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Iain Phillips Chief Executive

23rd January 2007

Dear Councillor,

I hereby give you Notice that a Meeting of the POLICY AND STRATEGIC DEVELOPMENT COMMITTEE will be held in the COUNCIL CHAMBER, CIVIC CENTRE, CROOK on WEDNESDAY, 31st JANUARY 2007 at 6.00PM.

AGENDA

Page No.

- 1. Apologies for Absence.
- 2. To consider the Minutes of the last Meeting of the Committee held on 22nd November 2006, as a true record. Copies previously circulated
- 3.To consider a Risk Register update.1 9
- 4. To consider a six monthly progress report on Corporate 10 17 Development Service plan 2006/07.
- 5. To consider Data Quality Arrangements feedback 2005/06. 18 34
- 6. To consider a Strengthening Powers to tackle Anti Social 35 36 Behaviour – Consultation Paper

Yours faithfully

Rinia

Chief Executive

| Members of this Committee : | Councillors Mrs. Brown, Ferguson, Foote Wood, Gale, Grogan, Hayton, Mrs Jones*, Kay, Kingston, Laurie, Mews, Murphy*, Nevins, Perkins, Stonehouse, Townsend and Zair. | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|
| | *ex-officio, non-voting capacity. | | | | | | |

Deputy Chair : Councillor Kay

TO: All other Members of the Council for information. Management Team.

Agenda Item No. 3



POLICY AND STRATEGIC DEVELOPMENT COMMITTEE

31st JANUARY 2007

Report of the Chief Executive **RISK REGISTER UPDATE**

purpose of the report

1. To inform Members of the progress in managing the risks of the Corporate Development Unit and to provide an update on arrangements for managing partnerships risk.

background

- 2. The Service plan for the Corporate Development Unit (formerly the Management Support Unit) includes an analysis of the main risks facing the Unit. This report provides an update on the actions taken to manage and mitigate those risks.
- 3. District Councils undergo an annual Use of Resources assessment by the Audit Commission and part of this includes an assessment of how the Council manages its risks. Risk management will be reported to Members every other Committee cycle to demonstrate continuous improvement in risk management
- 4. A table of the risks facing the Corporate Development Unit and the status of each one is attached in Annex A.

managing partnership risk

- 5. As part of our arrangements for managing partnerships and to adopt recognised best practice as advocated by the Audit Commission, the Council has recently established a database of all of the partnerships with which we engage.
- 6. This database indicates that we are engaged with a total of some 133 partnerships. It is recognised that if our relationships with these partnerships are not managed effectively, then they could pose varying degrees of risk to the Council.
- 7. To mitigate this risk, a partnership evaluation tool has been obtained from the North East Centre of Excellence and the Corporate Development Unit is in the process of collecting baseline information on partnerships from across all of the Council's departments using a locally developed risk tool to feed into the evaluation toolkit.

- 8. This information will then be used to assess the relative risks associated with each partnership and those that are assessed as being highest in risk terms will be included in a programme to conduct a detailed partnership evaluation.
- 9. The toolkit is designed to allow Councils to identify the benefits that partnerships deliver to organisations such as ours and to allow us to evaluate the added value (or otherwise) that they deliver. In addition the detailed analysis will allow us to assess comparative risk as well as the value for money that each partnership delivers.
- 10. As the conduct of a detailed partnership evaluation is resource intensive it is important that we only commit to detailed assessments on those that are ranked as being highest risk. These will be incorporated into a formal rolling programme of detailed assessment and a report outlining the proposed programme will be brought to Committee when the initial partnership evaluation exercise has been completed.
- 11. In addition, Annex B shows the main partnerships that are entered into by the Unit and the principal risks associated with them along with our proposed mitigation arrangements.

conclusion

- 12. The table in Annex A shows that the Corporate Development Unit has identified its major risks and is taking action to manage those risks.
- 13. In addition the Council is conducting work on a risk-based approach to manage more effectively the risks that might be associated with the partnership arrangements with which we are currently engaged.

RECOMMENDED

It is recommended that Members note the report.

| Officer responsible for the report | Author of the report |
|------------------------------------|--|
| lain Philips | John Docherty |
| Chief Executive | Chief Officer of Corporate Development |
| Ext 304 | Ext 306 |

Agenda Item No. 4



POLICY AND STRATEGIC DEVELOPMENT COMMITTEE

31st January 2007

Report of the Chief Officer, Corporate Development SIX MONTHLY PROGRESS REPORT ON CORPORATE DEVELOPMENT SERVICE PLAN 2006/7

purpose of the report

1. To seek approval of the six monthly progress in delivering the Corporate Development Service plan 2006/7

introduction

- 2. As part of the Council's Performance Management and Service Planning processes each Department or Unit must produce a service plan each year to show how its activities support the Council's objectives.
- 3. The attached progress report (Annex C) covers the progress in delivering the Corporate Development Unit's Service Plan in support of the Council's objectives 2006/7.

conclusion

4. The progress report shows that Corporate Development is broadly on target for delivering its objectives and is continuing to work to complete the remaining tasks.

| RECOMMENDED | It is recommended that the P&SD Committee approve |
|-------------|---|
| | the Management Service Unit's Draft Service Plan |
| | 2006/7 |

| Officer responsible for the report John Docherty | Author of the report Lawrence Serewicz |
|---|---|
| Head of Management Support Unit | Policy and Partnership Manager |
| Ext 306 | Ext 311 |



POLICY & STRATEGIC DEVELOPMENT COMMITTEE

31st January 2007

Report of the Chief Executive DATA QUALITY ARRANGEMENTS FEEDBACK 2005-06

purpose of the report

1. To present for information the Council's feedback of the Data Quality Arrangements for the period of 2005-06.

background

- 2. In July 2006, the Audit Commission (AC) introduced a Key Line of Enquiry (KLOE) covering the quality of all data used for decision making in Local Authorities. This KLOE was used to assess the Council's capacity and commitment to this area of activity.
- 3. The KLOE covers four main areas of activity, these are:
- Governance and leadership;
- Policies;
- Systems and processes, and
- People and skills.
- 4. In July 2006, the Council for the first time completed a retrospective self-assessment for 2005/06 financial year.
- 5. Attached at Annex D is the Data Quality Arrangements Audit Report for 2005/06. The intention was to initially provide an overall score that would feed into the Value for Money scores, however, for 2005/06 no official score was given. At present it is still the intention to score future data quality assessments.
- 6. The Review focused on 3 areas:
- Management Arrangements;
- Completeness Check;
- Data Quality Spot Checks.

The main conclusion for each element can be found in the 'Main Conclusions' section of Annex D.

general conclusions

- 7. With regards to management arrangements the report concluded:
- Overall the Council has arrangements in place for ensuring data quality, however there are areas where arrangements could be strengthened.
- There is a lack of formal corporate arrangements in place to ensure data quality, for example there is no overall strategy for data quality. However, there are arrangements in place to produce and monitor the quality of performance information using validation proformas.
- The Council has used the data quality key lines of enquiry to identify where arrangements could be strengthened and has developed an action plan to monitor progress which is then reported to committee every 6 months.
- 8. The completeness check identified that the variances in the 6 Best Value Performance Indicators (BVPIs) and 5 additional performance indicators were within expectations or could be explained.
- 9. Four Performance Indicators (PIs) assessed as medium risk were spot checked for accuracy. Testing of the recycling and composting PIs identified some minor errors, but these did not affect the published information. The systems in place could be strengthened by mapping the process involved.

audit commission (AC) recommendations

10. From the 3 stages of assessment the AC developed 3 recommendations:

- R1 The Council should map the processes in place for calculating the recycling and composting PIs.
- R2 –The Council should ensure that the non-decent homes PI is reported at the correct date in line with the definition.
- R3-The Council should review the system in place for calculating the private sector homes vacant for more than 6 months PI to ensure the correct information is being used.

the way forward

- 11. The AC has recognised the work the Council has recently undertaken to improve our data quality arrangements and agrees that the Council has responded positively to the introduction of the key lines of enquiry for data quality management arrangements and has:
- Developed a data quality action plan against the key lines of enquiry to achieve level 3 requirements by 2008. The action plan includes the identification of training needs analysis and the development of training packages to identify skill deficiencies throughout the organisation;
- Introduced routine monitoring of progress against the action plan including 6-monthly reporting to Committee;

- Developed a data quality protocol and is currently drafting a data quality strategy. The protocol defines the Council's commitment to data sharing and the future strategy will embed this further;
- Appointed a lead member, lead officer and cross-departmental working group to implement the data quality action plan and formal procedures for all members of staff; and
- Introduced a performance indicator validation proforma which officers are required to submit with all performance indicators to the Management Support Unit. The proforma includes the definition and details the system used and evidence is attached. This is signed and agreed by the head of service. The management team works collaboratively with internal audit to audit a series of indicators defined as high risk.

RECOMMENDED

That Members note the content of the report.

| Officer responsible for the report | Author of the report |
|------------------------------------|---------------------------------|
| lain Phillips | Cheryl Duggan |
| Chief Executive | Performance Improvement Manager |
| | Ext 313 |

Agenda Item 6



POLICY AND STRATEGIC DEVELOPMENT COMMITEEE

31ST JANUARY 2007

Report of the Chief Executive **STRENGTHENING POWERS TO TACKLE ANTI-SOCIAL BEHAVIOUR – CONSULTATION PAPER HOME OFFICE NOVEMBER**

purpose of the report

1. To inform members of the contents of the above consultation paper.

background

- 2. Tackling anti-social behaviour is a government-wide endeavour. Since the launch of the anti-social behaviour strategy in 2003, the expansion of services, new legislation and the introduction of new tools and powers have transformed the landscape.
- 3. The Respect Action Plan, published in January this year, broadened the Government's approach to tackling anti-social behaviour, outlining how we will intensify efforts with a twin-track approach that balances effective enforcement with effective support.
- 4. Home Secretary John Reid has announced further new powers to crack down on anti-social behaviour and bring swift justice for the law-abiding majority. A consultation paper 'Strengthening Powers to Tackle Anti-Social Behaviour' published November 2006 and seeking responses by 6th February proposes two key new powers:
 - A Penalty Notice for Disorder designed to give teeth to informal Acceptable Behaviour Contracts. Police officers can already issue PNDs for 25 different summary offences. Police officers planning to issue a PND for example drunken behaviour will be able to suspend the financial penalty for up to six months, the maximum length for an ABC on condition that the offender signs an ABC agreeing to keep out of trouble. Failure to follow the contract would mean an instant £80 financial penalty paid by the offender (or their parent). If the ABC is adhered to, the PND will be cancelled.
 - A new Premises Closure Order for England and Wales which builds on the existing crack house closure order by widening it to include other forms of anti-social behaviour. This will include: excessive noise and rowdy behaviour with frequent drunken parties; high number of people entering and leaving a premises at all times of the day or night; anti-social residents intimidating and threatening their neighbours; or criminals running illegal businesses from their properties.

5. In addition, the Government is also seeking views on the need for other new powers for frontline police to disrupt and prevent ASB to strengthen their ability to bring immediate and lasting respite to communities. Swift and decisive action by the police enables them to nip anti-social behaviour in the bud and reduce crime. These measures will help to ensure the justice system is efficient and court time is reserved to deal with serious offenders.

RECOMMENDED

That Members endorsed the contents of the report.

| Officer responsible for the report | Author of the report |
|------------------------------------|--------------------------|
| lain Phillips | Elaine Baker |
| Chief Executive | Community Safety Manager |
| | Tel. 01388 660950 |

| | | | | KEY | | | |
|--|--------|---------|-------|---|---|---|--------------|
| | | | | Probability of happening | Severity (Impact on the Unit) | 1 | |
| | | | | 1 - Low | 1 - Low | | |
| | | | | 2 - Medium | 2 - Medium | | |
| | | | | 3 - High | 3 - High | | |
| | | | | | | RESPONSIBLE | LINK TO |
| | PROB'Y | SEVERIT | SCORE | RESPONSE | STATUS | OFFICER | COUNCIL PLAN |
| COMMUNICATIONS | | | | | | | |
| 1. Desk Top Publishing | | | | | | | |
| Risk of losing DTP skills Failure to set DTP timetable leading to missed deadlines | 1 | 1 | 1 | Train other staff | Apprentice | Marketing & Comms Manager Marketing & Comms | 7f |
| for publications | 1 | 2 | 2 2 | Effective DTP workload planning | DTP workload plan in place | Manager Marketing & Comms | 7c |
| Risk of DTP equipment failure | 1 | 1 | 1 | Regular checks and maintenance | Equipment updated January 07 | Manager Marketing & Comms | 7c |
| Risk of sending out leaflets with incorrect information | 1 | 1 | 1 | Effective document check process | implemented | Manager | 7c |
| 2. Website | | | | | | | |
| Failure to keep information up-to-date. Risk of children's photos published leading to possibility of | 1 | 1 | 1 | Regular communication with all Depts | Content Management system implemented Ongoing monitoring of | Web Site Manager | 7d |
| child being identified | 1 | 2 | > 2 | Develop website image policy | | Web Site Manager | 7d |
| Risk of public posting libelous comments on | | - | | | All additions to the Wall of | tros ene manager | |
| messageboard leading to legal action | 1 | 2 | 2 2 | | | Web Site Manager | 7d |
| messageboard reading to regar action | | | | | | Web One Manager | 70 |
| Failure to comply with priority outcomes (e-govt) | 1 | 1 | 1 | Develop local PI | C C | Web Site Manager Data Protection | 7d |
| Failure to comply with the Data Protection Act 1998 | 1 | 2 | 2 2 | Train staff | Develop Data Protection Policy | Officer | 7k |
| 3. Newsletter | | | | | | | |
| Failure to manage contract with Printing Firm correctly Failure to meet deadlines for Printing Firm/Distribution | 1 | 1 | 1 | Develop clear contract | | Marketing & Comms Manager Marketing & Comms | 7b |
| Company | 1 | 1 | 1 | Clear Newsletter timetable/schedule | produced and circulated | Manager | 7b |
| Internal Communication Lack of communicating top-down and neglecting bottom- up and across leading to insufficient dissemination of information | 2 | | 2 4 | Communications Strategy | | Marketing & Comms Manager | 7f |
| Failure to communicate important policy information | | | | Regular features in TeamTalk and | Policy database established and important changes promulgated using information | Marketing & Comms | |
| (Race Equality Scheme, etc) | 2 | 2 | 2 4 | Wear Valley Matters | database. | Manager | 7f |
| 5. External Communication Failure to coordinate external communication leading to | _ | | | | 5 | Marketing & Comms | |
| overloading the customer and loss of reputation | 2 | 2 | 4 4 | Communications Strategy | reviewed March 07 | Manager | 7b |
| 4. Corporate Identity | | | | | Branding policy to be built into | Markating & Camma | |
| Failure to set a corporate identity thus deceiving/confusing | | | | Communications Othertomy | | Marketing & Comms | |
| customers/citizens | 1 | 2 | 2 2 | Communications Strategy | strategy. | Manager | 7b |

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| | | | | Probability of happening | Severity (Impact on the Unit) | | |
|--|-------|----------|------------|------------------------------------|--------------------------------|-------------------|--------------|
| | | | | 1 - Low | 1 - Low | | |
| | | | | 2 - Medium | 2 - Medium | | |
| | | | | 3 - High | 3 - High | | |
| | | | 1 | | 3 - Flight | RESPONSIBLE | LINK TO |
| | | SEVERITY | COD | RESPONSE | STATUS | OFFICER | COUNCIL PLAN |
| | FRUDI | SEVERI | SCOR | RESPONSE | 514103 | OFFICER | COUNCIL FLAN |
| PERFORMANCE MANAGEMENT | | | | | | | |
| 1. Performance Management Framework (PMF) | | | | | | | |
| Failure to develop an adequate PMF leading to a failure to | | | | | | Performance | |
| identify and deal with poor performance, a poor CPA | | | | | Service planning guidance | Improvement | |
| score and direct Government intervention. | 1 | 3 | | Set in place annual review of PMF | reviewed and re-issued set 06 | Manager | 7g |
| | I . | | | | | 0 | . 5 |
| | | | 1 | | | Performance | |
| Risk of over-bureaucratic framework leading to decline in | | | | | | | |
| performance | 2 | 1 | 2 | 2 | continuously monitored. | Manager | 7g |
| | | | | | Staff employed with | Performance | |
| Failure to implement PMF correctly leading to a poor CPA | | | | Secure Performance Management | Performance Management | Improvement | |
| score and direct Government intervention. | 1 | 3 | 3 | skills. PMF Training programme | experience | Manager | 7g |
| 2. Performance Management System | | | | | | | |
| | | | | | Staff levels have resulted in | Performance | |
| | | | | | delay in use. New staff now in | Improvement | |
| Failure to implement PMS correctly. | 1 | 3 | i 3 | Investigate systems fully | place. | Manager | 7g |
| | | | | | | Performance | |
| | | | | Train staff and ensure staff are | new staff working on training | Improvement | |
| Risk of staff not using the system | 2 | 2 | 2 | aware of what is happening | and roll-out programme. | Manager | 7g |
| | | | | 3 | | | 5 |
| 3. Policy | | | | | | | |
| Failure to keep in touch with Government initiatives | | | 1 | Raise member awareness. Increase | Policy and Strategic | | |
| leading to missing Gov't deadlines, not complying with | - | - | | policy capacity through additional | Development Committee set | | |
| laws and regulations, missing out on funding, poor CPA | 2 | 2 | 4 | posts. Sufficient budget to attend | up. | Policy & Research | |
| score | | | | important events and seminars. | *F · | Manager | 7g |
| | | | | important ovonto and commune. | | 5 | 19 |
| Failure to update the Council Plan, taking into account | | | 1 | | | Policy & Research | |
| changes in legislation | 1 | 2 | 2 2 | Annual Review to be undertaken | Plan reviewed annually. | Manager | 7g |
| Risk of not reaching agreement over the setting up of | | | 1 | Adhere to guidance | Consultation, discussions and | | |
| Local Area Agreements | 2 | 3 | e e | | feed back sessions to be | Policy & Research | |
| | - | | | | undertaken on a routine basis | Manager | 70 |
| | | | 1 | | Performance monitored through | | 7g |
| | | | 1 | | | | |
| | | | | A | reports to Committee and | Improvement | 7 |
| Failure to meet LPSA targets | 1 | 2 | . <u> </u> | Monitor performance | COMT | Manager | 7g |

| | | | | KEY | | | |
|---|--------|----------|-------|--------------------------------------|--------------------------------|-------------|--------------|
| | | | | Probability of happening | Severity (Impact on the Unit) | | |
| | | | | 1 - Low | 1 - Low | | |
| | | | | 2 - Medium | 2 - Medium | | |
| | | | | 3 - High | 3 - High | | |
| | | | | Ĭ | | RESPONSIBLE | LINK TO |
| | PROB'Y | SEVERITY | SCORE | RESPONSE | STATUS | OFFICER | COUNCIL PLAN |
| BEST VALUE | | | | 1 | | | |
| 1. Best Value Reviews | | | | | | | |
| Failure to insufficiently carry out Best Value reviews | | | | | | Performance | |
| leading to criticism from Auditors and Government | | | | | | Improvement | |
| intervention | 1 | 2 | 2 | BVR Guidance. BV process | BVR Guidance produced | Manager | 7j |
| Failure to implement staff training after reviews leading to | | - | - | | | Performance | ., |
| insufficient skills to carry out action plan and subsequently | | | | Implementation and monitoring | | Improvement | |
| failure of action plan | 1 | 2 | | plans | Included in BVR Guidance | Manager | 7j |
| | | - | - | | | Performance | ., |
| Failure to plan review schedule correctly and therefore | | | | | Review timetables monitored by | Improvement | |
| miss key services | 1 | 1 | 1 | Plan review schedule | - | Manager | 7i |
| 2. Performance Plan | | | | | | | 1 |
| | | | | | | Performance | |
| Failure to complete Performance Plan leading to criticism | | | | | | Improvement | |
| from Auditors. | 1 | 1 | 1 | Performance Plan timetable | Target dates met | Manager | 7g |
| 3. Best Value Performance Indicators | | | | | | Ŭ | |
| | | | | | | Performance | |
| | | | | | | Improvement | |
| Risk of incorrect PIs in Performance Plan leading to : | | | | | | Manager | 7g |
| 5 | | | | | | Performance | 0 |
| | | | | Identification and Improvement plans | Quarterly report to Corporate | Improvement | |
| False impression of the Council's performance | 1 | 2 | 2 | for low scoring PI's | Management Team | Manager | 7g |
| | | | | | - | Performance | - |
| | | | | | | Improvement | |
| Poor report from Auditors | | | | | | Manager | 7g |

| | | | | KEY | | | |
|--|--------|----------|-------|------------------------------------|--------------------------------|------------------------|-------------------------|
| | | | | Probability of happening | Severity (Impact on the Unit) | | |
| | | | | 1 - Low | 1 - Low | | |
| | | | | 2 - Medium | 2 - Medium | | |
| | | | | 3 - High | 3 - High | | |
| | PROB'Y | SEVERITY | SCORE | RESPONSE | STATUS | RESPONSIBLE OFFICER | LINK TO COUNCIL PLAN |
| | | | | | | | · |
| SCRUTINY | | | | | | | |
| 1. Attendance at Scrutiny Committee meetings | | | | | | | |
| Security risk from members of the public attending | | | | | Monitoring and managing public | | |
| meetings and having access to the building | 2 | 1 | 2 | Set/Communicate clear guidelines | attendance | Scrutiny Manager | 7h |
| 2. Scrutiny Committee site visits | | | | | | | |
| Potential liability/accidents for scrutiny committee and | | | | | Monitor and manage safety | | |
| officers during site visits | 1 | 2 | 2 2 | Address corporately | | Scrutiny Manager | 7h |
| | | | | | | , <u> </u> | |
| 3. Representations to Scrutiny Committee members | | | | | | | |
| | | | | | Monitoring and managing public | | |
| Risk of members of the public disrupting meetings | 1 | 1 | 1 | Training for officers | 0 01 | Scrutiny Manager | 7h |
| | | | | | | | |
| | | | | | | | |
| COMMUNITY SAFETY | | | | | | | |
| 1. Wear and Tees Community Strategy | | | | | | | |
| Failure to deliver strategy, leading to increased crime and | | | | Regular monitoring of Strategy and | | | |
| fear of crime, loss of confidence in Council and partners. | 2 | 3 | 6 6 | action plans to deal with | | Community Safety | |
| | | | | underperformance | Community Safety partnership | Officer | 5a |
| 2. Section 17 (of the 1998 Crime and Disorder Act) | | | | | | | |
| Risk of not adhering to Section 17 in all Council decisions. | | | | Increase communication. Review | S17 training incorporated in | Community Safety | |
| Bad press and possible compensation claims. | 3 | 1 | 3 | Section 17 implications | Corporate Training programme | Officer | 5a |
| Failure to listen to and act on advice from Secured by | | | | | | | |
| Design programme leading to increased crime and | | | | Increase communication of | | Community Safety | |
| possible compensation claims. | 3 | 1 | 3 | programme. | Improvements being delivered | Officer | 5a |
| | | | | | | | |
| ADMINISTRATION | | | | | | | |
| 1. Budgets | 1 | | | | | | |
| | | | | | | Chief Officer. | |
| Failure to agree and set adequate budget to progress | 1 | | | | | Corporate | |
| CDU work | 1 | | 2 2 | Clear Budget timetable | | Development | 7i |
| | ' | | | | 5 | | /1 |
| | 1 | | | | | Chief Officer, | |
| | 1 | | | | | Corporate | |
| Failure to achieve 2.5% saving | 1 | 2 | 2 2 | | Savings being delivered | Development | 7j |

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| | | | | KEY | | | |
|--|--------|----------|----------|--------------------------------------|-----------------------------------|-----------------|--------------|
| | | | | Probability of happening | Severity (Impact on the Unit) | | |
| | | | | 1 - Low | 1 - Low | | |
| | | | | 2 - Medium | 2 - Medium | | |
| | | | | 3 - High | 3 - High | | |
| | | | | | | RESPONSIBLE | LINK TO |
| | PROB'Y | SEVERITY | SCORI | RESPONSE | STATUS | OFFICER | COUNCIL PLAN |
| | , | | | | | • | |
| PROCUREMENT | | | | | | | |
| | | | | | | Chief Officer, | |
| | | | | | Strategy developed and | Corporate | |
| Failure to develop strategy | | | | | adopted | Development | 7i |
| | | | | | Policies and procedures being | Chief Officer, | |
| Inability to integrate policy and procedures into | | | | | rolled out and delivering | Corporate | |
| departments | | | | | savings | Development | 7i |
| | | | | | | | |
| LSP | 1 | | | | | | |
| | | | | | Actions developed where | | |
| Loss of NRF funding | 2 | 3 | 6 | Partners to develop exit strategies | required | LSP Manager | 1a |
| | 2 | 5 | , c | a there to develop exit strategies | required | LOI Manager | ia |
| | | | | Constant monitoring by LSP | Constitution group will provide a | | |
| Risk of partnership breakdown | 1 | 2 | 2 | Manager | mechanism for this | LSP Manager | 1a |
| | | | | - | | - | |
| Loss of skilled staff | 1 | 3 | 3 | 3 | Monitoring staff levels | LSP Manager | 1a |
| | | | | Partnership to review support for | Actions developed where | 0 | |
| Loss of central support to community network (funding) | 2 | 3 | 6 | network | required | LSP Manager | 1a |
| | 2 | 5 | C | lietwork | required | LOF Manager | Ia |
| | | | | | | | |
| | | | | Management and monitoring of | | | |
| Failure to achieve performance leading to loss of capacity | | | | performance and discussion about | Actions developed where | | |
| to deliver | 1 | 3 | 3 | capacity to take place with partners | required | LSP Manager | 1a |
| Impact of Teesdale's future in relation to LSP etc. | 2 | 2 | 4 | Ongoing negotiations | | LSP Manager | 1a |
| | | | | | | | • |
| HEALTH & SAFETY | Τ | | | | | | |
| 1. Sickness | 1 | 1 | | | | | |
| | | | | | | Chief Officer, | |
| | | | | | | Corporate | |
| Failure to monitor Sickness Absence (Stress and similar) | 1 | | | Monitor absence statistics | | Development | 7f |
| | · | | | | 1100.00 | | |
| Failure to comply with statutory requirements for risk | - | | | Monitor arrangements for risk | H&S Officer monitor | Health & Safety | |
| assessment | 2 | L | <u> </u> | assessment | compliance | Officer | 7f |
| 2. Accidents | | | | | | | |
| | | | | | | Llasth & Cofet | |
| | | | | | | Health & Safety | 71 |
| Failure to report accidents | 2 | 1 | 2 | Reporting policy in place | Ensure adherence to policy | Officer | 7f |
| | | | | | | Health & Safety | 74 |
| Failure to investigate accidents | 1 1 | 2 | Ż | Investigation policy in place | Ensure adherence to policy | Officer | 7f |

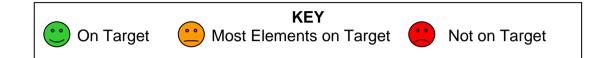
WEAR VALLEY DISTRICT COUNCIL MAIN PARTNERSHIPS RISK REGISTER

Annex B January 2007

| | | | | FAR INCRUITS AND ASSOCIATE | | |
|---|--------|----------|-------|--|--|-------------------------|
| | PROB'Y | SEVERITY | SCORE | Principal Risks | Risk Mitigating Actions | Link to Council Plan |
| Local Area Agreement (LAA | 1 | 3 | | | Ensure WVDC monitors performance and outcomes. Submit 6 monthly reports to Committee to ensure Council can scrutinise the LAA performance | 7n |
| | | | | Council seen to be not contributing enough resources | | |
| Local Resilience Forum | 1 | 3 | 3 | | Ensure the Council attends regular meetings and maintains awareness of county wide emergency planning issues. | 1a |
| | I | I | I | District does not make an adequate contribution to county wide emergency planning arrangements | | |
| Wear & Tees Community Safety Partnership | 1 | 3 | 3 | Crime reduction targets not met | Regular meetings with formal agenda which is chaired by a senior officer from Wear Valley. Performance monitored on a quarterly basis and reported to the Chief Officers Management Team. | 5a |
| | | | 1 | Key inter-agency relationships breakdown | | |
| Local Strategic Partnership (LSP) | 1 | 3 | 3 | Failure to participate in and manage | Senior officers and Members already involved in LSP. All Members and Management Team receive LSP papers. Special reports to Management Team o a monthly basis | n 7g |
| | | | | | Paper taken to LSP Board to look at capacity. Budget proposal put forward to increase resource and mainstream existing administration support. Work with partners and neighbouring LSPs to maximise capacity | 7f |
| KEY | | | | | | |
| | | | | mpact on the Unit) | | |
| | | Low | | | | |
| 2 - Medium | | Med | - | 1 | | |
| 3 - High | ა- | High | I | | | |

PARTNERSHIPS AND ASSOCIATED RISKS

PRIORITY KEY TASKS 6 MONTH UPDATE OF CORPORATE DEVELOPMENT UNIT SERVICE PLAN



Priority Actions for 2006/7

| Priority Key Task | What we said we would do | On Target? | Comments including action needed to get back on target | Lead |
|--|--|---------------|--|---|
| 1a Allocate resources, develop policies and use our influence to achieve a stable or growing population in Wear Valley | Include findings of population determinants review in Council Plan, supporting documents such as Local Development Framework and Community | | Findings included in Council Plan. Latest ONS figures show population increasing. More work to be done on diversity of population. | Chief Officer, Corporate Development |
| 1b Creating pride and a sense of place among our young people | Develop a strategic approach to working with young people which ensures we: Engage with young people Identify all current areas of activity and the resources currently deployed in working with young people Identify the wider provision | | Participation Officer in place. Young Peoples priorities regarding transport have been addressed and hospital services. Participation Strategy agreed within the LSP. Outstanding Action Training and action plan to be developed with partners | Chief Officer, Corporate Development LSP Manager |

| Priority Key Task | What we said we would do | On | Comments including action | Lead |
|----------------------------|-------------------------------|----------|---------------------------------|----------------|
| | | Target? | needed to get back on target | |
| | and activity in the community | | including WVDC. | |
| | | | | |
| | Develop a coherent set of | | | |
| | actions which represent the | | | |
| | best interventions we can | | | |
| | make to improve the life | | | |
| | opportunities of young people | | | |
| 2a Build community | Work with 2D and other | | Neighbourhood Arrangements | Chief Officer, |
| capacity and confidence to | voluntary and community | •• | for NRF in place. Longer Term | Corporate |
| participate in | groups to train people in | | Neighbourhood Arrangements | Development |
| neighbourhood decision | voluntary and community | | are being developed. | LSP Manager |
| making and policy delivery | work | | | |
| (See also 7b) | | | | |
| 5a Deliver the targets in | Work in partnership with | | On Target- Work in partnership. | Community |
| Crime and Disorder | other bodies | <u> </u> | Recently joined a working group | Safety |
| Reduction Strategy to | | | led by CJB looking at | Manager |
| reduce | | | consultation and communication | |
| House (and other) | | | to increase public confidence. | |
| burglary | Use our enforcement and | | | |
| Violent Crime | regulatory powers to reduce | | On target- The use enforcement | |
| Domestic Abuse | crime | | and regulatory powers to reduce | |
| Vehicle Crime | | | crime. Continue to apply for | |
| Anti Social Behaviour | | | ASBOs and other enforcement | |
| and Criminal Damage | | | instruments as appropriate | |
| Drugs and Alcohol | | | | |
| Misuse | Apply 'secure by design' | | On Target- Apply secure by | |
| Hate Crimes | standards to new | | design the Police Architect | |

| Priority Key Task | What we said we would do | On Target? | Comments including action needed to get back on target | Lead |
|--|--|---------------|--|--------------------------------|
| Offences by prolific offenders Fear of Crime | developments and provide measures to secure Council housing and other premises | Targett | Liaison Officer advises on all new builds. | |
| Provide street wardens to reduce crime and reassure residents | Raise awareness of crime and how to reduce crime | | Raise awareness – regular articles are included in Wear Valley Matters. | |
| | | | Robbery, dwelling burglary car crime, shoplifting, fraud and forgery offences have fallen, some by a considerable margin. Violent crime and criminal damage have risen considerably. This is attributable to the introduction of national crime recording standards. | |
| 5b Deliver recommendations of Best Value Review Improvement Plan to: Align service plans more closely to Council Plan • Consider community | Develop and implement formal process to align service plans with Council Plan | | Community Safety will be part of 'Communities Department' under the restructure, which should make it easier to embed community safety in everyday policies. | Community Safety Manager |
| safety issues more systematically in the | Implement processes to consider systematically | | The new protocol for committee reports ensures that community | |

| Priority Key Task | What we said we would do | On Target? | Comments including action needed to get back on target | Lead |
|--|---|---------------|--|--|
| Council's decision making process Train staff to be aware of Section 17 Community Safety implications Evaluate impact of measures and activities to reduce crime Develop and apply processes to measure impact of community safety activities | community safety aspects of Council activities Train staff in Section 17 | | safety implications are considered. Section 17 training is included in the corporate calendar. | |
| 7b Develop our Community Leadership role to engage and involve citizens in making decisions that matter to them | Problems in areas of greatest need to: Improve partnerships and support to Parish and Town Councils, Residents and Tenants Associations and other community groups Further develop Members as Community Leaders in their local communities | | A policy paper has been prepared and will be considered by SMG and P&SD Committee in January 07. A consultation process with partners and stakeholders will follow. The three interim neighbourhood arrangements to involve communities in external funding are in place. In terms of long term arrangements, discussions have been held with | Chief Executive Chief Officer, Corporate Development |

| Priority Key Task | What we said we would do | On | Comments including action | Lead |
|---------------------------|-------------------------------|---------|------------------------------------|----------------|
| | | Target? | needed to get back on target | |
| | | | partners including schools GPs | |
| | | | and Police and draft proposals | |
| | | | are being considered. These | |
| | | | arrangements have been | |
| | | | developed to fit internal district | |
| | | | council arrangements and | |
| | | | further discussion is needed. | |
| | | | All leading Members have | |
| | | | attended Leadership Academy. | |
| | | | New Leader of the Opposition to | |
| | | | be offered place | |
| | | | Outstanding Action | |
| | | | Awaiting Response | |
| 7c Improve Customer | Research current satisfaction | | Appointed a customer care | Chief Officer, |
| Access and Satisfaction | levels and best practice | | officer to be in post in February. | Corporate |
| | elsewhere | | New Customer Care Tool | Development |
| | Develop and deliver agreed | | purchased and being | |
| | Customer Care Improvement | | developed. | |
| | Plan | | | |
| | | | Outstanding Action | |
| | | | New Officer to write Customer | |
| | | | Care improvement Plan | |
| 7e Clarify our priorities | Improve Council Planning | | Council Plan rewritten to | Chief |
| | Process and integrate | | become outcome focused with | Executive |
| | Budget, Organisational | | SMART targets and service | |

| Priority Key Task | What we said we would do | On Target? | Comments including action needed to get back on target | Lead |
|---|---|---------------|--|---|
| | Development, and Performance Management activities with our Corporate Objectives | | planning guidance updated. | |
| 7g Performance Management | Develop and embed clear performance management system that uses accurate, valid robust and timely information to drive improvement | | Currently working on developing the system. Outstanding Action Project plan being developed to role out throughout the authority. | Chief Officer, Corporate Development Performance Improvement Manager |
| 7h Improve the way we challenge ourselves | Programme of Best Value Reviews Programme of Performance Improvement Teams Improve use of Customer Satisfaction and other survey data | | Business Improvement Teams developed in association with NECE improvement programme. Areas of business have been identified that will receive the teams | Chief Executive Chief Officer, Corporate Development Performance Improvement Manager |
| 7k Improve Corporate Learning | Develop Extended Management Team Seminars Develop Policy Briefings for senior officers and Members | | Extended Management Team Seminars have been started and two have taken place in December 2006 and January 2007 | Chief Officer, Corporate Development |
| 7l Manage Change | Complete Restructure Develop Human Resources Strategy Develop Management | ••• | Restructure to be completed in February 2007, Local Government | Chief Executive |

| Priority Key Task | What we said we would do | On Target? | Comments including action needed to get back on target | Lead |
|--|---|---------------|---|--|
| | Development Programme Develop the Member Development Programme Respond to external changes such as Local Government Reorganisation | | Reorganisation Bid to be completed 25 January 2007 | |
| 7m Organisational Development (links to 7l) | Develop Service Delivery partnerships to improve quality and capacity of our services | | Information Technology Sedgefield Revenues and Benefits Teesdale Procurement Teesdale | Chief Officer, Corporate Development |
| 7n Durham Local Area Agreement | Agree and Deliver Durham LAA | | Need to have more joined up approach within WVDC in relation to policy and funding. | Chief Executive |
| 7o CPA and other external inspections | Prepare for CPA and other external inspections | | Ongoing | Chief Officer, Corporate Development |

Audit Summary Report

December 2006



Data Quality Arrangements -Feedback

Wear Valley District Council

Audit 2005-2006

External audit is an essential element in the process of accountability for public money and makes an important contribution to the stewardship of public resources and the corporate governance of public services.

Audit in the public sector is underpinned by three fundamental principles:

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Introduction

- 1 We have carried out a detailed review of Wear Valley District Council's corporate management arrangements for data quality. Similar reviews have been undertaken at each of the Audit Commission's local government audited bodies.
- 2 This document provides summarised feedback from our review, for feedback and discussion with officers.

Background

- 3 The review represents a significant change in our approach to the audit of performance information. There are a number of underlying reasons for this change.
 - Increasing reliance is being placed on performance information, e.g. to manage services, inform users, account for performance, and as basis of taking decisions.
 - The weight attached to published performance indicators as the basis for reducing the burden of regulation has increased.
 - The need for reliable data has therefore become more critical.
 - However there remains a prevailing lack of confidence in much performance data.
 - The quality of financial information is higher than for performance information.
 - Finance data is collected according to professional accounting rules, and subjected to strong internal controls and a formal audit regime.
 - Conversely the internal controls for recording and preparation of the underlying performance data are often less developed.
 - There is often less ownership of performance information by those charged with governance.

Audit approach

- 4 Our work on Data Quality has three stages as detailed below.
 - Stage 1 (Management Arrangements)
 - The assessment of Wear Valley's corporate management arrangements for data quality using Key Lines of Enquiry (KLoE's) developed by the Audit Commission.
 - This work contributes to the auditor's conclusion under the Code of Audit Practice on an audited body's arrangements to secure value for money. The work relates specifically to the arrangements for 'monitoring and reviewing performance, including arrangements to ensure data quality'.

- Stage 2 (Completeness Check)
 - The review of queries on individual BVPIs submitted to the Audit Commission by the Council and the collection and analysis of specified non BVPIs.
 - The number and extent of these queries are determined by the Audit Commission following their review of data nationally.
- Stage 3 (Data Quality spot checks)
 - The detailed audit of individual BVPIs.
 - The number of BVPIs selected for review was determined by the outcomes of Stages 1 & 2, and were selected from a list developed by the Audit Commission.

Main conclusions

Data Quality Stage 1

- 5 Overall the Council has arrangements in place for ensuring data quality, however there are areas where arrangements could be strengthened.
- 6 There is a lack of formal corporate arrangements in place to ensure data quality, for example there is no overall strategy for data quality. However, there are arrangements in place to produce and monitor the quality of performance information using validation pro formas and to report BVPI results to members.
- 7 The Council has used the data quality key lines of enquiry to identify where arrangements could be strengthened and has developed an action plan to monitor progress. Progress against the action plan is reported to Policy and Strategic Development Committee every six months.
- 8 Appendix 1 provides detailed feedback over each of the five areas covered within our Stage 1 review, namely:
 - Governance and Leadership;
 - Policies and procedures;
 - Systems and processes;
 - People and skills; and
 - Data use.

Completeness check Stage 2

- **9** Information was submitted for the six specified best value PIs and variances were either within expectations or could be explained.
- **10** Information was available for analysis for the five specified non BVPIs and variances were either within expectations or could be explained.
- 11 Appendix 2 provides detailed feedback.

Spot checks Stage 3

- 12 Our assessment at Stage 1 was that the Council has arrangements in place for data quality and represent a medium risk. This resulted in the selection of four PIs for spot checking:
 - Recycling;
 - Composting;
 - Non decent homes; and
 - Private sector homes vacant for more than six months.
- **13** Testing of the recycling and composting PIs identified some minor errors, but these did not affect the published information. The systems in place could be strengthened by mapping the processes involved.

Recommendations

R1 The Council should map the processes in place for calculating the recycling and composting Pls.

14 The Council had reported the non decent homes PI at the wrong date. The PI was amended but subsequent testing was difficult as the supporting information maintained supported the original figure. Reliance has been place on the system in place to collect accurate data. A potential problem with the system was identified and is being followed up with the software provider.

Recommendations

R2 The Council should ensure that the non decent homes PI is reported at the correct date in line with the definition.

15 The private sector homes vacant for over six months PI was amended at audit to reflect supporting documentation. The report from the council tax system which was used to identify properties empty for more than six months included some properties which get 50 per cent relief that have not been empty for over six months. The Council was able to extract different reports which give accurate information.

Recommendations

R3 The Council should review the system in place for calculating the private sector homes vacant for more than six months PI to ensure the correct information is being used.

The way forward

- 16 The issues raised within this report have been discussed with officers to provide them with timely feedback and to assist them to improve data quality arrangements in future years. The principal areas for discussion are:
 - the lack of data quality policies and strategies;
 - gaps in formalised procedures for staff to apply;
 - improvements to underlying systems security, subject to risk assessment increased focus on the importance of good data quality for decision making;
 - extending protocols for data sharing; and
 - assessment of data quality skills across the workforce to identify any skill gaps and development of specific training packages to address any identified skill deficiencies.
- 17 The Council has responded positively to the introduction of key lines of enquiry for data quality management arrangements and has:
 - developed a data quality action plan against the key lines of enquiry to achieve level 3 requirements by 2008. The action plan includes the identification of training need analysis and the development of training packages to identify skill deficiencies throughout the organisation;
 - introduced routine monitoring of progress against the action plan including six monthly reporting to Committee;
 - developed a data quality protocol and is currently drafting a data quality strategy. The protocol defines the Council's commitment to data sharing and the future strategy will embed this further;

- appointed a lead member, lead officer and a cross-departmental working group to implement the data quality action plan and formal procedures for all members of staff; and
- introduced a performance indicator validation proforma which officers are required to submit with all performance indicators to the management support unit. The proforma includes the definition and details the systems used and evidence is attached. This is signed and agreed by a head of service. The management support unit works collaboratively with internal audit to audit a series of indicators defined as high risk.

Appendix 1 – Management arrangements

| Assessed objective | Findings |
|--|---|
| Governance and leadership | |
| Responsibility for data quality is clearly defined | There is a commitment to data quality, overall responsibilities have been assigned; there are reporting arrangements relating to the quality of data, issues relating to data quality are brought to the attention of those charged with governance and action is taken as a result. However, the commitment to data quality throughout the authority is not formalised through clear and interlinked policies and strategies. |
| The Council has clear data quality objectives | There is no overarching statement relating to the council's data quality objectives. Nevertheless improvements continue to be made to data quality largely through departmental efforts. |
| The Council has effective arrangements for monitoring and review of data quality | Monitoring and review of data quality has been undertaken using validation check sheets that are signed off at Head of Service level. The authority has put in place arrangements to monitor and review the quality and accuracy of BVPIs. There are follow up reviews to ensure that appropriate action is taken as a result. Internal Audit routinely assesses data collection systems and their accuracy as part of their audit function. |
| Policies and procedures | |
| A policy for data quality is in place, supported by operational procedures and guidance | There is no formal policy or strategy in place in relation to data quality. However there are some departmental procedures and guidance in place although these do not provide comprehensive coverage for all areas or aspects. |
| Policies and procedures are followed by staff and applied consistently throughout the Council | Where guidance is in place it is accessible and staff generally comply with it. There are regular updates to guidance in relation to BVPIs and these are supplied to staff responsible for data. Also staff comply where procedural notes are in existence. |

| Assessed objective | Findings |
|---|---|
| Systems and processes | |
| Appropriate systems are in place for the collection, recording, analysis and reporting of data | Data collection systems generally produce fit for purpose data on a right first time basis and where weaknesses are identified action is taken to rectify them. Internal Audit routinely assesses data collection systems and their accuracy as part of their audit function. The authority has put in place arrangements to monitor and review the quality and accuracy of BVPIs. |
| The Council has appropriate controls in place to ensure that systems secure the quality of data used | Generally appropriate controls are in place for all systems of data collection. There is still some scope to improve underlying systems security, subject to assessment of risk. |
| Security arrangements for performance information systems are robust and business continuity plans are in place | Security arrangements for access to systems are adequate. It is not clear how well security of performance data is covered in business continuity plans. There are risks associated with not having comprehensive guidance and procedure notes for the collection of data. |
| An effective management framework for data sharing is in place | There is due regard to compliance in terms of sharing personal information. Shared data is largely from sources considered to be credible, but there is scope to extend the recently signed data sharing protocols with other local authorities within Durham County which covers all external sources or sharing. ISO 15489 protocols are still to be developed. |
| People and skills | |
| The Council has communicated clearly the responsibilities of staff for achieving data quality | The Council has not yet undertaken an assessment of data quality skills that it has across the workforce and identified any skill gaps. Managers have specific responsibilities for data collection; these are communicated through the performance management framework. However, it is not clear that responsibilities and consequences are clear further down the organisation, although in areas such as housing benefit there are standards in place. |

| Assessed objective | Findings |
|---|---|
| The Council has arrangements in place to ensure that staff with data quality responsibility have the necessary skills | Managers with specific responsibilities for data collection have the appropriate skills and are supported through training, development and access to guidance. General training is given to all staff as part of induction or when new systems/procedures are introduced. The PDP process combined is effective in identifying other training needs. |
| Data Use | |
| The Council has arrangements that are focused on ensuring that data is used to manage and improve the delivery of services | The Council has arrangements in place to ensure that data collected is used to manage and improve services and focus on priorities. |
| The Council has effective control in place for data reporting | Systems of internal control are generally in place in relation to reporting. They are reviewed and developed where issues are identified. There is rigorous evaluation where there are direct financial implications related to published data. |

Assessment against Audit Commission KLoE's

Appendix 2 – Completeness check

| BVPI | Conclusion | | |
|--|---|--|--|
| 109 planning speed | Increase in performance confirmed as real variance. | | |
| 82a recycling | Increase in performance confirmed as real variance. | | |
| 82b composting | Increase in performance confirmed as real variance. | | |
| 184a non decent homes | Performance in line with expectations. | | |
| 183a temporary accommodation, bed and breakfast | Performance in line with expectations. | | |
| 183b temporary accommodation, hostels | Performance in line with expectations. | | |
| Non BVPI | | | |
| Average re-let times | Performance in line with expectations. | | |
| Planned to responsive repairs | Increase in performance confirmed as real variance. | | |
| Private sector homes vacant for more than 6 months | Performance in line with expectations. | | |
| Repeat homelessness | Performance in line with expectations. | | |
| Private sector unfit properties made fit | Performance in line with expectations. | | |

Appendix 3 – Spot checks

| Performance indicator | Detailed findings | | | | | |
|---|---|--|--|--|--|--|
| Recycling | The controls are mostly operating as designed but there are areas for improvement to ensure accurate use of data. The spreadsheet which is used to record the information covers all aspects of waste collection and it is clearly linked to the supporting evidence. The formula is being used correctly although there have been minor errors. Although the supporting evidence is well maintained and easy to use the samples chosen for checking identified a basic error and some missing evidence. Detailed testing found the system to be sound but there were a few minor errors that did not influence the final PI figures. Mapping of processes would help to ensure consistency. | | | | | |
| Composting | As for recycling above. | | | | | |
| Non decent homes | Initial testing showed that the Council has reported the information at the wrong date. The guidance states 1.4.2005, the Council had reported at 1.4.2006. The PI was amended from 36.8 per cent to 42 per cent. Detailed testing was difficult as the Council had not maintained records for the correct period (for example screen prints were available to support the figure originally reported but not for the amended figure). Reliance was placed on testing of current information to give assurance that the system accurately collects the necessary information. Detailed testing also found a potential system error relating to the recording of the number of years since improvements were carried out. This is being followed up with the system provider, but does not affect the PI. | | | | | |
| Private sector homes vacant for more than six months | Initial testing showed that the Council had reported the incorrect numerator for this PI, amended information was agreed and input. Detailed testing identified that the Council was using an inaccurate report to calculate the private sector homes vacant PI. The report from the council tax system included some properties which get 50 per cent relief that have not been empty for over six months. The Council was able to extract different reports which give accurate information. | | | | | |

Appendix 4 – Action plan

| Page no. | Recommendation | Priority 1 = Low 2 = Med 3 = High | Responsibility | Agreed | Comments | Date |
|-------------|---|--|---|--------|---|------------------|
| 6 | R1 The Council should map the processes in place for calculating the recycling and composting PIs. | 1 | Performance Improvement Manager Head of Service Contracts | Yes | Due to staff turnover the knowledge and experience of calculating the recycling and composting BVPI data was lost. The Council has addressed this issue by mapping the process, consolidating the data and training additional members of staff. | Complete |
| 6 | R2 The Council should ensure that the non decent homes PI is reported at the correct date in line with the definition. | 2 | Performance Improvement Manager Head of Business Development (Housing) | Yes | The Council has now remedied this and reports in line with the definition. | Complete |
| 7 | R3 The Council should review the system in place for calculating the private sector homes vacant for more than six months PI to ensure the correct information is being used. | 2 | Performance Improvement Manager Principal Improvement Officer | Yes | The Council is currently reviewing the way it calculates the number of private sector homes vacant for more than six months and will agree the reasonableness of the methodology with the Audit Commission. | December 2006 |