

Hinckley and Bosworth Borough Council

Planning Enforcement Internal Audit report

February 2020

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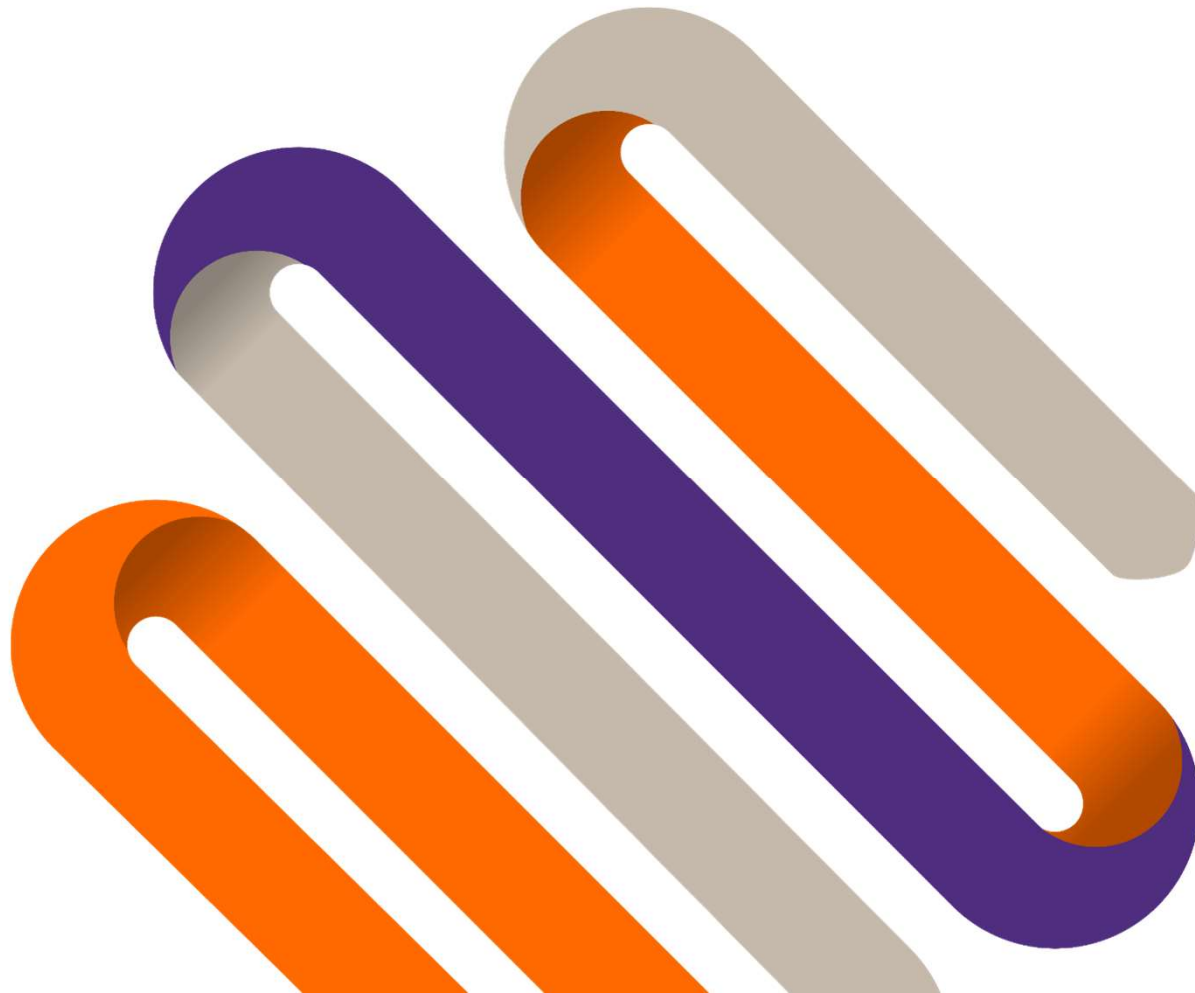
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Report distribution:

For action:

- Planning Management staff

Responsible Executives:

- Director (Environment and Planning)

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It is the responsibility solely of the Council's management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.

Executive Summary

Background

An audit of the planning enforcement processes was undertaken as part of the approved internal audit plan for 2019/20.

Planning enforcement is a discretionary function of the council, which is part of the Council's planning department. The service supports the Council meeting its corporate priorities under 'Places'; Protecting the Environment.

The Planning Enforcement Team at Hinckley and Bosworth Borough Council investigates alleged breaches of planning control, including:

- Breaches of planning conditions
- Unauthorised changes of use of buildings and land
- Unauthorised development

The statutory basis for planning enforcement action is contained in the Town and Country Planning Act 1990 and the Listed Buildings and Conservation Areas Act 1991.

The work of the department is mainly reactive in response to enquiries and complaints received.

The performance of planning enforcement is measured against a series of timeline based indicators. Key stages of the process are dated and documented using the Uniform database and accompanying file management software.

The enforcement team is not currently operating at full capacity. There are currently four FTE posts: Team leader, Senior Enforcement Officer and two Career Grade Enforcement Officers. There is also administrative support provided to the team but this is a generic role which serves the whole of the development management team. Consultants are currently covering both the Team Leader and Senior Enforcement Officer roles and will be in post for an extended period until 4/7/2020 due to unsuccessful recruiting drives last year. Currently there is only one permanent member of the team in the Enforcement Assistant role (Career Grade). A further recruitment drive is scheduled for 2020 to try to recruit full time permanent officers to the three vacant positions. The Team Leader's job description includes a number of activities designed to review and improve current working practices but we understand that the present vacancies mean that these activities have been delayed by a need to manage workload pressures within the team.

Objectives

The objective of the review was to provide an independent assessment of the arrangements in place to ensure the council responds appropriately to potential breaches of planning regulations. The review focused on the following key risks:

- There are not clear policies and procedures in place for planning enforcement
- Inadequate records are kept to demonstrate that work has been undertaken in line with procedures
- Management does not receive adequate or timely information to be assured that work undertaken is in line with the agreed timetables and procedures
- Complaints and enquiries are not dealt with in a timely way or properly investigated in line with procedures

.We achieved these aims by;

- Reviewing the Council's policies and procedures for Planning Enforcement
- Assessing whether management reporting arrangements provide assurance that work is being undertaken in line with agreed procedures.
- Testing whether enquiries and complaints received are prioritised and investigated in accordance with set targets

Limitations in scope

Please note that our conclusion is limited by scope. Our findings and conclusions will be limited to the risks outlined above. The scope of this audit does not allow us to provide an independent assessment of all risks and across the entire debt recovery process.

Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing. Please note that there is a risk that our findings and conclusions based on the sample may differ from the findings and conclusions we would reach if we tested the entire population from which the sample is taken.

This report does not constitute an assurance engagement as set out under ISAE 3000.

Executive Summary

Conclusion

Significant assurance with some improvement required

We have reviewed the Council's processes and controls around Planning Enforcement. The controls tested are set out in our Audit Planning Brief.

We have concluded that the processes **Significant assurance with some improvement required** to the Committee.

Good practice

1. The Enforcement Team has been operating with three officers since February 2019 with the Team Leader covering team management as well as an ongoing caseload. From February 2019 to August 2019 there were two permanent members of staff however the resignation of the enforcement officer has resulted in the team having two consultants in post covering the team leader, senior enforcement officer and career grade enforcement officer roles. Despite this a good quality service is being maintained with the team dealing with complaints in a timely manner.
2. The Council has a published protocol which is readily available to external parties and clearly sets out expectations for the service.
3. There are sound arrangements place for monitoring and reporting performance. Members have the opportunity to understand, challenge and review performance through the Finance and Performance committee and planning committee periodic reporting.
4. Performance data is collated and feeds into the performance management system 'TENS' which is regularly considered by management and performance and actions taken challenged.

Areas for development

1. The published Planning Enforcement Protocol is out of date and is not consistent in all areas with procedures in place.
2. There a lack of segregation of duties relating to the closure of planning enforcement cases.
3. It should be ensured that correspondence with complainants is documented on file at all key decision points, particularly where it is decided that there is a breach and a course of action is to be taken.

Recommendations

Based on our findings, we have raised 1 medium level recommendation, 2 low level recommendations and 1 improvement level recommendation to address the weaknesses identified.

	High	Med	Low	Imp
Detailed findings	-	1	2	1

Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.

Key Findings & Recommendations

Process risk	Description
There are not clear policies and procedures in place for planning enforcement	<p>We have reviewed the Council's planning enforcement protocol for appropriateness and completeness. We then used this to form our discussions with the Planning Manager and Team Leader and as a basis to walk through the key controls and gain an understanding of processes in place.</p> <p>The Council has produced a comprehensive protocol for planning enforcement which clearly details the key processes in place, sets out time based performance targets, makes reference to relevant legislation and provides information on decision making and prioritisation of cases.</p> <ul style="list-style-type: none"> ▪ Key stages of the planning enforcement process are recorded and documented using the 'uniform' database and 'anite' file management software. These are monitored regularly by management. Key decisions are signed off by management before proceeding and formal correspondence is autogenerated to avoid human error. Software requires user login and authorising access to close files is only given to senior officers. ▪ The enforcement team has a departmental inbox into which allegations are received. It is our understanding that this is managed on a daily basis by the team leader and the process is that complaints are either responded to immediately or the administration officer opens an investigation, acknowledges the complainant of its receipt and allocates it to an enforcement officer (as assigned by the team leader). ▪ Complaints are acknowledged within 3 days of receipt via an autogenerated letter which is sent to the complainant and documented on Uniform. ▪ A history check is carried out on the property to which the allegation refers and if required a site visit is carried out within 1 working day for high priority cases (illegal works) and 7 working days for all other cases. Site photos and details are documented in Uniform. ▪ Following initial investigation (which may require further site visits) a decision is made as to whether there is: no breach, there is a breach but it is not expedient to take action or there is a breach and a course of action must be taken. For cases which there is no breach or it is not expedient the case file is closed within 14 working days. For cases where it is decided there is a breach and further action is deemed expedient, a course of action must be logged within 21 working days. It is common practice for the complainant to be informed of the decision at this point however this is not formally documented. ▪ Following a course of action being taken there is a range of possible outcomes and timelines based on the response of the allegation property owner. As these outcomes are largely out of the authority's control, no formal performance indicators are currently in place for this part of the process. ▪ Once the case has reached its conclusion the recommending officer must prepare a report which justifies the reasons for case closure. This is then signed off by an authorising officer and the complainant is notified. The authorising officer documents the closure and reasoning in Uniform. ▪ Alongside the shadowing of more senior officers, formal training is also required through specifically identified courses appropriate to the relevant role. We viewed certification that an Enforcement Officer had attended 'Introductions to Investigations and PACE' dated 5/12/19.

Key Findings & Recommendations

Risk Area	Findings and Recommendation	Action Plan
<p>There are not clear policies and procedures in place for planning enforcement</p>	<p>Key findings</p> <ul style="list-style-type: none"> ▪ The Council has a clear published planning enforcement protocol which is readily accessible through the council website and other external search engines. This clearly sets out the enforcement process and timelines to enable customers, members of the public and other users of the service to understand the enforcement process in place at Hinkley and Bosworth Council and what outcomes they can expect. It sets out service standards which should also form the basis of performance monitoring. ▪ We noted that the protocol was drafted in 2015, and our review, discussions with management and testing indicated that some of the timelines (rather than the processes themselves) within the protocol are out of date. However there is clarity at a departmental level of the planning enforcement process and timetables because key timelines are clearly defined as performance indicators within the Council's management system (TEN), the key stages of the process are set out as documentable actions in the software used to document cases (Uniform database) and weekly/monthly reviews at case officer and management level respectively are based around these timelines and processes. ▪ Our testing demonstrated that there are appropriate arrangements in place for all new cases, from various sources, to be recorded and documented using the 'uniform' database and 'anite' file management software. We have seen that the data from these systems is used for management purposes and to feed the department and Council's performance management monitoring. ▪ Whilst the Council sets out clear expectations through the protocol, inconsistency between this and the processes followed by the department is a weakness and the protocol should be updated and republished. <p>Recommendation:</p> <p>Issue identified: The published protocol is out of date and processes and timelines followed by departmental staff are not in line with the protocol in some areas. This means that there could be a difference in expectations communicated with 'customers' and the actual arrangements in place.</p> <p>Root cause: This forms part of the team leader's ongoing performance actions but staffing issues have resulted in this being delayed until the current vacancies have been filled.</p> <p>Risk: Whilst there may be clarity within the department around procedures and timetables, this is not clearly documented and could result in different expectations between officers and users of the service.</p> <p>Recommendations: The Council updates and republishes the planning enforcement protocol, in particular the flowchart and targets stated in the Appendices, should be updated to reflect the actual targets in place.</p> <p>Overall conclusion: Whilst timetables and procedures are embedded within software, the protocol is the key document which formally sets out working procedures and policies. As the protocol is a key document and is an internal and external facing document and is out of date in some areas, including targets against which performance is monitored we consider this to be a low risk recommendation.</p>	<p>Actions: Deletion of the current Enforcement Policy and the introduction of an Enforcement Plan as recommended by the National Planning Policy Framework (NPPF). Re-evaluation of existing targets will be considered to reflect current working practices, which will form part of the Enforcement Plan.</p> <p>Responsible Officer: Sally Hames (Team Leader)/Equivalent following recruitment</p> <p>Executive Lead: Matthew Bowers (Director (Environment and Planning))</p> <p>Due date: 31/3/2021</p>

Key Findings & Recommendations

Risk Area	Findings and Recommendation	Action Plan
<p>There are not clear policies and procedures in place for planning enforcement</p>	<p>Key findings</p> <ul style="list-style-type: none"> • Key stages of the planning enforcement process are recorded and documented using the 'uniform' database and 'anite' file management software. These are monitored regularly by management. Key decisions are signed off by management before proceeding and formal correspondence is autogenerated to avoid human error. • There are appropriate controls over access to software and data through user login controls. • The protocol states before closing a case, the case officer must justify the reasons for closure and this must be signed off by the Planning Manager. The complainant is informed of closure and reasons for doing so. When a final decision is made on the case, authority to close files is only given to senior officers. • The team leader is a delegated authorising officer but is also acting as a Recommending officer, this means that she has the ability to close her own case files. We consider that this is a weakness in control as there should be segregation of duties between recommending and authorising officers. <p>Recommendations:</p> <p>Issue identified: Whilst only senior officers have authority to sign off closure of cases, some senior offices have responsibility for cases and consequently are able to sign off their own cases. A key control is that there would be an independent confirmation of decisions and sign off of cases.</p> <p>Root cause: The relatively small number of staff in the department and ongoing vacancies, means that some officers are acting as recommending and authorising officers, and thus there is no separation of duties in the task, for some cases.</p> <p>Risk: Separation of duties between recommending and authorising officers is a key control in the process and is not in place for all cases. This raises the risk of error or inappropriate decisions not being identified.</p> <p>Recommendations: All case closures should be signed off by an independent officer.</p> <p>Overall conclusion: The team leader is a delegated authorising officer but is also acting as a recommending officer, this means that she has the ability to close her own case files. We consider that this is a weakness in control as there should be segregation of duties between recommending and authorising officers. As this is a weakness in a key control, we consider that this is a medium risk recommendation</p>	<p>Actions:</p> <p>To address this current weakness control measures have been put in place whereby the Planning Manager (Development Management) will authorise closure of any of the team leader's cases.</p> <p>Responsible Officer: Nicola Smith (Planning Manager)</p> <p>Executive Lead: Matthew Bowers (Director (Environment and Planning))</p> <p>Due date: Complete</p>

Key Findings & Recommendations

Process risk	Description
Inadequate records are kept to demonstrate that work has been undertaken in line with procedures	<ul style="list-style-type: none"> ▪ Key stages of the planning enforcement process are recorded and documented using the 'uniform' database and 'anite' file management software. These are monitored regularly by management. Key decisions are signed off by management before proceeding and formal correspondence is autogenerated to avoid human error. Software requires user login and authorising access to close files is only given to senior officers.. ▪ Complaints should be acknowledged within 3 days of receipt. Their receipt and the acknowledgement letter should be documented. ▪ If required following a history check on the allegation address, a site visit should be carried out within 1 or 7 working days depending on the priority of the case. Site photos and other relevant details should be documented. ▪ Where necessary a site visit is undertaken within 1 working day for illegal works (high priority) and within 7 working days for all other cases. Following the initial investigation which may require more than 1 visit, where there is no breach or it is not considered expedient to take action (where works are de minimis or acceptable in planning terms) a decision is made within 14 working days of receipt of the complaint. Where a breach is found and further action is required a decision is made within 21 working days. ▪ The recommending officer should prepare a report stating the reasons for case closure this should be documented and an authorising officer should sign this off with confirmed reasoning. ▪ For cases which are ongoing, any updates or correspondence should be documented to ensure the file is kept up to date and it remains clear what the current situation is. <p>Summary of work</p> <ul style="list-style-type: none"> ▪ We selected a sample of 25 cases which were started in 2019. We reviewed case files within the uniform database and accompanying attachments in the anite file management system to assess whether each case had been carried out in line with the Council's protocol, whether actions were undertaken in line with the timetable and whether there was appropriate documentation of actions, evidence and decisions.

Key Findings & Recommendations

Risk Area	Findings and Recommendation
<p>Inadequate records are kept to demonstrate that work has been undertaken in line with procedures</p>	<p>Key findings:</p> <ul style="list-style-type: none"> • In 24/24 (100%) relevant cases tested, receipt of the complaint was appropriately logged and we saw evidence that the complainant was notified within the specified 3 days, above the 98% target. • In 18/20 (90%) relevant cases tested, an initial site visit was made within the specified timeframe based on priority level, slightly below the specified target of 98%. In 2/20 cases this target was not met and the reasons for this undocumented • The target of 8 weeks for feedback to a complainant following the initial assessment period specified in the protocol is out of date. Instead we tested cases against the three decision dependent performance indicators which do not appear in the protocol but are detailed in TEN performance management system: <ul style="list-style-type: none"> - In 10/10 (100%) cases where there was no breach. The case file was closed within 14 days of receipt of the complaint, above the target of 90%. - In 13/14 (93%) cases where there was a breach and it was either not expedient or expedient the case file was closed or a course of action was logged respectively within 21 days, above the specified target of 80%. - 1 case was in relation to the dismissal of an appeal following rejection of initial planning permission and so not relevant to our testing. - In all cases the decision that had been made was clearly documented. - Following discussion with the Team Leader, the complainant is normally informed of the decision that has been made following initial assessment of the case in line with protocol. However we only observed this being documented where case files had been closed due to no breach or pursuit of breach not being expedient (10/24), never where cases were ongoing due to a breach with course of action being taken. - In 3/13 samples no correspondence with the complainant regarding the decision made had been documented despite the case being closed. - We recommend that in cases where there is a breach and a course of action is to be taken, correspondence with the complainant to inform them of this should be formally documented on file. Per discussion with Team Leader, this correspondence is common practice and assurance is gained that this has taken place as part of one-to-one case update meetings. • For all cases (12/12) that were ongoing and particularly where the council was awaiting external matters it was clear to us what action was being taken to ensure progress and to expediate conclusion of the case. • As referred to earlier in the report, we also noted that in one case an officer had signed off their own case without independent review.

Key Findings & Recommendations

Risk Area	Findings and Recommendation	Action Plan
<p>Inadequate records are kept to demonstrate that work has been undertaken in line with procedures</p>	<p>Issue identified:</p> <p>When it is decided that there has been a planning enforcement breach, it is our understanding that the complainant is informed, however this has not always been documented on the file.</p> <p>Root cause: Current documentation procedures have not fully considered the importance of communicating progress with the complainant..</p> <p>Risk: Lack of documentation may lead to inefficient monitoring of communication with complainant and a subsequent increase in complaints regarding quality of service from the public. A lack of detailed documentation may also reduce the quality of information to management.</p> <p>Recommendations:</p> <p>Correspondence with complainants at all key decision points of the case should be clearly documented. This is particularly important where it has been decided that there is a breach and a course of action is to be taken.</p> <p>Overall conclusion:</p> <p>In the majority of cases where it is decided there has not been a breach or it is not expedient to pursue a breach, correspondence with the complainant has been documented as part of the case closure process. However, in cases where it has been decided that there has been a breach and a course of action is to be taken, correspondence informing the complainant of this decision has not been documented on file. Per discussion with the Team Leader, it is common practice to inform the complainant at this point in line with procedures and assurance of this is gained as part of the one-to-one case update meetings with the individual enforcement officers. Therefore we consider this to be a low risk recommendation.</p>	<p>Actions:</p> <p>a) Ensure complainants are notified of the initial outcome of the investigation and the 14 or 21 day target deadline and a record of this documented on Uniform.</p> <p>b) This procedure will form part of the updated protocol forming part of the proposed Enforcement Plan.</p> <p>Responsible Officer: Sally Hames (Team Leader)/Equivalent following recruitment</p> <p>Executive Lead: Matthew Bowers (Director (Environment and Planning))</p> <p>Due date: a) 1/4/20 b) 31/3/21</p>

Key Findings & Recommendations

Process risk	Description
Management does not receive adequate or timely information to be assured that work undertaken is in line with the agreed timetables and procedures	<p>Service performance</p> <ul style="list-style-type: none"> At a service level, Service improvement plans (SIPs) and performance indicators detailing performance against targets can be viewed by management on the Council's bespoke 'TEN' software at all times. Performance Indicators are updated monthly/quarterly depending on their nature and are available to management. Each indicator has a 'collector' who has authorisation to update. Each indicator also has an owner responsible for ensuring that the indicator performance remains up to date. A traffic light system is used to show whether there is any slippage against targets. Any amber or red indicators will be included in the quarterly report which is presented to management and members, and must be accompanied with an explanation of why the target has been missed. If indicators have not been updated sufficiently then Consultation & Improvement Officer will chase the relevant owner/head of department on a quarterly basis. As at 6/11/19 there were 5 performance indicators relating to planning enforcement, 2 at a Corporate level and 3 at a Service level: <ul style="list-style-type: none"> (LIB080i): Complaints responded to within 3 days. (LIB070iii): Complaints responded to within 7 days. (PE1): No Breach = Close file within 14 days (PE2): Not Expedient = Close file within 21 days (PE3): Breach = Course of action determined within 21 days Monthly update meetings are held between the Team Leader and each individual Enforcement Officer during which all cases are discussed and actions agreed. Monthly planning management meetings are held, during which the enforcement caseload as a whole and performance against target indicators are monitored. Planning Enforcement Report taken to planning committee quarterly, the most recent being 7 January 2020. <p>Member Review</p> <ul style="list-style-type: none"> The terms of reference of the planning committee doesn't include specific reference to planning enforcement. However, we note that a planning enforcement overview report is taken periodically, the most recent being 7 January 2020. This report provides a useful overview of ongoing cases and performance summary data for members. The 'Finance and Performance Scrutiny' committee meets on a quarterly basis. Performance indicators for all services are reported at these meeting and it provides an opportunity for members to consider and challenge service performance. We have seen that Planning enforcement information is included in this report and exceptions are considered.

Key Findings & Recommendations

Process risk	Description
Management does not receive adequate or timely information to be assured that work undertaken is in line with the agreed timetables and procedures	<ul style="list-style-type: none"> ▪ We have reviewed the report presented at the 19th August 2019 'Finance and Performance Scrutiny' meeting which was based on the data from Quarter 1 2019/20. ▪ Performance indicators where targets have changed, performance has not been provided, performance is below target or significantly above target, are highlighted. ▪ At this meeting two indicators relating to planning enforcement were raised as they were below target: <ul style="list-style-type: none"> - (LIB070iii): % enforcement complaints responded to in 7 working days (96/98%) and - (PE1): Close enforcement file within 14 days where there is no breach of planning (86.96/90%). ▪ In each case the % indicators and actual number of cases are shown as well as a brief explanation of why the targets were missed. ▪ The meeting minutes do not indicate that discussion of this underperformance specifically took place however they do indicate that the performance report was discussed and critiqued with members expressing concerns/requesting further information on certain risks/suggesting improvements to the general format and content of the report. ▪ Data is reviewed at various stages before being reported to management. <ul style="list-style-type: none"> - Monthly one to one meetings are conducted by the team leader with each individual enforcement officer. These are used to discuss each of their cases and agree actions. Immediately following these meetings the team leader will then formally confirm these agreed actions in preparation for these ongoing meetings. We observed an Enforcement Officer's case review resulting from their one-to-one meeting dated 20/11/19. - Performance data is collated by the Team Leader on a monthly basis and reviewed at monthly planning management meetings. - The planning manager is responsible for updating the performance data on the TEN system at least quarterly. - The team leader attends 3 monthly management meetings with various officers of the Planning Services Team and also attends the Council's Endeavour Tactical Meeting in which relevant senior officers and external bodies including the police and trading standards discuss community protection and enforcement concerns. We observed minutes from the 17th December management meeting which included presentation of enforcement performance monitoring and also the agenda for the 13/2/20 Endeavour Tactical Group meeting showing various enforcement related items. <p>These layered review processes provide sufficient segregation of duties for us to be comfortable that the information provided to management is accurate and timely. Our testing provides us with assurance that the underlying recording of progress on cases within the software is sufficiently reliable to provide management with reliable data on which to report to committee.</p>

Key Findings & Recommendations

Risk Area	Findings and Recommendation
<p>Management does not receive adequate or timely information to be assured that work undertaken is in line with the agreed timetables and procedures</p>	<p>Conclusions</p> <ul style="list-style-type: none">▪ We consider that there are appropriate arrangements in place for members of the Council to be appropriately informed about the key ongoing matters within planning enforcement, both in terms of key cases, and also on performance.▪ We are satisfied that there is appropriate, relevant and reliable reporting to departmental and senior management about service performance as part of the Council's TENs reporting system. Although as referred to earlier in the report, there is some discrepancy between the targets in the protocol and those being used for performance monitoring and the protocol should be updated accordingly.▪ We are satisfied that the information recorded in the underlying systems (Anite / Uniform) is accurate and there are appropriate arrangements in place for this to be fed into the TEN performance system, which is the basis of reporting to management and members. There is appropriate separation of duties in the process of reporting to management which reduces the potential for error or misreporting of performance. <p>Recommendations</p> <p>none</p>

Key Findings & Recommendations

Process risk	Description
Complaints and enquiries are not dealt with in a timely way or properly investigated in line with procedures	<p>Key stages of the planning enforcement process are recorded and documented using the 'uniform' database and 'anite' file management software. These are monitored regularly by management. Key decisions are signed off by management before proceeding and formal correspondence is autogenerated to avoid human error. Software requires user login and authorising access to close files is only given to senior officers.</p> <p>We selected a judgemental sample of 25 cases, reviewed whether each case has been carried out in line with protocol, meets specified target timeline and has been documented appropriately.</p> <ul style="list-style-type: none"> Complaints are prioritised as either high or standard, classification is based on specific types of planning breaches meaning the decision is prescriptive rather than subjective. The level of priority is recorded when the case file is setup on Uniform. Complaints should be acknowledged within 3 days of receipt. Their receipt and the acknowledgement letter should be documented. If required following a history check on the allegation address, a site visit should be carried out within 1 or 7 working days depending on the priority of the case. Site photos and other relevant details should be documented. A decision should be made within a specified timeline following receipt. Where there is no breach, the file should be closed within 14 days. Where there is a breach the file should either be closed if it is not expedient to take action or a course of action should be taken if further action is required within 21 days. The recommending officer should prepare a report stating the reasons for case closure this should be documented and an authorising officer should sign this off with confirmed reasoning. For cases which are ongoing, any updates or correspondence should be documented to ensure the file is kept up to date and it remains clear what the current situation is. The majority of cases are reactive in nature, the department's long term aim is to introduce a more proactive case load alongside this. We have discussed the current situation with management, what the scope of proactive work would look like and considered possible improvements that could be made to facilitate capacity for proactive work to take place. <p>Detailed results of sample testing and associated recommendations have been reported above (Page 9). We did not identify many cases that did not comply with the expected procedures and controls which is commendable with the level of current vacancies. However from our discussion with officers and our testing we note that the main impacts of limited staffing are separation of duties challenges, but we also note the frustration of officers to undertake proactive case work.</p> <p>The team leader has been required to take on a case role alongside the activities specified in her job role. The team leader is in place on a consultant basis and is contracted until 4/7/2020, which may negatively impact the general timeliness within which cases are currently dealt with.</p>

Key Findings & Recommendations

Risk Area	Findings and Recommendation	Action Plan
<p>Complaints and enquiries are not dealt with in a timely way or properly investigated in line with procedures</p>	<p>A key area of proactive work is liaising with large and complex building development projects to ensure compliance with regulations throughout their work. This is a common source of complaints from the public as initial planning permission can often be seen as controversial to local residents.</p> <p>In addition, planning enforcement departments are a key interface between the Council and the general public. If they can be seen to complete proactive work this can have a significant positive impact on public perception of their local authority.</p> <p>Many of the complaints investigated are non-breaches or would be more suitably directed to other departments within the Council. An analysis of closed cases in the first half of 2019 taken from Planning committee minutes 17/9/19, shows that 49% of cases closed were not planning enforcement breaches. There may be scope to better 'triage' complaints within the council in order to make the best use of planning officer time.</p> <p>We also note that recruitment within planning enforcement is a challenge nationally. Salary benchmarking completed internally has shown Hinckley and Bosworth to be competitive in this respect. However, alternative methods for attracting and retaining staff must be devised in order to improve efficiency and reduce time wastage.</p> <p>Recommendations:</p> <p>Issue identified: Limited staffing and volume of non-breach complaints has lead to lack of separation of duties in some circumstances and halted capacity to complete proactive work.</p> <p>Root cause: Staff vacancies within the department and lack of initial vetting of complaints.</p> <p>Risk: Continuation or increase of these pressures may have a significant negative impact on performance and lead to deterioration of public perception.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • An online questionnaire style complaints form could be developed to filter complaints which are obviously not planning enforcement breaches. • Where possible, contingency plans should be put in place ahead of the departure of the Team Leader and Senior Enforcement Officer in July 2020 should the Councils recruitment process be unsuccessful • Review the current roles within the team and consider having a dedicated officer who is responsible for proactive monitoring and compliance <p>Overall conclusion: The department is performing well against targets despite staffing limitations. Development of new processes is unlikely to be feasible with current vacancies, therefore we consider this to be an improvement recommendation.</p>	<p>Actions:</p> <p>Recruit to vacant posts in Spring 2020. Review outcome of recruitment process if all posts are not filled</p> <p>Investigate methods to filter standard complaints and create a self service portal on the website.</p> <p>Look at best practice examples of dealing with monitoring and compliance and in bed these in the team</p> <p>Responsible Officer:</p> <p>Nicola Smith (Planning Manager)</p> <p>Executive Lead:</p> <p>Matthew Bowers (Director (Environment and Planning))</p> <p>Due date:</p> <p>September 2020</p>

Appendices

Appendix 1 – Staff involved and documents reviewed

Staff involved

- Nicola Smith – Planning Manager
- Sally Hames – Team Leader
- Charlie Jones – Planning Enforcement Assistant

Documents reviewed

- Planning Enforcement Protocol
- Council Bodies Terms of Reference
- Planning committee report September 2019
- Performance and Risk Management Framework 1st qtr summary for 2019/20

Appendix 2 - Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Description
Significant assurance	<p>Overall, we have concluded that, in the areas examined, the risk management activities and controls are suitably designed to achieve the risk management objectives required by management.</p> <p>These activities and controls were operating with sufficient effectiveness to provide significant assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by no weaknesses in design or operation of controls and only IMPROVEMENT recommendations.</p>
Significant assurance with some improvement required	<p>Overall, we have concluded that in the areas examined, there are only minor weaknesses in the risk management activities and controls designed to achieve the risk management objectives required by management.</p> <p>Those activities and controls that we examined were operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by minor weaknesses in design or operation of controls and only LOW rated recommendations.</p>
Partial assurance with improvement required	<p>Overall, we have concluded that, in the areas examined, there are some moderate weaknesses in the risk management activities and controls designed to achieve the risk management objectives required by management.</p> <p>Those activities and controls that we examined were operating with sufficient effectiveness to provide partial assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by moderate weaknesses in design or operation of controls and one or more MEDIUM or HIGH rated recommendations.</p>
No assurance	<p>Overall, we have concluded that, in the areas examined, the risk management activities and controls are not suitably designed to achieve the risk management objectives required by management.</p> <p>Those activities and controls that we examined were not operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by significant weaknesses in design or operation of controls and several HIGH rated recommendations.</p>

Appendix 2 - Our assurance levels (cont'd)

The table below describes how we grade our audit recommendations.

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Key activity or control not designed or operating effectively ▪ Potential for fraud identified ▪ Non-compliance with key procedures / standards ▪ Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Important activity or control not designed or operating effectively ▪ Impact is contained within the department and compensating controls would detect errors ▪ Possibility for fraud exists ▪ Control failures identified but not in key controls ▪ Non-compliance with procedures / standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> ▪ Minor control design or operational weakness ▪ Minor non-compliance with procedures / standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> ▪ Information for management ▪ Control operating but not necessarily in accordance with best practice

