Internal Review led by Pembrokeshire Council in collaboration with Carmarthen Council and Neath Port Talbot County Borough Council.

2.10 One moderate report was issued in the quarter. The following table provides brief details of the significant issues which led to the moderate rating.

2.11

Audit	Accounts Receivable 2018/19 (Fundamental)
Objectives	The objectives of the review were to ensure that adequate financial controls are in place for minimising business risk, and the controls are operating in practice. The scope included the testing of controls regarding the following: Financial regulations and procedure notes, user access, invoice creation, collection of income, recovery of arrears, system reconciliations, invoice cancellations, write-offs, refunds, disaster recovery and business continuity, system back-ups and performance monitoring.
Assurance Level	Moderate
Summary of Key Points	
• Between January 2017 and December 2017 (most recent figures available) 25,996 invoices had been raised. Of these, 85% were collected within 12 months. This is a reduction from 95% for the same period in the previous year.	
• Disputed Invoices - Sample testing of disputed invoices revealed that Service Departments were not resolving disputes within the 14 day target period and income for such invoices was not being clawed back from the service department. It was previously agreed in the 2015/16 and 2016/17 audits that income should be clawed back from Service Departments if disputes relating to invoices that	

have been raised have not been resolved within 90 days. (MR)

- Debt Recovery – From a sample of 20 unpaid invoices selected for testing, it was noted that in every case the debts were not being progressed as would be expected. The Accounts Receivable Team and/or Service Departments were not escalating the debt and recovery was not being progressed as expected. (HR)
- Sample testing of unpaid invoices revealed that a number of those in the sample were approaching the limitation period where the debt could no longer be enforced. (MR)
- A sample of invoices that were recorded by Accounts Receivable as being referred to Legal for recovery action revealed that some debts were not being pursued by Legal as expected, whilst others had been closed by Legal but Accounts Receivable had not been informed. (MR)

3. Follow Ups Completed 1 January 2019 to 31 March 2019

3.1 The follow up procedures operated by the Internal Audit Section include visits to any non-fundamental audits which received a moderate or limited level of assurance to confirm and test that action has been taken by management to address the concerns raised during the original audit.

3.2 The follow up visit is usually within 6 months of the final report being issued and includes testing to ensure that any high or medium risk recommendations have been implemented. Where agreed recommendations have not been implemented, this will be reported to the appropriate Head of Service (or Chair of the Governing Body in the case of schools) and the Chief Finance Officer (Section 151 Officer).

3.3 Three follow-up reviews were completed during the quarter relating to the Bishop Gore Comprehensive School, Portmead Primary School and Cleaning Services audits.

3.4 In all cases, the follow up review confirmed that significant progress had been made in implementing the recommendations made, with all of the High and Medium Risk recommendations being fully implemented.

4 Equality and Engagement Implications

4.1 The Council is subject to the Public Sector Equality Duty (Wales) and must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Our Equality Impact Assessment process ensures that we have paid due regard to the above.

4.2 There are no equality and engagement implications associated with this report.

5. Financial Implications

5.1 There are no financial implications associated with this report.

6. Legal Implications

6.1 There are no legal implications associated with this report.

Background Papers: Internal Audit Plan 2018/19

Appendices: Appendix 1 Internal Audit – Monitoring Report Quarter 4 2018/19
Appendix 2 Internal Audit Plan 2018/19 – Progress to 31/03/19

INTERNAL AUDIT - MONITORING REPORT QUARTER 4 2018/19

Head of Service	Audit	Date Finalised	Assurance Level	Recommendations Made	Agreed	Not Agreed
Financial Services & Service Centre	Schools Bank Reconciliations	07/01/19	High	2	2	0
Building Services	Heol y Gors Depot - Admin & Finance	08/01/19	High	3	2	1
Education Planning & Resources	Birchgrove Comprehensive School	18/01/19	High	2	2	0
Financial Services & Service Centre	Payment Card Industry Data Security Standard	24/01/19	High	5	5	0
Financial Services & Service Centre	Council Tax 2018/19	18/02/19	High	7	7	0
Financial Services & Service Centre	Employee Services 2018/19	19/02/19	High	3	3	0
Digital & Transformation	ICT Administration	21/02/19	High	3	2	1
Financial Services & Service Centre	Main Accounting System 2018/19	26/02/19	High	0	0	0
Legal, Dem. Services & Business Intelligence	Land Charges	07/03/19	High	9	9	0
Financial Services & Service Centre	Income Tax - Self Employed & Misc	07/03/19	High	5	5	0
Planning & City Regeneration	Landscaping	08/03/19	High	4	4	0
Financial Services & Service Centre	Cashiers Office	11/03/19	High	4	4	0
Financial Services & Service Centre	Adult Family Placements	13/03/19	High	1	1	0
Financial Services & Service Centre	Treasury Management 2018/19	19/03/19	High	1	1	0
Financial Services & Service Centre	Cash 2018/19	28/03/19	High	0	0	0
Education Planning & Resources	Christchurch Primary School	02/01/19	Substantial	11	11	0
Legal, Dem. Services & Business Intelligence	Freedom of Information	29/01/19	Substantial	1	1	0
Education Planning & Resources	Penclawdd Primary School	05/02/19	Substantial	13	13	0
Digital & Transformation	E-Commerce Controls	06/02/19	Substantial	8	8	0
Planning & City Regeneration	Nature Conservation	20/02/19	Substantial	13	13	0
Education Planning & Resources	School Kitchens	21/02/19	Substantial	16	16	0
Communications & Marketing	Health, Safety & Wellbeing	05/03/19	Substantial	4	4	0
Adult Services	Adult Services Establishemnts - Questionnare	20/03/19	Substantial	60	60	0
Highways & Transportation	Traffic Orders	29/03/19	Substantial	7	6	1
Education Planning & Resources	Terrace Road Primary School	31/03/19	Substantial	7	6	1
Commercial Services	Supplier Contracts Review	28/03/19	Substantial	3	3	0
Financial Services & Service Centre	Accounts Receivable 2018/19	15/03/19	Moderate	21	21	0
			Total	**213**	**209**	**4**

INTERNAL AUDIT ANNUAL PLAN 2018/19

Head of Service	Risk Rating	Progress as at 31/03/19
Education Planning & Resources		
Danygraig Primary	Med/High	Final Issued
Mayals Primary	Medium	Final Issued
Y.G.G. Bryn-y-Mor	Low	Final Issued
Christchurch Ch.in Wales	Medium	Final Issued
Bwrlais Primary	Medium	Final Issued
Dunvant Primary	Medium	Final Issued
Brynhyfryd Primary	Medium	Final Issued
Pontlliw Primary	Medium	Final Issued
Talycopa Primary	Medium	Final Issued
Gowerton Primary	Medium	Final Issued
Sketty Primary	Medium	Final Issued
Terrace Road Primary	Medium	Final Issued
Cila Primary	Low	Final Issued
Townhill Community Primary	Medium	Final Issued
Hendrefoilan Primary	Medium	Final Issued
Penclawdd Primary	Medium	Final Issued
Gors Community Primary	Medium	Final Issued
Knelston Primary	Low	Final Issued
Y.G.G. Y Login Fach	Medium	Final Issued
Y.G.G. Bryniago	Medium	Final Issued
Newton Primary	Medium	Final Issued
St. Helen's Primary	Low/Med	Final Issued
Trallwn Primary	Medium	Final Issued
Portmead Primary	Medium	Final Issued
Gowerton Comprehensive	Medium	Final Issued
Birchgrove Comprehensive	Low	Final Issued
Bishop Gore Comprehensive	Low	Final Issued
Dylan Thomas Comprehensive	Medium	Final Issued
Arts in Education	Low/Med	Final Issued
Achievement & Partnership Service		
Welsh Service	New	Deferred
Vulnerable Learner Service		
Education Welfare Service	Medium	Final Issued
Catering Service – Civic Centre	Low/Med	Final Issued
Cleaning Service	Medium	Final Issued
Education – Other		
School Uniform Grant	N/A	Final Issued
Education Improvement Grant	N/A	Final Issued
Pupil Deprivation Grant	N/A	Final Issued
Schools Annual Report	N/A	Final Issued
Child & Family Services		
Grants & Contracts	Med/High	Final Issued

INTERNAL AUDIT ANNUAL PLAN 2018/19

Head of Service	Risk Rating	Progress as at 31/03/19
Adult Services		
Community Alarm Service	Medium	Final Issued
Integrated Community Equipment & Suresprung	High	Final Issued
Service Users Assessment of Care	Medium	Deferred
Supporting People Grant	N/A	Final Issued
Suresprung - Work Choice Program	N/A	Final Issued
Self Assessment Checklists	Med/High	Final Issued
Social Services – Directorate Services		
No audits planned		
Poverty & Prevention		
Swansea Children's Centre & Mayhill Centre	Medium	Final Issued
Early Intervention Services	*New*	Final Issued
Corporate Building Services		
Admin & Finance	Low/Med	Final Issued
Corporate Property Services		
No audits planned		
Waste Management & Parks		
Domestic Refuse Collection	Medium	Final Issued
Grounds Maintenance	Medium	Final Issued
Highways & Transportation		
Concessionary Bus Fares	N/A	Final Issued
Car Parks	Med/High	Final Issued
Clydach Depot – Fuel & Plant	Medium	Final Issued
Streetworks	Medium	Final Issued
CTU Fleet Hire / Spot Hire	Medium	Final Issued
Traffic Orders	*New*	Final Issued
Taxi Framework Contract – Adult Services	Medium	Final Issued
Live Kilometre Support Grant	N/A	Final Issued
Housing & Public Protection		
Housing Options	Medium	Final Issued
Eastside District Housing Office	Medium	Final Issued
Morriston & Clase District Housing Offices	Medium	Final Issued
Neighbourhood Support Unit	Medium	Final Issued
Housing Loans and Grants	Medium	Final Issued
Affordable Housing	*New*	Final Issued
Building Regulations	Low/Med	Final Issued
Trading Standards Division	Low/Med	Final Issued
Rechargeable Works	Medium	Final Issued
Cultural Services		
Outdoor Leisure	Medium	Final Issued
St Helens Ground	Low/Med	Final Issued
Plantasia	Medium	Final Issued

INTERNAL AUDIT ANNUAL PLAN 2018/19

Head of Service	Risk Rating	Progress as at 31/03/19
Grand Theatre	Med/High	Final Issued
Central Library	Medium	Final Issued
Record Management	*New*	Final Issued
Planning & City Regeneration		
Section 106 Agreements	High	Deferred
Landscape	*New*	Final Issued
Nature Conservation	*New*	Final Issued
Communications & Marketing		
Civic Admin,Mayoral Services & Mansion House	Low/Med	Final Issued
Financial Services & Service Centre		
Cashiers Office	Med/High	Final Issued
Write Off Requests by Departments	N/A	Final Issued
Cashiers Write Offs	N/A	Final Issued
Bank Reconciliations	Medium	Final Issued
School Bank Reconciliations	Medium	Final Issued
Petty Cash Accounts	Low	Final Issued
Grants Receivable	Med/High	In Progress
Leasing	Medium	Final Issued
Income Tax – Self Employed	Medium	Final Issued
Construction Industry Tax Scheme	Medium	Final Issued
Risk Management	High	Final Issued
Blue Badges	Medium	Final Issued
Budget Strategy & Management	*New*	Deferred
Performance Indicators	*New*	Final Issued
Residential Contributions – Assessments	Medium	Deferred
Debt Recovery	High	Deferred
Fairer Charging	Medium	Deferred
Adult Family Placements	*New*	Final Issued
Flexicard Machines and Security	Med/High	Final Issued
Legal, Democratic Services & Business Intel		
Land Charges	Low	Final Issued
Electoral Services	Medium	Final Issued
Human Resources		
Employment of Agency Staff	Med/High	In Progress
Health & Safety	*New*	Final Issued
Business Continuity	*New*	Final Issued
Digital & Transformation		
ICT Administration	Med/High	Final Issued
Oracle Authorisation Limits	Med/High	Final Issued
IT Assets	Medium	Final Issued
Network Controls – Corporate Network	Medium	Deferred
Firewall Controls - Corporate	Medium	Final Issued
Virtual Server Environment	Medium	Deferred

INTERNAL AUDIT ANNUAL PLAN 2018/19

Head of Service	Risk Rating	Progress as at 31/03/19
Internet Controls – Corporate Network	Low/Med	Final Issued
Payment Card Industry – Data Security	Medium	Final Issued
E-Commerce Controls	Medium	Final Issued
Business Continuity - IT	New	Deferred
Data Protection – Software Licences	Medium	Final Issued
Application Controls – Flare System	Medium	Final Issued
Application Controls – Fostercare System	Medium	Final Issued
Change Control	Medium	Deferred
Digital Strategy	High	In Progress
Telephones (Civic & Guildhall)	Low/Med	Final Issued
IDEA – Extraction of Data	N/A	Final Issued
IDEA - Data Matching Exercise – NFI	N/A	Final Issued
Commercial Services		
Supplier Contracts Review	New	Final Issued
Fundamental Systems		
Payroll	High	Final Issued
Pensions Administration	High	In Progress
Accounts Receivable	High	Final Issued
Treasury Man Borrowing & Investments	Medium	Final Issued
Accounts Payable	Medium	Draft Issued
Cash	Medium/High	Final Issued
Council Tax	Medium	Final Issued
Main Accounting System	Medium	Final Issued
Contract Audits Systems		
Corporate Building & Property Services		
Construction Period Control of Contracts	Medium	In Progress
Other Departments		
Tendering, Letting and Monitoring	New	Deferred
Contract Audits		
Final Accounts	N/A	Final Issued
Financial Appraisals of Contractors	N/A	Final Issued
Cross Cutting Audits		
Gift & Hospitality Registers	Low/Med	Final Issued
Workforce Planning	New	Deferred
General Data Protection Regulations	New	Final Issued
Corporate Governance Review	New	Final Issued
Ethics & Values	New	Deferred
Miscellaneous Audits		
No planned audits		
Projects & Special Investigations		
Unpresented Cheques >£2,000	N/A	Final Issued
Development of Audit Programmes	N/A	Final Issued
Galileo Audit Management System	N/A	Final Issued
Annual Plan & Annual Report	N/A	Final Issued

INTERNAL AUDIT ANNUAL PLAN 2018/19

Head of Service	Risk Rating	Progress as at 31/03/19
Health & Safety Group	N/A	Final Issued
Recommendations Tracker	N/A	Final Issued
Follow Ups	N/A	Final Issued
P Card Review of Purchases	N/A	Final Issued

Report of the Chief Auditor

Audit Committee – 11 June 2019

Audit Committee – Action Tracker

Purpose:	This report details the actions recorded by the Audit Committee and response to the actions.
Report Author:	Simon Cockings
Finance Officer:	Simon Cockings
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar
For Information	

1. Introduction

1.1 During the course of Audit Committee meetings various actions may be decided which are recorded on the minutes of the meetings.

1.2 As agreed in 2016/17 an Action Tracker process was put in place to ensure transparency over the outcomes of actions agreed by Committee.

1.3 The Action Tracker records the actions agreed by the Audit Committee and provides an outcome for each action.

1.4 The Action Tracker for the 2017/18 and 2018/19 municipal years are attached in Appendix 1 and 2.

1.5 The Action Tracker is regularly updated and any completed actions will be marked 'CLOSED' and coloured in grey.

1.6 The Action Tracker is reported to each Audit Committee meeting for information.

2.   Equality and Engagement Implications

2.1   The Council is subject to the Public Sector Equality Duty (Wales) and must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Our Equality Impact Assessment process ensures that we have paid due regard to the above.

2.2   There are no equality and engagement implications associated with this report.

3.   Financial Implications

3.1   There are no financial implications associated with this report.

4.   Legal Implications

4.1   There are no legal implications associated with this report

Background Papers: None

Appendix 1 – Action Tracker 2018/19
Appendix 2 – Action Tracker 2017/18 (Closed actions removed)

AUDIT COMMITTEE ACTION TRACKER 2018/19	
Action	**Outcome**
09/04/19 Min 86 – Wales Audit Office 2019 CCS Audit Plan	
WAO is to provide an update report on performance work and also any issues from the assurance and risk assessment scoping exercise in the next Municipal year.	
09/07/19 Min 89 – Revenue and Capital Budget Monitoring	
Revenue and Capital budget monitoring is to be a regular item on future Committee agendas.	
12/02/19 Min 74 – WAO Proposals for Improvement Report	
Appendix A to the report is to be distributed to the Committee Members by the Strategic Delivery & Performance Manager.	Sent to Members on 29/03/19 - CLOSED
12/02/19 Min 75 – Overview of the Status of Risk Report Q3 2018/19	
The Strategic Delivery & Performance Manager to report back on the percentage of staff who have completed Health & Safety training.	Sent to Members on 29/03/19 - CLOSED
The Strategic Delivery & Performance Manager is to report when the annual report on regional working identified in CR101 will be reported to Council.	Sent to Members on 29/03/19 - CLOSED
12/02/19 Min 76 – WAO Audit Committee Update Report February 2019	
The WAO Assurance and Risk Assessment Review be reported to the next scheduled meeting in April.	Chair has discussed this with WAO. No longer required. CLOSED
12/02/19 Min 77 – Internal Audit Monitoring Report Q3 2018/19	
A review of the DBS Protocols is to be included in the 2019/20 Audit Plan.	The DBS Audit had already been included in the proposed Internal Audit Plan for 2019/20. CLOSED
The Chief Auditor investigates the DBS protocols and procedures, particularly in schools / cleaning services.	Explanatory briefing report was requested from the Service Centre Helpdesk & DBS/SCW Manager outlining the DBS protocols, procedures and controls. Reported to Committee in April. - CLOSED
The Chef Auditor is to provide feedback on the results of the follow up audit undertaken on the Cleaning Services audit.	Follow up completed. Feedback provided at the April meeting. - CLOSED
12/02/19 Min 78 – Internal Audit Plan Methodology Report	
The Assurance Map is to be revised to reflect comments made by the Chair where appropriate and also responses received from CMT and Risk Managers. MAP is also to be updated to reflect the fact that periodic budget variation reports have not been presented to the Committee to date. (Note the first report is due at the April meeting and are included in the 2019/20 workplan).	An updated Assurance Map provided at the April meeting as an appendix to the Audit Plan 2019/20. - CLOSED
12/02/19 Min 79 – WAO Reports	
Scrutiny are to ensure any reports presented to Audit Committee for information after they have been presented to Scrutiny include an explanatory cover report.	Scrutiny/ Corporate Performance Manager have been made aware of this request for future reports. CLOSED
12/02/19 Min 80 – Audit Committee Action Tracker Report	

An update to be provided regarding the progress of Procurement Team providing dedicated support to schools. Note that the updated catalogue for schools was scheduled to be reported to Committee in April.	As per Head of Commercial Services 06/03/19: The Procurement Service / Commercial Services have engaged with Schools to provide an enhanced procurement service for all Schools (which was requested). However, due to the nature of the funding system and 'delegated budgets' Schools would then have to pay for this service, but Schools have not decided to do so - discussions are on-going on this matter and it is hoped that it can be resolved, but funding is the key issue. The Director of Education, Nick Williams, noted some months ago that there may have been grant funding available to offset Schools' costs and help facilitate a way forward, but the Education Service's Head of Funding and Information Unit has since confirmed that the Welsh Government funding will be allocated toward a different priority. A list of contracts was provided to Schools last year for their review and to the Audit committee at its last request. The contract list provided for Schools is the corporate contract list – in order to use one or more of the contracts Schools would need to contact the procurement team as these are central contracts that affect many departments and so we would not allow different parts of the organisation to access them directly without overview and an assessment of appropriateness (this is normal practice that applies to all Council departments and Services). Schools are no longer waiting for an updated catalogue, discussions are now in relation to the provision and financing of a more intensive support function. -CLOSED
An update to be provided on the use of supply / agency staff by schools and establishing the spend against supply / agency costs.	Principal Finance Partner for Schools agreed to provide this information via the PSO's. Information has been received. Chair has requested a report from Head of Commercial Services in relation to Supply Procurement.
12/02/19 Min 81 – Audit Committee Workplan	
Trusts and Charities, Treasury Management and Budget Variation reports are to be added to the Audit Committee Workplan.	These have been included in the draft workplan for 2019/20. CLOSED
11/12/18 Min 57 – Wales Audit Office Annual Audit Letter	
The Committee is to be updated regarding budget variations.	See also Min 51 on 09/10/18 – this will be addressed in the budget monitoring reports that will be brought to Committee. First report due at April meeting, and included in the 2019/20 workplan. -CLOSED
11/12/18 Min 59 – Overview of the Overall Status of Risk – Quarter 2 2018/19	
A Risk Report be provided to every scheduled Audit Committee. The Risk Report must include Budget / Sustainable Swansea, City Deal / City Centre and Brexit.	Q3 Risk Report presented to committee on 12/02/18 includes details on the risks as requested. The Strategic Delivery & Performance Manager will also provide details of these risks to Committee at each meeting. CLOSED
The contents of the Risk Register requires enhancement.	Currently under review.

11/12/18 Min 61 – Trusts and Charities	
A progress report in relation to the Trusts and Charities to be presented to a future Audit Committee meeting.	Deputy Chief Finance and Deputy 151 Officer informed. Has been added to the Audit Committee Workplan. CLOSED
11/12/18 Min 62 – Treasury Management Annual Report 2017/18	
Regular Treasury Management updates are to be provided to the Committee.	Deputy Chief Finance and Deputy 151 Officer informed. Has been added to the Audit Committee Workplan. CLOSED
11/12/18 Min 67 – Internal and External Audit Recommendation Follow Up Process	
Wales Audit Office reports received by Scrutiny Programme Committee also be reported to Audit Committee for information only.	Reports will be presented to Audit Committee after they have been presented to Scrutiny Committee. Process now in place. CLOSED
11/12/18 Min 68 – Internal Audit Annual Plan 2018/19 Monitoring Report	
The Chair to be provided with sight of the 29 completed audits in quarter 2.	Reports have been sent to the Chair as requested. CLOSED
09/10/18 Min 47 – Internal Audit Monitoring Report	
The Interim Head of Digital & Transformation Services is to provide an update on the ICT Disaster Recovery Audit in Q3.	The Interim Head of Digital & Transformation attend the December Audit Committee to provide an update on the Disaster Recovery Audit. CLOSED
09/10/18 Min 50 – Annual Report of School Audits 2017/18	
Education/Procurement to provide the Audit Committee with the finalised catalogue for use by Schools to purchase supplies within 3 months.	Update from the Head of Commercial Services on 22/01/19. Schools received a copy of the long-list of corporate contracts available to them last year. However, a number of subsequent issues / discussions have arisen on this matter as Schools now want an enhanced / more supportive Procurement Service provided to them. Discussions are continuing with a view to resolving this matter, particularly in relation to funding an enhanced service. Update 06/03/19 – No longer applies, please see narrative in Min 80 12/02/19. - CLOSED
09/10/18 Min 51 – WAO Annual Improvement Report 2017/18	
The Wales Audit Office updates the Committee regarding how the Council monitors and makes best use of recommendations from the National Shared Learning Agenda.	WAO provides Committee with regular work programme updates which includes reference to reports and the expected timeline for publication. Committee is responsible for following up how Officers respond to recommendations made. CLOSED
The Chief Finance Officer be requested to report future budget variations to the Committee.	The three regular in year budget monitoring reports will in future be routinely brought to Audit Committee. CLOSED
09/10/18 Min 52 – WAO Update October 2018	
Details were provided in relation to the Financial, Pension Fund and Performance Audit work. The Committee highlighted the amount of bureaucracy that existed and the potential cost to the WAO. The potential cost of the bureaucracy to be highlighted to the Auditor General.	WAO have provided the requested feedback to the Auditor general. CLOSED
09/10/18 Min 54 – Audit Committee Workplan	
The Trusts & Charities Update to be reported to the next scheduled meeting in December.	The update report was presented to Committee at the December meeting. CLOSED
An Officer be requested to accompany the Chair and Vice-Chair to the Cardiff Audit Committee meeting on the 13/11/18.	The Chair, Vice Chair and Chief Auditor attended Cardiff Audit Committee meeting on 13/11/18. CLOSED
14/08/18 Min 31 – Draft Audit Committee Annual Report 2017/18	

The Annual Report, with the suggested amendments in relation to the narrative in paragraph 9.4 (Risk Registers) be approved and presented to a future meeting of the Council	Suggested amendments were made to the Draft report, with the revised version being circulated to Members. The final report was presented to Council on 25/10/18. CLOSED
14/08/18 Min 32 – Audit Committee Performance Review 2017/18 Action Plan	
The approved action plan should be appended to the Audit Committee Workplan for the September and December meetings.	The approved Action Plan will be appended to the workplan at these meetings as requested to track implementation of the agreed actions. CLOSED
14/08/18 Min 33 – Internal Audit Annual Report 2017/18	
The Chief Auditor to raise the need for a refresh of the PI's through the Welsh Chief Auditors Group. Chair requested that future year's Internal Audit Plans include reference to the Council's corporate priorities.	Next Welsh Chief Auditors Group meeting is due to take place at the end of October – PI's will be raised as an agenda item. PI's were raised at the meeting on 19/10/18 and the group is working to review these. CLOSED Consideration will be given to reference the Council's corporate priorities in the 2019/20 Audit Plan. CLOSED
17/07/18 Min 20 – Draft Annual Governance Statement 2017/18	
The Chair and Head of Legal, Democratic Services & Business Intelligence discuss amendments to the Annual Governance Statement (AGS) 2017/18. An amended version it to be circulated to Audit Committee. A special meeting should be called to approve the amended version if necessary.	Amended version of the AGS was distributed to Members on the 13/08/18. A special meeting was held on the 23/08/18 to review and discuss the amendments and to approve the AGS. - CLOSED
The Chair is to discuss the term 'sustainable savings' in the AGS with the Head of Financial Services & Service Centre.	The term 'Sustainable Savings' remains unchanged in the final version of the AGS. - CLOSED
17/07/18 Min 20 – Draft Statement of Accounts 2017/18	
A briefing note is to be provided to the Committee on the position of Charitable Trust Funds to provide clarity on why they are not included in the Statement of Accounts.	Chief Treasury & Technical Officer has been informed of this request. Report presented to Committee on 11/12/18. CLOSED
26/06/18 Min 17 – Audit Committee Review of Performance 2017/18	
The Chair meets the Chief Executive to discuss the impact of the 31 high level risks identified and how the Authority is managing those risks.	The Chair is due to meet with the Chief Executive and The Chief Finance Officer on the 28/09/18. Chair met with the Chief Executive and Chief Finance Officer on 28/09/18. CLOSED
The Committee resolved to attend an Audit Committee of another public body. Mid and West Wales Fire Authority was proposed and agreed. It was also proposed that the Chair and Vice Chair visit an Audit Committee of another Local Authority, with RCT CBC being proposed.	Arrangements are being made for the Chair and Vice Chair to attend a committee meeting at Cardiff Council. Visit took place 13/11/18. CLOSED
12/06/18 Min 5 – Internal Audit Monitoring Report Quarter 4 2017/18	
Deferred audits relating to governance and risk to be undertaken in Q1 or Q2 2018/19.	Committee have already been made aware that these two audits have been prioritised in Q1 & Q2. Both audits were started in Q1 and are underway. Results will be reported back to Committee via the Quarterly Report in due course. Audits were finalised early in Q3, with both audits receiving a Substantial level of assurance. A summary of the key points from the audits has been included in the Q2 monitoring report for information. - CLOSED

GDPR should be added to the 2018/19 audit programme and the Committee should be advised if the Council is GDPR compliant.	GDPR was already included on the 2018/19 audit programme following the consultation exercise and review of risk registers to inform the planning of the 18/19 audit plan. This has also been prioritised in Q1. Results of the audit will be reported back to Committee via the Quarterly Report in due course. The audit was finalised early in Q3 with a Substantial level of assurance, concluding that the Authority is broadly compliant with the principal changes to legislation that were introduced as part of GDPR introduction, but some recommendations for improvement were made as a result of the review. - CLOSED
12/06/18 Min 6 – Social Care Contracts Audit	
An update on the progress made in addressing the issues identified should be provided to Audit Committee at a later date.	Following meeting on the 14/08/18 at Committee's request, a representative from department attended the December committee meeting to provide an update. Further update provided at the April 2019 meeting. –CLOSED
12/06/18 Min 9 – 2016/17 Performance Review Update Report	
The Performance Review 2016/17 update report is to be discussed at the Special Audit Committee scheduled to take place on 26/06/18.	Issues identified were discussed and covered as part of the Performance Review on 26/06/18. CLOSED
12/06/18 Min 12 – Overall Status of Risk Report Q4 2017/18	
The Strategic Delivery & Performance Manager provides the Chair with access to the Risk Register.	Corporate risks are now included in the public reports pack to Audit Committee and ICT are working on developing a new ICT based Risk Management System to replace the existing one. – CLOSED

AUDIT COMMITTEE ACTION TRACKER 2017/18	
Action	**Outcome**
08/03/18 Min 68 – Amendments to Contract Procedure Rules	
Once the amendments to the Contract Procedure Rules have been finalised, a copy should be forwarded to all Schools' Governing Bodies to make them aware of the changes. Schools are also to be requested to ensure the amended CPRs are included as an agenda item on the next Finance Committee and Building/Property Committee Meeting.	Amended Contract Procedure Rules are currently going through a consultation process. Chief Auditor discussed proposed amendments with Head of Commercial Services on 30/07/18. Update from Head of Commercial Services 17/05/19 – The proposed changes to the Contract Rules have been agreed in principle; there has also been additional dialogue regarding other parts of the Constitution (which impact on the award of contracts) to ensure coherence with the new rules, resulting in some further / consequential changes which again have been agreed in principle. The document has been submitted to our Democratic Services team who will now take the revised rules to the Council's 'Constitutional Working Group' and then to full Council for sign-off, so hopefully all will completed soon. Once sign-off process is complete the amended version will be provided.

Report of the Chief Auditor

Audit Committee – 11 June 2019

Audit Committee – Workplan 2019/20

Purpose:	This report details the Audit Committee Workplan to May 2020
Report Author:	Simon Cockings
Finance Officer:	Simon Cockings
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar
FOR INFORMATION	

1. Introduction

1.1 The Audit Committee's Workplan to May 2020 is attached in Appendix 1 for information.

1.2 The dates included for the meetings in 2019/20 were approved by Council on 28/03/19.

2. Equality and Engagement Implications

2.1 The Council is subject to the Public Sector Equality Duty (Wales) and must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Our Equality Impact Assessment process ensures that we have paid due regard to the above.

2.2 There are no equality and engagement implications associated with this report.

3. Financial Implications

3.1 There are no financial implications associated with this report.

4. Legal Implications

4.1 There are no legal implications associated with this report.

Background Papers: None

Appendix 1 – Audit Committee Workplan 2019/20
Appendix 2 – Audit Committee Statement of Purpose
Appendix 3 – Performance Review 2017/18 Action Plan

Terms of Reference	11 June 2019	13 August 2019	8 October 2019	10 December 2019	11 February 2020	14 April 2020
Training	Audit Committee Initial Training	Financial Management & Accounting Risk Management Governance	External Audit	Internal Audit	Counter Fraud	
Governance and Assurance	Election of Chair & Vice Chair Audit Committee Training Programme 2019/20 Audit Committee Terms of Reference	Draft Audit Committee Annual Report 2018/19 Audit Committee Review of Performance 2018/19 Action Plan - Draft Draft Annual Governance Statement	Chair of Scrutiny Programme Committee AC Performance Review 18/19 Action Plan Update	AC Performance Review 18/19 Action Plan Update	AC Performance Review 18/19 Action Plan Update	AC Performance Review 18/19 Action Plan Update
Internal Audit	Internal Audit Annual Plan 2018/19 - Monitoring Report for the Period 1 January 2019 to 31 March 2019 Service Centre - Accounts Receivable - Update at May 2019	Internal Audit Annual Report 2018/19 Internal Audit Monitoring Report Q1 2019/20 Tracker Report (for both IA and EA recommendations)	Annual Report of School Audits 2018/19 Chief Education Officer response to Schools Audit Report	Internal Audit Monitoring Report Q2 2019/20 Recommendation Tracker Report 2018/19 (for both IA and EA recommendations)	Internal Audit Monitoring Report Q3 2019/20 Internal Audit Annual Plan Methodology Report 2019/20	Internal Audit Charter 2020/21 Internal Audit Annual Plan 2020/21 Social Care Contracts Update
Risk Management & Performance	Overview of the Overall Status of Risk Report Q4 2018/19 Corporate Risk Policy & Framework	Overview of the Overall Status of Risk Report Q1 2019/20 WAO Proposals for Improvement Report – Six Month Update WAO Local Government Use of Data Report – CCS	Performance management framework Partnership performance	Overview of the Overall Status of Risk Report Q2 2019/20 Digital Strategy – progress and performance	WAO Proposals for Improvement Report – Six Month Update Overview of the Overall Status of Risk Report Q3 2019/20	Local Government Use of Data Report - CCS
Counter Fraud			Corporate Fraud Annual Report 2018/19			Corporate Fraud Annual Plan 2020/21
Operational matters / key risks		Update on Internal Control Environment (incl risk management) – Director of Place	Update on Internal Control Environment (incl risk management) – Director of Education	Update on Internal Control Environment (incl risk management) – Director of Social Services	Update on Internal Control Environment (incl risk management) – Deputy Chief Executive and Director of Resources	

External Audit	Wales Audit Office Recommendations Following Review of Audit Committee Effectiveness		WAO ISA 260 Report 2018/19 – CCS WAO ISA 260 Report 2018/19 – Pension Fund	WAO Annual Audit Letter 2017/18	WAO Grants Report 2017/18	Audit Committee Review of Performance 2018/19 WAO Annual Audit Plan 2018/19 CCS & Pension Fund
Financial Reporting		Draft Statement of Accounts 2018/19 – CCS & Pension Fund Letters of Representation 2018/19 CCS & Pension Fund	Budget Report Treasury Management Strategy Report & Mid-Year Update Treasury Management	Budget Report Review of Reserves Report Trusts & Charities Report 2018/19 Treasury Management Annual Report 2018/19		Budget Report

Note: Audit Committee Action Tracker Report and Audit Committee Workplan will be included as agenda items at each meeting. An update from WAO will also be on the agenda for each meeting.

Special meeting will be needed between June and August for the AC Performance Review 2018/19 facilitated by WAO.

Reports Carried Over to 2020-2021 Municipal Year

Terms of Reference	Report Title
Risk Management & Performance	Overview of the Overall Status of Risk Report Q4 2019/20

<u>**Audit Committee Statement of Purpose**</u>
1. Our audit committee is a key component of the City and County of Swansea's corporate governance. It provides an independent and high level focus on the audit, assurance and reporting arrangements that underpin good governance and financial standards.

2. The purpose of our audit committee is to provide independent assurance to the members of the adequacy of the risk management framework and the internal control environment. It provides independent review of the City and County of Swansea's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal audit and external audit, helping to ensure efficient and effective assurance arrangements are in place.

Governance, Risk and Control
3. To review the Council's corporate governance arrangements against the good governance framework and consider annual governance reports and assurances.

4. To review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances.

5. To consider the Council's arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.

6. To consider the Council's framework of assurance and ensure that it adequately addresses the risks and priorities of the council.

7. To monitor the effective development and operation of risk management in the Council.

8. To monitor progress in addressing risk related issues reported to the committee.

9. To consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.

10. To review the assessment of fraud risks and potential harm to the Council from fraud and corruption.

11. To monitor the counter fraud strategy, actions and resources.

Internal Audit and External Audit
12. To approve the internal audit charter and resources.

13. To consider the head of internal audit's annual report and opinion, and a summary of internal audit activity (actual and proposed) and the level of assurance it can give over the Council's corporate governance arrangements.

14 To consider summaries of specific internal audit reports as requested.

15. To consider reports dealing with the management and performance of the providers of internal audit services.

16. To consider a report from internal audit on agreed recommendations not implemented within a reasonable timescale.

17. To consider the external auditor's annual letter, relevant reports, and the report to those charged with governance.

18. To consider specific reports as agreed with the external auditor.

19. To comment on the scope and depth of external audit work and to ensure it gives value for money.

20. To commission work from internal and external audit.

Financial Reporting
21. To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the Council.

22. To consider the external auditor's report to those charged with governance on issues arising from the audit of the accounts.

Accountability Arrangements
23. To report to full Council on a regular basis on the committee's performance in relation to the terms of reference and the effectiveness of the committee is meeting its purpose.

Note: Audit Committee Statement of Purpose extracted from the Council Constitution (31.01.18).

KEY FINDINGS & PROPOSED ACTON PLAN
AUDIT COMMITTEE PERFORMANCE REVIEW 2017/18

Key Finding	Proposed Actions	Target Date	Progress Update 30/04/19
Assurance Framework – The Audit Committee needs clarity on the Council's Assurance Framework.	Audit Committee to be provided with a report that outlines the governance and assurance arrangements operating across the Council. **Lead Office: Chief Executive**	September 2018	**Complete** Presentation by the Deputy Chief Executive to Audit Committee covering Governance Framework was provided on 09/04/19.
Risk Register – The Audit Committee needs to see the detail behind the Corporate Risk Register.	Corporate Risk Register to be reported to Audit Committee at future meetings. **Lead Officer: Strategic Delivery & Performance Manager**	August 2018	**Complete** Committee received register details on 14/08/18.
Annual Governance Statement (AGS) – The Audit Committee would like to see the AGS separated from the Annual Accounts and a draft copy sent to them for comment prior to approval.	Annual Governance Statement received at the July 2018 meeting and comments made by members. The Chair also met with Officers after the meeting to highlight further queries. The Annual Governance Statement to be brought back to Audit Committee as a second draft. **Lead Officer: Head of Legal, Democratic Services & Business Intelligence**	September 2018	**Complete** AGS was presented to Committee separated from the Annual Accounts on 17/17/18. Amended version was distributed to Members on 13/08/18. Special Meeting was arranged to discuss and approve final amended version of the AGS on 23/08/18.
Benchmarking – The Chair has provided benchmarking detail to Internal Audit (from other Councils) but there are no plans to visit and meet with other Audit Committees: i) Consider how to best use this benchmarking information. ii) Consider visits to other audit committees to search for good practice.	The Corporate Management Team will consider this further and update the Audit Committee. The Chair has asked for arrangements to be made to visit Cardiff Audit Committee. **Lead Officer: Head of Democratic Services**	December 2018 September 2018	**Ongoing** **Completed** Visit took place 13/11/18 – Chair, Vice Chair and Chief Auditor attended.

Key Finding	Proposed Actions	Target Date	Progress Update 30/04/19
Council Objectives – The Audit Committee would like to see the amount of over-run and deferred audits to be included in the AGS.	As noted above comments and queries will be progressed/actioned by the Head of Legal, Democratic Services & Business Intelligence and the Governance Group. **Lead Officer: Head of Legal, Democratic Services & Business Intelligence**	September 2018	**Complete** Amended version of the AGS included commentary to reflect this, as approved by Committee on 23/08/18.
Partnerships – Review the mechanisms for assessing and scrutinising the risk associated with partnerships.	Audit Committee to be provided with a report that outlines the mechanisms for assessing and scrutinising the risks associated with partnerships. **Lead Officer: Chief Executive / Head of Legal, Democratic Services & Business Intelligence.**	December 2018	**Ongoing**
Reporting – produce a programme of expected external reports for Audit Committee to receive.	Known expected external reports will be added to the Audit Committee Work Programme. **Lead Officer: Strategic Delivery & Performance Manager.**	December 2018	**Complete** Reports will be added to the Audit Committee agenda for information as they arise.
Recommendations – produce a tracker for the recommendations that arise from the work of internal and external audit so that Audit Committee can effectively monitor progress.	Tracker for recommendations to be developed that will capture internal and external recommendations. To be discussed with Chief Auditor and Chief Finance Officer. **Lead Officer: Chief Auditor, Chief Finance Officer**	December 2018	**Complete** Report provided to Committee outlining the method of tracking internal and external audit recommendations on 11/12/18.

Key Finding	Proposed Actions	Target Date	Progress Update 30/04/19
Wales Audit Office (WAO) escalation process – clarify the process the WAO uses to escalate actions when recommendations have not been completed.	WAO to explain the process at the next Audit Committee Meeting. Lead: Wales Audit Office	September 2018	WAO Response received 22/08/18 for discussion: **There is no formal process as such. The process is to agree actions with service managers and directors. If we have any problems with agreement or progress we will escalate to the Chief Executive. If we still have issues we will then raise with the Audit Committee Chair Audit Committee.**
Meeting with WAO – consider who should attend meetings with the WAO as external auditor (just the Chair or the whole committee).	To be discussed by Committee. Lead: Chair of the Audit Committee	September 2018	WAO Response received 22/08/18 for discussion: **This is a decision for the Audit Committee although as a minimum we would expect at least an annual meeting with the Chair. We are happy to meet the Chair and the Committee or a combination of both during the year. As per comment above, if we feel it is necessary we will request an ad hoc meeting with the Chair or the full Audit Committee.**

Audit Committee – Terms of Reference

Statement of Purpose

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