

# Public Document Pack



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## **SPECIAL AUDIT COMMITTEE**

**DATE:** FRIDAY 23 JULY 2010  
**TIME:** 10.00 AM  
**PLACE:** COUNCIL HOUSE, PLYMOUTH (NEXT TO THE CIVIC CENTRE)

### **Members –**

Councillor Berrow, Chair.  
Councillor Evans, Vice-Chair.  
Councillors Murphy, Stark and Thompson.

### **Independent Members –**

Mr. Clarke, Ms. Myles and Mr. Stewart.

### **Substitutes -**

Any Members other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

***Members are invited to attend the above meeting to consider the items of business overleaf which were deferred from the meeting held on Monday 28 June, 2010.***

***Members and Officers are requested to sign the attendance list at the meeting.***

BARRY KEEL  
CHIEF EXECUTIVE

## **AUDIT COMMITTEE**

### **PART I (PUBLIC COMMITTEE)**

#### **AGENDA**

**1. APOLOGIES**

To receive apologies for non-attendance submitted by Committee Members.

**2. DECLARATIONS OF INTEREST**

Members will be asked to make any declarations of interest in respect of items on this agenda.

**3. CHAIR'S URGENT BUSINESS**

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

**4. INDEPENDENT MEMBERS**

**(Pages 1 - 2)**

The Committee will review the appointment of the existing independent members for the municipal year 2010/11.

**5. REGISTRATION SERVICE - SERVICE DELIVERY REVIEW**

**(Pages 3 - 34)**

The Director for Corporate Support will submit a Service Delivery Review report in respect of Plymouth's Registration Service.

**6. RISK MANAGEMENT - ANNUAL REPORT**

**(Pages 35 - 44)**

The Director for Corporate Support will submit the Risk Management Annual Report.

**7. OPERATIONAL RISK MANAGEMENT UPDATE**

**(Pages 45 - 54)**

The Director for Corporate Support will submit an update report in respect of Operational Risk Management.

**8. EXTERNAL AUDIT - PERFORMANCE MANAGEMENT ARRANGEMENTS**

**(Pages 55 - 66)**

The City Council's External Auditor, Grant Thornton, will submit a report on Performance Management Arrangements.

**9. EXTERNAL AUDIT - REVIEW OF ARRANGEMENTS FOR COMPLYING WITH AGE RELATED EQUALITIES LEGISLATION (Pages 67 - 76)**

The City Council's External Auditor, Grant Thornton, will submit a Review of Arrangements for Complying with Age Related Equalities Legislation.

**10. REVIEW OF WHISTLEBLOWING POLICY (Pages 77 - 84)**

The Assistant Head of Devon Audit Partnership will submit a Review of the Whistleblowing Policy.

**11. DEVON AUDIT PARTNERSHIP - PLYMOUTH'S INTERNAL AUDIT STRATEGY AND CHARTER (Pages 85 - 96)**

The Assistant Head of Devon Audit Partnership will submit Plymouth's Internal Audit Strategy and Charter.

**12. EXEMPT BUSINESS**

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

**PART II (PRIVATE COMMITTEE)**

**AGENDA**

**MEMBERS OF THE PUBLIC TO NOTE**

that under the law, the Committee is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

Nil

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**REPORT FOR AUDIT COMMITTEE****23 JULY 2010****INDEPENDENT MEMBERS**

Members of the Audit Committee will be asked to review the appointment of the Independent Members to the Committee for the municipal year 2010/11.

When reviewing the appointment of Independent Members, the Committee must be aware of their election and terms of office as stipulated within Plymouth City Council's Constitution, which in Part 1, Article 2.2, section (c), states:

**(c) Independent Members (non-elected)**

- (i) Independent members are appointed to specific committees, such as the Standards and Audit Committees, due to their qualifications in a specialised or professional field.
- (ii) Independent members of the Standards Committee are appointed by full Council. All other independent members are appointed to the post by the respective committee.
- (iii) Unless otherwise stipulated independent members will be appointed for a period of four years, subject to annual review. Independent members will have their role and voting rights (if any) of their post stipulated upon appointment.
- (iv) An independent member may at any time resign their position by giving notice in writing to the Chief Executive and the resignation will be effective upon its receipt.
- (v) The Council may resolve to remove one or more independent members of any of its committees, sub-committees or working groups on the recommendation of the relevant committee sub-committee or working group. Any request for this must be submitted to the chair of the relevant committee, sub-committee or working group and will be included on the agenda of the next regular meeting providing the Council's rules about notice of meetings are complied with.

The councillor who made the complaint and the independent member whose removal is sought will be given an opportunity to address the meeting on this topic.

The committee, sub committee or working group may resolve to:

- Remove the independent member from its membership with immediate effect;
- Not remove the independent member from its membership; or to
- Refer the matter to Council for decision.

In the event of either the Council or the committee, sub-committee or working group deciding against the removal, no such similar request against the same member shall be considered until six months have elapsed or the Council's next Annual General Meeting has taken place.

The Audit Committee has three Independent Members:

<b>Name</b>	<b>Date appointed to Committee</b>	<b>Date due for renewal</b>
Mr Richard Clarke FCA	27 June 2007	June 2011
Ms Lynne Myles ACMA	17 December 2007	December 2011
Mr Ian Stewart	11 February 2009	February 2013

**Recommendation**

Members consider whether to continue the appointment of the existing Independent Members for the municipal year 2010/11.

**CITY OF PLYMOUTH**

**Subject:** Registration Service – Service Delivery Review  
**Committee:** Audit Committee  
**Date:** 23 July 2010 (deferred from 28 June 2010)  
**Cabinet Member:** Cllr Ian Bowyer, Cabinet Member for Finance, Property, People and Governance  
**CMT Member:** Director of Corporate Support  
**Author:** Tim Howes, AD Governance and Democracy  
**Contact:** [tim.howes@plymouth.gov.uk](mailto:tim.howes@plymouth.gov.uk); (01752) 305403  
**Ref:** TH/Registration  
**Part:** 1

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**Executive Summary:**

The delivery and administration of civil registration is a partnership between local government and the General Register Office (part of the Identity and Passport Service).

The General Register Office Delivery Partnership Unit (DPU) works with local authorities to review and improve service standards and to progress the modernisation of civil registration. The Unit also seeks to identify innovation and good practice within the service and to encourage its wider dissemination. In February 2010 a Service Delivery Review was undertaken at Plymouth City Council's Registration Service. The review evaluated Plymouth's services against the standards in the national Good Practice Guide, and provided an assessment of service performance (together with a summary of strengths and areas for improvements).

The review assessed the Statutory and Technical Standards within the service, together with Customer and Business Focus and evaluated the customer journey around accessing and utilising the service. It also examined the five underpinning Key Performance Indicators (KPIs) from the GPG and the local authority's associated monitoring systems.

The overall assessment shows that Plymouth is performing to a "Good" standard with regard to service provision, where the potential ratings are Excellent, Good, Fair or Weak. In terms of statutory standards the district has achieved a good overall rating against the Good Practice Guide which is underpinned by a sound technical knowledge of all registration activities and a good understanding of the associated legal requirements. While business planning is evident it is not currently informed by formal consultation with stakeholders and customers.

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**Corporate Plan 2010 - 2013:**

The report and the Registration Service assist in the delivery of CIP 1 Improving customer service; CIP 4 Reducing inequalities between communities; CIP 13 Supporting council staff to perform better; and CIP 14 Providing better value for money.

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land**

There are no direct implications arising from this report.

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**Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.**

There are no direct implications arising from this report

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**Recommendations & Reasons for recommended action:**

The Committee notes the achievement of “good” in the service delivery review and the creation of a draft action plan to address the areas for improvement raised in the report.

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**Alternative options considered and reasons for recommended action:**

None.

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**Background papers:**

The background paper is the report which is attached hereto.

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**Sign off:** comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert initials of Finance and Legal reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

Fin		Leg		HR		Corp Prop		IT		Strat Proc	
Originating SMT Member											



## 1.0 Background

1.1 In February 2010 the General Register Office Delivery Partnership Unit undertook a service delivery review of the Council's Registration Service. The report resulting from that inspection is attached.

1.2 The overall assessment of the service is a "Good" standard with regard to service provision, where the potential ratings are Excellent, Good, Fair or Weak. This assessment is derived from a marking frame which assesses performance against the Good Practice Guide for registration services and the associated technical quality. The underpinning marks for statutory and technical standards and customer and business focus show a rating of 'B' meaning that performance is good with a few minor improvements required.

1.3 The key strengths and innovations of the service were identified as:

- Timely birth and still birth registrations
- Prompt turnaround of all certificate applications
- A professional well organised workforce, which understands customer needs and delivers work to a good technical standard
- Effective marriage procedures with a robust checking system

The following were identified as areas of improvement since the last review in July 2007:

- Provision of a reception point on the ground floor
- A visible complaints and suggestions procedure is in place
- Offices locked when vacant and informants accompanied at all times
- Cashbook control and record procedures standardised across the office
- Nominated officer duties documented

1.4 The key recommendations from the review are:

- Improve the timely registration of deaths by engaging with the coroner and other stakeholders
- Introduce mechanism to assess availability of appointment times, and of waiting times on arrival at the register office
- Arrangements to ensure the prompt registration of coroners inquests need to be put in place. Additionally all incoming correspondence should be date stamped and associated actions documented so that a clear audit trail is in place
- Arrears of quarterly copy returns including outstanding uncertified entries on RON, need to be brought to order as a matter of urgency. Furthermore, procedures need to be established to ensure regular certification and submission takes place
- Emergency out of hours arrangements should be put in place
- The local authority should further develop the Service Delivery Plan which should be informed through customer and stakeholder consultation

1.5 A draft action plan has been created to address the key recommendations. Further work will be required to match the issues against resources to set appropriate timescales for implementation.

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Home Office

**Identity &  
Passport Service**

**THE REGISTRATION SERVICE  
PLYMOUTH**

**SERVICE DELIVERY REVIEW**

**Local Government Delivery Partnership Unit  
General Register Office  
February 2010**

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## INTRODUCTION

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### 1

#### Background

- 1.1 The delivery and administration of civil registration is a partnership between local government and the General Register Office (part of the Identity and Passport Service). The Registrar General for England and Wales is the Chief Executive of IPS. In 2007 registration officers became local authority employees. This, together with the creation of a new governance framework, provided local authorities with greater responsibility and opportunities to develop the delivery of local registration services. To date some 70 local authorities have adopted the new governance arrangements, and formally committed to the national Code of Practice / Good Practice Guide (GPG).
- 1.2 The GRO Delivery Partnership Unit (DPU) works with local authorities to review and improve service standards and to progress the modernisation of civil registration. The Unit also seeks to identify innovation and good practice within the service and to encourage its wider dissemination. For local authorities that have yet to formally adopt the new governance arrangements, a Service Delivery Review (SDR) will be undertaken. SDRs evaluate local authority registration services against the standards in the national GPG, and provide an assessment of service performance (together with a summary of strengths and areas for improvements). A view is also provided of the local authority's preparedness for new governance

#### Terms of Reference

- 1.3 It was agreed that the review would assess the Statutory and Technical Standards within the service, together with Customer and Business Focus and evaluate the customer journey around accessing and utilising the service. It was also agreed that the five underpinning Key Performance Indicators (KPIs) from the GPG and the local authority's associated monitoring systems would be examined.

#### Methodology

- 1.4 The following methods were used to gather information, assess standards and measure performance against the Good Practice Guide:
  - Examination of RON records and associated documentation
  - observation of the registration of events, notice taking and ceremonies, and interviews with registration staff
  - meetings with registration managers and other officers
  - consideration of reports and statistics from the General Register Office (GRO)
  - general observations, evaluation of customer comment and mystery shopping

The field work was carried out between 15 and 19 February 2010

#### Acknowledgement

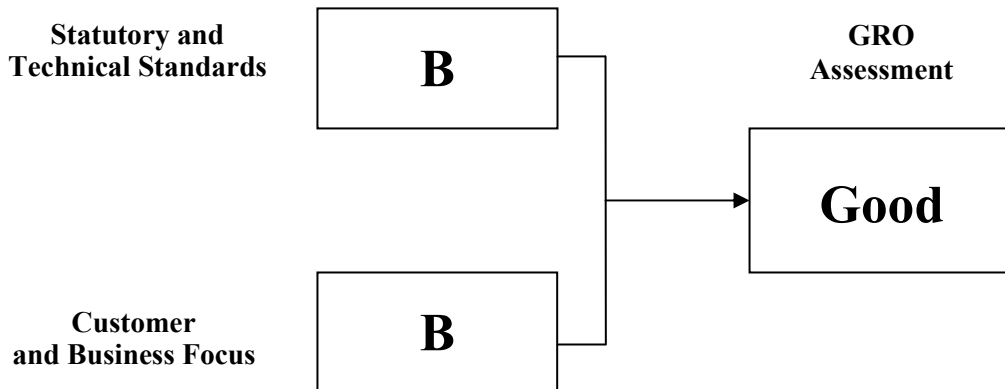
- 1.5 The Local Government Delivery Partnership Unit would like to extend its thanks to all those who contributed to this review.

## SUMMARY OF FINDINGS

### 2

#### Overall Assessment Rating

2.1 Plymouth Registration District has been rated as follows:



#### Background to Assessment

2.2 A previous service review was carried out in July 2007. Since this time the assessment methodology has been developed in line with a revised version of the Good Practice Guide for registration, which was published in May 2009. This version includes a broader range of non-statutory standards linked to business planning and development. Therefore, there is no direct correlation of markings between the two inspections.

#### Overall Assessment

2.3 The ratings show that Plymouth is performing to a good standard with regard to service provision. In terms of statutory standards the district has achieved a good overall rating against the Good Practice Guide which is underpinned by a sound technical knowledge of all registration activities and a good understanding of the associated legal requirements. While business planning is evident it is not currently informed by formal consultation with stakeholders and customers.

#### Statutory and Technical Standards

2.4 A professional and well organised workforce enables the district to produce a good standard of registration work. Register work is of good quality although better control of associated paperwork and the timely processing of inquests is required. The timely registration of births national standard is currently being exceeded but deaths are below the target level. Citizenship activity and the ceremonial business is effectively managed and delivered. There is good management and control of stock and registers. Certificate applications are processed quickly and efficiently. The timely certification and submission of quarterly certified copy returns (of register entries) to the General Register Office is an ongoing area of concern and some immediate action to bring returns to date is required.

#### Customer and Business Focus

2.5 Few complaints suggest that customer satisfaction is high. The district has sought customer feedback to further inform the position, but the results have not been compiled or published. Operational management of the service is sound and there is good communication between managers and staff. The staff appraisal scheme is effectively used to identify and address training and development needs. Performance monitoring is not widely undertaken and further development to enable measurement and evaluation would be useful.

## SUMMARY OF FINDINGS

### 2 *continued*

#### Preparedness for New Governance

2.6 As part of the approval process for new governance, which will allow greater freedom for local authorities to manage their registration service, there is a requirement to commit to a code of practice and to meeting the national standards contained within the Good Practice Guide. Plymouth have indicated their intention to move to new governance arrangements, but are yet to finalise a timescale. Most elements are already in place to enable this, but the local authority will need to ensure that its service delivery plan is informed through customer and stakeholder consultation and that monitoring mechanisms are in place for all the key performance indicators. A move to new governance arrangements within a year would not be unrealistic.

#### **Key Strengths and Innovation**

2.7 In delivering the service, Plymouth is successful in a number of areas including:

- i) Timely birth and still birth registrations (*see 3.5*)
- ii) Prompt turnaround of all certificate applications (*see 3.15*)
- iii) A professional well organised workforce, which understands customer needs and delivers work to a good technical standard (*see 3.18, 3.19, 4.7 & 4.16*)
- iv) Effective marriage procedures with a robust checking system (*see 4.6*)

2.8 In addition, the following have been identified as areas where improvements since the previous review are evident:

- Provision of a reception point on the ground floor
- A visible complaints and suggestions procedure is in place
- Offices locked when vacant and informants accompanied at all times
- Cashbook control and record procedures standardised across the office
- Nominated officer duties documented

#### **Key Recommendations**

2.9 The inspection has identified some key areas where action and development is required and these are listed below. A number of these were also raised as issues at the previous inspection.

- i) There is an immediate need to improve the timely registration of deaths by engaging with the coroner and other stakeholders (*see 3.6 - 3.8*).
- ii) Introduce mechanism to assess availability of appointment times, and of waiting times on arrival at the register office (*see 3.10 - 3.11*)
- iii) Arrangements to ensure the prompt registration of coroners inquests need to be put in place. Additionally all incoming correspondence should be date stamped and associated actions documented so that a clear audit trail is in place (*see 4.4*)
- iv) Arrears of quarterly copy returns including outstanding uncertified entries on RON, need to be brought to order as a matter of urgency. Furthermore, procedures need to be established to ensure regular certification and submission takes place (*see 4.10 - 4.12*)
- v) Emergency out of hours arrangements should be put in place (*see 6.6*)
- vi) The local authority should further develop the Service Delivery Plan which should be informed through customer and stakeholder consultation (*see 5.7*).

*The local authority should also review areas of development at the end of each Chapter.*

## KEY PERFORMANCE INDICATORS

### 3

#### Key Performance Indicators (KPI's)

- 3.1 Whilst service delivery is measured against the Good Practice Guide as a whole, it is recognised that there are five underpinning Key Performance Indicators.
- 3.2 As part of the annual reporting process under New Governance arrangements, local authorities are specifically required to report on performance against these Indicators.
- 3.3 The table below shows the current position for Plymouth against the national standards.

KEY PERFORMANCE INDICATORS			
Key Indicators	Monitoring mechanisms in place	Standard attained	Performance rating
1. Events registered within statutory timeframe i) 98% of Births registered within 42 days ii) 98% of Still-births registered within 42 days iii) 95% of Deaths registered with 5 days	<b>Yes</b> Data extracted from RON (GRO)	99% 100% 81%	<b>Met</b> <b>Met</b> <b>Not met</b>
2. Average waiting times for registration and notice taking. i) 95% of customers to be able to obtain an appointment for business as follows: Births/declaration – 3 working days; Deaths/still births/declaration – 2 working days; Marriage/CP notice 5 working days.	<b>Yes</b> Manual system in place	100%	<b>Met</b>
ii) 90% of customers for birth, still-birth and death registration/declaration and marriage/civil partnership notice seen within 10 minutes of appointment time	<b>No</b>	Not recorded	<b>Met</b> (based on observations during inspection)
3. Certificate applications 95% of applications dealt with within 5 days of receipt	<b>Yes</b>	100%	<b>Met</b>
4. 90% of customers satisfied (evidenced from response to customer satisfaction surveys and actual number of returned forms)	<b>Yes</b>	Figures not collated	<b>Not met</b>
5. Total number of formal complaints received (less than 0.5% as a % of all registrations)	<b>Yes</b> Records of complaints kept by RO	Less than 0.1%	<b>Met</b>

- 3.4 The district has monitoring mechanisms in place for three of the key performance indicators. The following paragraphs further detail the findings in relation to the KPIs.

#### *KPI 1 - Events registered within statutory timeframe*

- 3.5 Speed of registration performance data for Plymouth has been available electronically since the district returned to the computerised RON system in June 2009. For the period June to January, Plymouth has achieved a very good level of performance with regard to the timely registration of births and still births and at 99% is currently exceeding the national standard of 98%.
- 3.6 During the same period 81% of deaths were registered within the 5 day statutory timescale, which is some way short of the national standard of 95%.



## KEY PERFORMANCE INDICATORS

### 3 *continued*

- 3.7 In the case of Plymouth the delay appears to be mainly caused by deaths referred to the coroner which accounted for 53% of the events registered. The high number of referrals is linked to the local hospital being a teaching establishment with new doctors taking up post every 6 months. Just under a third of the referred deaths were registered outside the statutory timescale. In this respect routine engagement with the coroner is recommended to facilitate a more timely flow of paperwork.
- 3.8 Other reasons identified as contributory to the low timeliness figure included:
- relatives needing to travel from outside of the district
  - cases where relatives could not be contacted
  - informant delays in making an appointment
- To help progress these issues it would be useful to liaise with bereavement service stakeholders, which could help to raise awareness of the timeliness requirements linked to registration.
- 3.9 Incoming coroner's paperwork is handled by the ground floor reception staff who record receipt in a log, file paperwork, and add the appointment details when made. This log is accessible to all staff. It was reported that the nominated officer regularly checks the log and when paperwork is available follows up with the coroner or hospital if no appointment has been made (to try to locate an informant). However, this practice is not documented in the nominated officer instructions and does not seem to be carried out by all. As such we recommend that the follow up procedure be documented and formalised.

#### KPI 2 - Average waiting times

- 3.10 During the period of inspection customers were able to obtain appointments to register births and deaths, or give notice of marriage or civil partnership, within the national standards. Given that Plymouth is a Designated Register Office for taking notices from non-EU nationals serving a large geographical area across the South West, this is a good achievement. However, no formal monitoring of appointment availability has been undertaken. This is key to assessing service accessibility and should be introduced.
- 3.11 Similarly, no monitoring of customer waiting times on arrival at the office is undertaken. Observations during the review did though show, that in line with the national standard, customers were attended to within 10 minutes of their appointment time. We recommend a formal logging system be introduced.
- 3.12 Customers attending without appointments are offered an appointment to return or the opportunity to wait to be seen by the nominated officer.
- 3.13 The local authority planned to introduce an automated booking system soon after the last inspection but this did not come to fruition. There are now plans to introduce one in the next financial year. Other local authorities who use automated systems are also using them to collect performance information, which enables them to measure against the key performance indicators in the Good Practice Guide.

## KEY PERFORMANCE INDICATORS

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### **3** *continued*

#### KPI 3 – Certificate applications

- 3.14 Customers can apply for certificates through the post, by telephone, e-mail, or in person. Currently there is no on-line certificate service, although the local authority is exploring the possibility of offering the facility. Such a service has been introduced in other local authorities and feedback shows that these are appreciated by customers, as well as helping to streamline wider arrangements around certificate processing.
- 3.15 A manual system is in place to deal with receipt and clearance of certificate applications. The applications are processed in order of receipt. The office supervisor monitors production and additional resource is used to ensure the 5 day turnaround is met.
- 3.16 A priority service is in place for customers wishing to receive their certificates within 24 hours and these applications are held separately. An additional charge of £5 is levied for this service. It is not clear on what basis a fee over and above that provided by statute is being charged. We are informed that these additional charges have been introduced under the fee raising powers of the Local Government Act 2003.

#### KPI 4 – Satisfied customers

- 3.17 Customer surveys are in place to gauge customer satisfaction levels for births and deaths, marriage and civil partnership business. However, the overall results have not been scrutinised or published to date, so the satisfaction rate is unknown. We recommend that results are collated and publicised.
- 3.18 Registration service customers are able to make comments about the service via the local authority's corporate scheme "have your say", which is advertised both on the website and in the Register Office. Plymouth has received many cards and letters complimenting and praising the service provided. A customer comments folder, at the reception desk, is also available for feedback. This feedback, which could usefully highlight the good service provided, is not currently publicised and we recommend that these results are made available to the public.
- 3.19 During the inspection, officers were observed as being professional, polite, sympathetic, and helpful when dealing with the public either face to face or over the telephone.

#### KPI 5 – Formal complaints

- 3.20 There have been four formal complaints received by the registration service over the past twelve months. These were handled by the Superintendent Registrar.
- 3.21 The local authority's "have your say" process also provides an avenue for customers to make a complaint. There is a clear link on the registration home page to the complaints procedure. We see this as an important part of engaging with the public.

## KEY PERFORMANCE INDICATORS

### 3 *continued*

Strengths and Innovations	Areas for development
<ul style="list-style-type: none"> <li>• Timely registration of births and stillbirths</li> <li>• Customers seen quickly on arrival at the office</li> <li>• Appointment slots available to facilitate the timely giving of notice (including DRO)</li> <li>• Quick turnaround of certificate applications</li> <li>• Good understanding by staff of needs of customers</li> <li>• Positive customer feedback received via “have your say” process and letters of praise</li> <li>• Few customer complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Improve awareness of registration targets by routine engagement with the coroner and other stakeholders</li> <li>• Introduce system to monitor appointment availability</li> <li>• Introduce system to monitor customer waiting times when attending the office</li> <li>• Consider introducing an ‘on line’ certificate application system</li> <li>• Compile and publicise customer feedback</li> </ul>

## STATUTORY AND TECHNICAL STANDARDS

### 4

#### Statutory standards

- 4.1 The following table summarises performance against the statutory standards contained within the Good Practice Guide by key activity. A full analysis is provided at Appendix B.

<b>GOOD PRACTICE GUIDE SUMMARY TABLE</b>				
<b>Category</b>	<b>Number of Standards</b>	<b>Compliant</b>	<b>Non compliant</b>	<b>Compliant %</b>
Birth and death activity	11	7	4	64
Marriage and civil partnership activity	7	7	0	100
Records, returns and certificates	7	5	2	71
Citizenship activity	3	2	1	67
<b>Overall</b>	<b>28</b>	<b>21</b>	<b>7</b>	<b>75</b>

- 4.2 Currently, Plymouth is achieving three quarters of the statutory standards within the Good Practice Guide. Statutory areas for development include the timely registration of deaths and the timely certification and submission of quarterly copies.

#### Birth and death activity

- 4.3 Commentary on the timely registration of events and inquests is included in Chapter 3.
- 4.4 The collection of information, scrutiny of medical certificates and issue of burial and cremation forms is performed to a good standard. Inward declarations, corrections, and inquests are generally processed quickly but as these documents are not always marked as received on arrival it has been difficult to fully assess performance in these areas. Outward declarations were sent on the same day the declaration was taken. Some inquests for which the receipt dates were logged were registered between 6 and 8 days after arrival at the office. This is well outside of the national standard which requires registration on receipt and arrangements to ensure the timely registration need to be put in place. Additionally, it is recommended that all incoming documentation be date-stamped thereby improving audit trails and the monitoring of standards.
- 4.5 Births informants who have not registered their event within 42 days are required to be requisitioned. The national model allows mothers to be reminded of the need to register at four weeks and then formally requisitioned after 42 days (if required). Within Plymouth both stages of the follow up process are carried out if necessary.

#### Marriage and civil partnership activity

- 4.6 There are sound procedures in place to ensure marriage/civil partnership business is carried out in accordance with legislation. Post-notice action is completed to a good standard with documentation fully labelled and filed systematically. Checks are in place to ensure marriage authorities can be properly issued and outstanding documentation chased on a regular basis.

## STATUTORY AND TECHNICAL STANDARDS

### 4 *continued*

- 4.7 Observations of registrars attesting notices of marriage and conducting pre-marriage interviews highlighted a good standard of questioning and knowledge of necessary checks. Two ceremonies observed during the inspection were carried out in a professional, friendly manner. Both involved minor complications which the staff dealt with well, displaying a good standard of technical knowledge and excellent customer care skills.
- 4.8 The electronic registration of civil partnerships is compliant with national standards.
- 4.9 The Proper Officer has overall responsibility for the licensing of approved premises but the administration is dealt with by the Superintendent Register. A highlighted spreadsheet on display in her office alerts staff to forthcoming renewals. An automated reminder system is also in place to ensure licences due to expire are followed up.

#### Records, returns and certificates

- 4.10 The district continues to be tardy in submitting Quarterly Certified Copies (QCCs) of registration entries to GRO. Over the last year birth and death returns were late in each of the four quarters. Plymouth only returned to using the RON computer system in mid 2009 yet already some 4600 entries are listed as uncertified, which is well over 90% of registrations. These need to be certified by the superintendent registrar and cleared to GRO as a matter of urgency.
- 4.11 Until the original paper record has been checked by the superintendent registrar it can not be locked onto the computer system as a true and accurate copy of the original entry. As a consequence, where certification is delayed there is no contingency should anything untoward happen to the original paper record. Where uncertified records are lost or stolen the event usually has to be registered afresh, causing significant inconvenience for informants and additional work for the office. In other districts arrangements have been put in place to ensure that copies are checked and locked as true copies on a daily or weekly basis, this work is often shared between several officers acting as deputy superintendent registrars.
- 4.12 The submission of marriage returns from the clergy and authorised persons have also been late on a regular basis. It is important that this work is undertaken in a timely fashion and this too needs to be addressed as a matter of urgency.
- 4.13 Commentary on certificate applications and processing is included in Chapter 3.

#### Citizenship activity

- 4.14 The administration of Citizenship Ceremonies is undertaken within the registration service. There are effective working procedures in place with new citizens being offered a ceremony within the statutory timescale. Notification of the ceremony taking place is reportedly sent to the Home Office on the day the ceremony takes place but there was no evidence in place to support this and we therefore recommend that an audit trail is put in place.

## STATUTORY AND TECHNICAL STANDARDS

### 4 *continued*

4.15 Citizenship Ceremonies take place every month. Public ceremonies are held in the Council House and private ceremonies in the register office's ceremony room. The ceremony is performed by the Superintendent Registrar or her deputy with the Lord Mayor normally in attendance at group ceremonies. A medal is presented to the citizens as a memento of the occasion.

#### Technical standard

4.16 The overall standard of technical work within the register office is good, although some issues raised at the last inspection feature again in this report and should be addressed, such as providing a clear audit trail, giving customers an overview of the registration process and recording full descriptions in register entries. A summary of technical findings can be found at Appendix D. This includes a short list of development needs that should be taken forward by the registration manager. There is a need for some officers to be more organised when dealing with post-registration paperwork. Examples were found of paperwork incorrectly or haphazardly filed including - a birth entry filed in a death register, marriage notices and authorities randomly placed on repository shelves and incorrectly filed coroner's paperwork.

#### Stock and security

4.17 Stock and registers are appropriately secured within the office. An electronic cashbook has been implemented since the last inspection which allows standardised accounting to take place, with cashbooks completed on a daily basis. Early last year a detailed check of the certificate stock held and recorded as used was made against the records held by the General Register Office and all was accountable. Offices are locked when vacant. A summary of findings together can be found at Appendix E.

Strengths and Innovations	Areas for development
<ul style="list-style-type: none"> <li>• Good level of technical competence among staff</li> <li>• Post registration paperwork in good order with effective follow up procedures</li> <li>• Good control of processes relating to marriage and civil partnership paperwork</li> <li>• Effective control of the Approved Premises approvals.</li> <li>• Citizenship activity organised and effectively delivered.</li> </ul>	<ul style="list-style-type: none"> <li>• Arrears of QCC returns to be certified and submitted to GRO as a matter of urgency</li> <li>• Introduce process to ensure the ongoing timely certification and submission of QCC returns</li> <li>• All incoming paperwork to be date stamped on receipt and subsequent actions recorded</li> <li>• Procedures around the timely registration of inquests need to be reviewed</li> <li>• Review the process for filing post-registration paperwork</li> </ul>

## CUSTOMER AND BUSINESS FOCUS

### 5

#### Customer and business focus

- 5.1 The following table summarises performance against the non-statutory standards contained within the Good Practice Guide by key activity. A full analysis is provided at Appendix C. (*Appendix A provides a district profile outlining demographics and business volumes.*)

GOOD PRACTICE GUIDE SUMMARY TABLE					
Category	Number of Standards	Fully Attained	Mostly Attained	Partly Attained	Not Attained
Customer service	7	2	1	4	0
Business continuity and resources	2	1	1	0	0
Leadership	6	1	3	2	0
Training and development	7	1	0	4	2
<b>Overall</b>	<b>22</b>	<b>5</b>	<b>5</b>	<b>10</b>	<b>2</b>

#### Customer service

- 5.2 Initial contact for customers is through the ground floor reception point at the register office, which has been installed since the last inspection. This provides a welcome front office service before customers are directed to the upstairs waiting area to wait for their appointment.

#### Business continuity and resources

- 5.3 Overall and strategic responsibility for civil registration in Plymouth lies with the Director for Corporate Support, in his capacity as Proper Officer for Registration matters. At an operational level, the service is headed by the Registration Manager who is also the Superintendent Registrar. Her duties include - business planning, office performance monitoring, day to day management of work and staff management. She is assisted by an Additional Superintendent Registrar who has responsibility for ceremonial business.
- 5.4 A comprehensive Business Continuity Plan is in place which includes plans for timely communication with customers and stakeholders in the event of an incident. A rota system is in place to inform staff of their forthcoming duties
- 5.5 Most of the core registration staff have been trained to perform all statutory duties. In addition to this there is a pool of seven deputies, all of whom can perform birth, still-birth, and death registrations. Two of these deputies are also able to attest notices.
- 5.6 The registrars carry out nominated officer duties on a rota basis. The duties covered include birth requisitions, incoming birth declarations, death registrations from coroner's paperwork, birth re-registration applications, walk-in registrations and submitting weekly returns. Nominated officer instructions are held in a folder and passed to the registrar carrying out the duties.

## CUSTOMER AND BUSINESS FOCUS

### 5 *continued*

#### Leadership

- 5.7 The registration service has a service delivery plan which feeds into the corporate system linking roles and responsibilities to the corporate strategies and drivers. However, the plan is currently not informed through customer and stakeholder consultation and this will need to be addressed. The plan also needs to be developed to encompass the key registration standards as detailed within the Good Practice Guide. Consulting, monitoring and measuring performance will help Plymouth to better understand its customer needs and strengthen a move towards a new governance arrangement.
- 5.8 During recent years there has been a high turnover of staff and the Registration Manager has needed to concentrate on staff development and introducing new systems rather than moving the service forward in line with the modernisation of registration agenda and towards the associated new governance arrangements. The service delivery plan does however highlight the local authority's intention to adopt new governance arrangements in due course.
- 5.9 Formal staff meetings are held weekly at different times to ensure that all staff have the opportunity to take part.
- 5.10 The Registration Manager regularly attends the Regional Management Group meetings. This group offers the opportunity to share good practice, network and be involved in the developing national agenda.

#### Training and development

- 5.11 Staff are fully integrated into the local authority's staff appraisal scheme. Annual appraisals set objectives and identify development needs which are reviewed at mid year.
- 5.12 Training is carried out by experienced staff using one to one training, shadowing, supervised registrations, role play, and external courses. The district does not currently play an active part in the South West Regional Training Group, although they engage through correspondence. This group brings training skills and resources together and develops training modules for use across the region. Additionally, the regional group links into the national forum, which provides a valuable steer for regional groups and wider links to training materials. Active participation within the regional group would be beneficial.

Strengths and Innovations	Areas for development
<ul style="list-style-type: none"> <li>• Clear line management structure and appraisal system in place</li> <li>• Regular staff meetings held and effectively used to communicate key issues</li> </ul>	<ul style="list-style-type: none"> <li>• There is a need to seek and analyse customer and stakeholder opinion regarding service provision</li> <li>• Incorporate the key registration standards within the service delivery plan</li> <li>• More actively engage and participate with the regional training group</li> </ul>



## CUSTOMER JOURNEY

### 6

#### Customer experience

6.1 In addition to the analysis provided at Appendix F and generally throughout the report, the following paragraphs provide more information regarding the customer journey within Plymouth.

#### Facilities

6.2 The registration service operates from one central service point and is available within normal business hours. It also remains open until 6pm on a Tuesday evening. There are good local bus links to the city centre, which is just a short walk away. On site parking is also available.

6.3 There is a good range of facilities available at the register office. These include choices of ceremony rooms, a garden area which provides good photographic opportunities, baby change facilities and public toilets. Reasonable adjustments have been made to the building to make it DDA compliant, which include a lift to the first floor, a low counter, and disabled toilet facilities.

6.4 The adaptation of the accommodation to include a reception point on the ground floor offers a welcome at first point of contact. The ceremony rooms and spacious waiting area, also on the ground floor, are in a good state of decoration and provide pleasant surroundings for marriage customers. In contrast the first floor waiting area for registration customers is rather drab and the general appearance of the building is dated.

#### Reception

6.5 Two officers covering the reception answer the telephone, greet customers, make appointments, give advice, and deal with some certificate production. When both telephone lines are in use calls are redirected to the first floor reception/general office area where customers will be dealt with or a message call back form completed.

6.6 There is no facility through the main office telephone number to leave messages outside business hours, and emergency arrangements are only in place during public holiday periods, when callers are directed to the local authority emergency number. The Superintendent Registrar or her deputy can be contacted by the police or hospital for Registrar General's licences. The local authority plans to introduce an automated telephone information service and we recommend that when the system is upgraded it includes a message facility as well as emergency contact details for all contingencies.

6.7 Customers are requested to signal their arrival at reception on the ground floor, prior to moving to the first floor waiting area. The reception staff advise registrars that their customers have arrived.

6.8 As part of this service review, a telephone 'mystery shopping exercise' that explored a variety of registration scenarios was undertaken. Staff at the Register Office were described as generally courteous, helpful, and knowledgeable. Comprehensive, friendly advice was provided to a birth registration query, certificate application enquiry, and request for probate details. However, queries relating to a death registration and a marriage were reported as being dealt with rather brusquely.

## CUSTOMER JOURNEY

### 6 *continued*

#### Information

6.9 There is a good range of local information for customers visiting the Register Office which includes information on ceremonies, certificate production, and the customer comments, suggestions, and complaints procedure. Registration pages on the local authority website provide a range of information, although the requirement to register deaths within 5 days is not listed. The inclusion of this information may help to secure more timely death registrations.

Strengths and Innovations	Areas for development
<ul style="list-style-type: none"> <li>• Good customer access to the registration service</li> <li>• Professional and courteous staff</li> <li>• Steps taken to ensure DDA compliancy of building</li> <li>• Good promotion of non-statutory services</li> </ul>	<ul style="list-style-type: none"> <li>• Review information available on statutory services</li> <li>• Improve arrangements around out of hours and emergency contact with the service</li> </ul>

## APPENDIX

## A DISTRICT PROFILE

<b>Demographic</b>			
Governance	Unitary Authority		
Formation	1998		
Population	250,000 (2008 population estimates)		
Size	80 sq km		
Region	South West		
Main hospital	Derriford Hospital, Plymouth		
<b>Access and facilities</b>			
Location of Register Office	Central; good transport links		
Other Service Points	None		
Car parking	Free on site		
Gardens	Fenced garden within Register Office Grounds and nearby tended grassed area		
Opening hours	<b>Register Office:</b> Monday, Wednesday, Thursday 9am -5pm Tuesday 9am - 6pm Friday 9am – 4.30pm		
Ceremony Rooms	2		
Approved Premises	20		
Designated RO	Yes		
<b>Business Volumes</b>			
Births	4842	Marriages	730
Deaths	3278	Civil Partnerships	34
Still-births	28	SR Certificates issued	7533
Marriage Notices	2346	Citizenship ceremony attendees	259
CP Notices	60	Birth Declarations	28
<b>Staffing profile (core staff)</b>			
<b>Local Structure</b>		<b>Statutory postholder (scheme)</b>	
Registration Manager (1)		Superintendent Registrar (1)	
		Additional Superintendent Registrar (1)	
Registrar of Births and Deaths/Deputy Superintendent Registrars (4)		Registrar of Births and Deaths (4)	
Registrars of Births and Deaths (1)		Registrar of Births and Deaths (1)	
Additional Registrar (1)		Additional Registrar (1)	

## APPENDIX

**B GPG ASSESSMENT OF STATUTORY STANDARDS**

<b>1. Birth and death activity</b>		
<b>Task &amp; Statutory Requirement</b>	<b>National Standard</b>	<b>Findings</b>
All births accurately registered within 42 days. <b>(KPI 1)</b>	98% registered within 42 days of birth	<b>Compliant</b> - 99% attained
All still-births accurately registered within 42 days. <b>(KPI 1)</b>	98% of still-births registered within 42 days	<b>Compliant</b> – 100% attained in 2008/09
All deaths accurately registered within 5 days (except deaths following an inquest). <b>(KPI 1)</b>	95% of deaths registered within 5 days of occurrence	<b>Non-compliant</b> - 81% attained
All deaths after inquest accurately registered on receipt of the coroner's certificate. <b>(KPI 1)</b>	90% to be registered on day of receipt of coroner's certificate.	<b>Non -Compliant</b> – earliest registered day after, some a number of days after receipt
Completed forms of declaration (birth, still birth & death) sent to receiving authority for registration on receipt	Completed outward declarations accurately completed and sent to receiving authority on the same day	<b>Compliant</b> - post book shows date sent same day that declaration is made
Inward declarations promptly processed.	90% of incoming declaration registered within 24 hours of receipt	<b>Compliant</b>
Requisitioning of responsible person to attend registrar's office and register birth.	Procedure in place for reminding of outstanding registration after 28 days and issuing formal requisition after 42 days.	<b>Compliant</b> – Nominated Officer carries out this function
Scrutiny of medical certificate of cause of death and reportable deaths referred to Coroner prior to registration.	Referral to coroner followed up by completion of form 52	<b>Compliant</b> – cases referred with form 52 being issued
All relevant statistical information requested and recorded.	Basis of request for information clearly explained to customers	<b>Non-Compliant</b> – questions not always clearly explained
Burial or cremation certificates accurately completed and issued at the appropriate time	Relevant documents issued.	<b>Compliant</b>
Applications for corrections and re-registrations processed and effected in accordance with statute	90% of applicants offered appointment within 7 working days of Registration Officer receiving GRO notification. Corrections accurately carried out.	<b>Non-compliant</b> - Incomplete evidence to suggest timescale is being met

<b>2. Marriage and civil partnership activity</b>		
<b>Task &amp; Statutory Requirement</b>	<b>National Standard</b>	<b>Findings</b>
Taking notices of marriage or Civil Partnership to allow event to take place as planned.	Couples able to give notice in time to allow the marriage or civil partnership to take place as planned	<b>Compliant</b>
Accurate completion and processing of notices in accordance with legal requirements.	Preliminaries to Marriage and Civil Partnership completed in accordance with legal requirements.	<b>Compliant</b>
For ceremonies, the provision of a room within the register office to accommodate the couple and two guests for statutory fee.	Room identified on plan approved by the RG. Couples offered choice of words of declaration and contract provided for in legislation	<b>Compliant</b>

## APPENDIX

**B** *continued*

Marriages registered immediately following the event.	Marriages accurately recorded immediately after event.	<b>Compliant</b>
Civil Partnerships recorded onto RON within 2 working days of formation.	Civil Partnerships recorded onto RON within 2 working days of the formation.	<b>Compliant - 100% achieved</b> <i>(Sample Apr 2008 – Mar 2009)</i>
Approved premises applications processed in accordance with Marriages and Civil Partnerships (AP) Regulations 2005	Procedures in place for approval process to be managed.	<b>Compliant</b>
Local authority maintains the Approved Premises register	Controls in place to manage the expiry and renewal of licences	<b>Compliant – register maintained by Registration Manager at RO.</b>

**3. Records, returns and certificates**

<b>Task &amp; Statutory Requirement</b>	<b>National Standard</b>	<b>Findings</b>
Quarterly copies certified and submitted to RG within 28 days of the end of the relevant quarter.	All returns made in accordance with statutory requirements and timescales	<b>Non-compliant – returns outstanding for last 5 quarters</b>
Occasional copies of corrected entries not on RON submitted within 7 days of correction	All returns made in accordance with statutory requirements and timescales	<b>Non-Compliant – Incomplete evidence to suggest timescale is being met</b>
Notifications to Health Authority, tax, electoral and education authorities, and to Local Safeguarding Children Boards made in accordance with statutory timescales	All returns made in accordance with statutory requirements and timescales	<b>Compliant</b>
Suspected sham marriages or civil partnerships reported to Home Office	All returns made in accordance with statutory requirements and timescales	<b>Compliant – although low rate of suspected sham marriages has meant few reported over recent years</b>
Registers to be kept in repository approved by the Registrar General	Registers stored to prevent deterioration and in secure and accessible location.	<b>Compliant</b>
Index to be prepared and made publicly available for deposited registration records	Provide public access to indexes on request.	<b>Compliant</b>
Certificates from entries in deposited registers issued in response to application <b>(KPI 3)</b>	95% of applications dealt with within 5 working days of application being received.	<b>Compliant – 100% achieved.</b>

**4. Citizenship activity**

<b>Task &amp; Statutory Requirement</b>	<b>National Standard</b>	<b>Findings</b>
Provision of or make arrangements for premises where citizenship ceremonies may be held.	Premises available for ceremonies.	<b>Compliant</b>
Ceremony must take place within 3 months of approval and must be conducted by a superintendent registrar or deputy.	Ceremony held within 3 months of applicant being informed that application has been successful. (See also good practice brochure).	<b>Compliant</b>
Citizenship certificates to be dated correctly and notification sent to Home Office within 14 days.	Citizenship certificate accurately completed and notification sent to within 14 days of the ceremony.	<b>Non-Compliant - no evidence to suggest standard is met</b>

## APPENDIX

## C GPG ASSESSMENT OF NON-STATUTORY STANDARDS

<b>1. Customer service</b>	
<b>Key Activity &amp; National Standards</b>	<b>Level of attainment and comments</b>
<b>1.1 Customer Satisfaction (KPI 4)</b> 90% customer satisfaction level. Surveys undertaken to cover satisfaction with service access and availability; areas of service delivery dissatisfaction identified and acted upon; results published	<b>Partly attained</b> – <i>customer surveys in place to gauge satisfaction levels but results not compiled or published</i>
<b>1.2 Compliments and Complaints (KPI 5)</b> Formal complaints received to be less than 0.5% of registration activities; clear, visual Compliments and Complaints policy in place; results published annually.	<b>Mostly attained</b> – <i>for 2008/2009 there were 4 complaints recorded; procedure to complain available via council's website but visibility at the register office should be enhanced. No results published</i>
<b>1.3 Consultation</b> Public views used to inform Service Delivery Plan; public/staff consultation strategy in place and reviewed.	<b>Partly attained</b> – <i>no formal engagement with public and stakeholders has taken place</i>
<b>1.4 On arrival - waiting times (KPI 2a) (ii)</b> <i>Those offices with appointment system</i> 90% of customers seen within 10 minutes of appointment time	<b>Partly attained</b> – <i>Observations during the inspection showed that all customers were seen within 10 minutes of their appointment. No formal records kept</i>
<b>1.5 Waiting Times for Appointments (KPI 2a) (i)</b> 95% of customers to be able to obtain an appointment for business as follows: Births/declaration – 3 working days; Deaths/still births/declaration – 2 working days; Marriage/CP notice 5 working days. Customers without an appointment able to complete their business on the day if they choose to wait	<b>Fully attained</b> – <i>Appointments available within the statutory timescales</i>  <i>Very few walk in customers, but they are seen by the nominated officer.</i>
<b>1.6 Information about Services provided</b> Available for statutory and non-statutory functions; in corporate format and obtainable at appropriate outlets; reviewed on a regular basis	<b>Fully attained</b> – <i>information available on the website, range of material displayed in public areas at the Register Office</i>
<b>1.7 e-facilities</b> Up to date and informative web site; credit/debit card payment facilities; e-appointment booking system in place	<b>Partly attained</b> – <i>Up to date website, but no automated booking system, or credit/debit payment facilities available</i>
<b>2. Business continuity and resources</b>	
<b>Key Activity &amp; National Standards</b>	<b>Level of attainment and comments</b>
<b>2.1 Business Continuity</b> Business Continuity plan in place linked to corporate policy and other key stakeholders; staff awareness of plan; business critical levels agreed with IT; reviewed and tested regularly; Risk Register in place	<b>Fully attained</b> – <i>BCP in place relating to Register Office activities, linked to corporate policy and other key stakeholders</i>
<b>2.2 Resources</b> Sufficient levels of appropriately trained staff employed to meet service delivery plan commitments.	<b>Mostly attained</b> – <i>most key staff trained in all registration duties. Temporary staff currently cover 2 vacancies. There is no dedicated training officer</i>
<b>3. Leadership</b>	
<b>Key Activity &amp; National Standards</b>	<b>Level of attainment and comments</b>
<b>3.1 Developing a direction for the Service</b> Clear statement of Service Aims and Objectives (“Mission”) with objectives linked to council vision. Annual Service Plan informed through customer and staff consultation; reviewed to identify success and failure; service leaders engaged in processes/activities; aware of national agenda; staff management undertaken; proper financial control	<b>Mostly attained</b> – <i>vision in place to move service forward. Staff appraisal system, electronic accounting system and audits in place. Customers/stakeholders need to feed into formal Service Plan.</i>

## APPENDIX

C *continued*

<b>3.2 Engagement with customers and key partners</b> External partners identified and engaged with; account taken of feedback/comments; Elected members involved	<b>Partly attained</b> – <i>partners identified and meetings held with them although feedback and views need to be sought</i>
<b>3.3 Developing an appropriate culture/leading by example</b> Clear values and behaviours in place and used when making decisions affecting staff, customers and key partners; action taken when behaviours and decisions not in accordance with the values for the Service; staff trained on fairness and diversity issues	<b>Fully attained</b>
<b>3.4 Managing Change</b> Service leaders aware of factors affecting service delivery; change communicated to staff; staff engaged in designing changes and improvements to service delivery; changes managed effectively	<b>Mostly attained</b> – <i>good lines of communication in place; Opportunities identified and consultations with staff made to develop service. Individual or group projects carried out and reported back through staff meetings, presentations. Monitoring of success has been sporadic.</i>
<b>3.5 Managing Systems</b> Systems in place to collect, collate and provide leaders with information regarding the achievement of objectives and delivery of service plans; clear roles and responsibilities for staff; effective succession plan in place.	<b>Mostly attained</b> – <i>Clear roles and responsibilities in place for staff; some manual monitoring systems in place. A structured staff development system is in place which provides progression opportunities for staff.</i>
<b>3.6 Improving Performance</b> Service is designed/structured to deliver continuous improvement within available resources; performance standards and team targets in place and communicated to staff; Guide to Good Practice is used to evaluate and improve key processes/practices; responsive to internal and external audit reports.	<b>Partly attained</b> – <i>Service Delivery Plan lists improvement priorities and other planned projects. GPG is used to set standards. Some development needs identified in previous Service Delivery Inspection are still an issue</i>

<b>4. Training and development</b>	
<b>Key Activity &amp; National Standards</b>	<b>Level of attainment and comments</b>
<b>4.1 Induction</b> Corporate and registration induction in place and evaluated	<b>Partly attained</b> – <i>Induction training is provided. Registration functions to be formalised. Training not currently evaluated.</i>
<b>4.2 Identify and plan training needs – current and future</b> Training plans in place for both existing staff and new starters which identifies skills required to undertake work and development needs; effective delivery of training; review of training needs; training delivered for new legislative changes; aware of GRO instruction.	<b>Partly attained</b> – <i>induction training for new starters is in place. Training plan has not been formalised</i>
<b>4.3 Delivery methods</b> Developmental activities include work shadowing, cascade training, mentoring and internal discussion groups.	<b>Fully attained</b>
<b>4.4 Access to or appoint competent trainer</b> Access to corporate and/or service training officer.	<b>Partly attained</b> – <i>Trainers identified for new staff from experienced members, but no dedicated training officer in post. Training bought in from other districts.</i>
<b>4.5 Evaluation, and records of training</b> Corporate training record; staff are set annual objectives against which performance is reviewed; staff aware of their role and responsibility	<b>Partly attained</b> – <i>performance appraisal system in place but there are no corporate training records</i>
<b>4.6 Active regional training group</b> Participate in a regional training group.	<b>Not attained</b> – <i>South West Regional Training group provides information on its activities but Plymouth are not represented at the meetings</i>
<b>4.7 Sharing of good practice</b> Sharing ideas and good practice within training group. Training as a standard item on team meetings	<b>Not attained</b>

## APPENDIX

**D ASSESSMENT OF TECHNICAL DELIVERY AND PROCESSES**

The tables below grades technical performance against the key activities within the registration process at an office-wide level. Where appropriate, development needs have been recorded.

Markings: 4 = *Fully compliant*; 3 = *Mostly compliant*; 2 = *Partly compliant*; 1 = *Non-compliant*

<b>MARRIAGE AND CIVIL PARTNERSHIP (PART 1) TECHNICAL ASSESSMENT OF NOTICE PROCEDURES</b>	Mark
Customer process from point of arrival to start of registration	4
Customers fully and consistently advised as to the documentation required for giving notice	4
Couples interviewed separately	4
Preliminary questioning to ensure marriage/ CP notice could be completed	4
Explanation of process given and due procedure followed	4
Questioning full, open and properly directed throughout	4
Names, aliases and ages properly sought, checked and recorded.	4
Condition properly checked and details recorded.	4
Places, addresses and residency fully checked/ recorded.	4
Current marriage/ CP venue thoroughly checked and details accurately recorded	4
Occupations detailed - expanded as required.	4
Relationships ascertained	4
Nationality thoroughly checked	4
Appropriate Notice declarations completed	4
Notice checked and serious nature impressed before signing; first notice properly attested before commencing second notice	4
Appropriate advice given regarding notice period, display, issue and collection	4
Suspected sham marriages being reported to the Home Office	4
Notices entered and displayed according to statutory requirements	3
Comparison and information copy action accurately undertaken	4
Effective process in place to ensure the issue of SR's Certificate of Marriage/ Schedule	4
Effective and efficient use of time and systems at notice attestation and ceremonies	4

<b>MARRIAGE AND CIVIL PARTNERSHIP (PART 2) TECHNICAL ASSESSMENT OF CEREMONY AND REGISTRATION DUTIES</b>	Mark ↓
SR's Certificate for Marriage and CP Schedules checked for validity	4
Venue/ room meets prescribed requirements	4
Couples clearly established at outset of pre marriage / CP interview	4
Questioning full and direct throughout	4
Amendments to couples details recorded on reverse of own SR's Certificate	2
Established procedure between interviews and ceremony	4
Ceremony conducted in line with statutory requirements	4
Register entry completed in line with statutory requirements	4
Correct procedure followed for all types of corrections	4
Associated paperwork in order (e.g. Widows cards)	2
Marriage QCCs actioned in accordance with GRO instructions	1
Marriage indexing is up to date	4



## APPENDIX

**D** *continued*

<b>BIRTH, STILL-BIRTH AND DEATH TECHNICAL ASSESSMENT OF REGISTRATION PROCEDURES AND DUTIES</b>	Mark
Customer process from point of arrival to start of registration	4
Checks made to effect registration (e.g. Medical Certificate Cause of Death)	4
Relationships and qualification to register clearly established at outset	2
Customers advised regarding parental responsibility, re-registration and registration utilising father's name (where applicable)	4
Questioning full and open throughout	3
Names and aliases properly sought and recorded	4
Age and marital condition properly sought and recorded	4
Places and addresses properly collected and recorded	3
Detailed recording of occupations (expanded where required)	3
Statistical questions properly introduced and explained to customers	2
All statistical data collected	4
Review of Information: Details checked by informants and correctly signed off	4
Appropriate birth and death documentation issued and explained at end of registration	4
Loose-leaf register in order (accurate, complete and in sequential order)	3
Ancillary duties fully completed (e.g. Greens, F111s, CONL)	4
Deaths referred to Coroner as appropriate (Form 52 completed)	4
Statutory returns actioned appropriately	4
Declaration and Re-registration process actioned appropriately and accurately	4
Correct procedures followed for all types of corrections	4
Requisition process followed	4
Birth, Still-birth and Death QCCs actioned in accordance with GRO instruction	1
Effective and efficient use of time and systems during registrations	4
Documentation in order and filed appropriately	3
Awareness of and access to up to date GRO directives (handbook, circulars etc)	4

Technical recommendationsMarriage

1. Ensure the timely submission of marriage QCCs
2. Changes should be made on the reverse of the marriage authorities and fronts should be unmarked
3. Widow/widowers cards should be completed if appropriate

Birth, Still-birth and Death

1. The recording of occupations could be expanded upon – eg with regard to company directors, engineers, teachers
2. Use correct place of birth conventions– there were examples in the registers of Maesteg, Wales; Wrexham, Wales; Edgware, London; Hayes; Abingdon
3. Formally introduce Statistical Questions and ensure distinction is made between compulsory and voluntary sections.
4. Ensure the timely submission of birth, still-birth and death QCCs

## APPENDIX

**E STOCK AND SECURITY ASSESSMENT**

The tables below assesses the management and control of stock and registers and the degree of security within the register office. Where appropriate, development needs have been recorded.

Markings: 4 = *Fully compliant*; 3 = *Mostly compliant*; 2 = *Partly compliant*; 1 = *Non-compliant*

	Mark
<b><u>Stock Control</u></b>	
Security of certificate stock at time of registration	4
Security of certificate stock when not in use (overnight)	4
Flu pandemic stock suitably labelled and secured separately from main stock	4
Record of Issue counterfoils completed at point of sale	4
Cashbook in operation to record daily business	4
Fees received for services rendered banked according to LA instruction	4
Counterfoils filed appropriately and kept for accounting purposes (minimum of 2 years)	4
Requisition and Stock Return Form in order	4
GRO Stock Record matches stock held at the register office	4
<b><u>Register Control</u></b>	
Last bound registers appropriately closed	4
Register pages accounted for in current register	4
Historic registers housed and secured appropriately (including Title Page)	4
Historic registers easily accessed for certificate production	4
Indexes maintained to GRO requirements	4
Same day return of marriage registers to register office if attendance at an approved premise	4
<b><u>Security</u></b>	
Effective security of building in place (eg burglar alarm, CCTV, security guards)	4
Offices and restricted areas appropriately secured (lockable/access control)	4
General Search facility in place and securely managed	4
Customers appropriately escorted and accompanied at all times	4
Effective management of keys/swipe cards/security codes	4
Marriage and CP Notices displayed to public held in secure environment	4
Strong Room meets GRO specifications	4
GRO RON User List matches current staff profile	4
PC Password protocols in place	4

## APPENDIX

**F CUSTOMER JOURNEY**

As part of the inspection process the “customer journey” was explored.

<b>1. How easy is it for the customer to make contact with the registration service?</b>		
Contact number accessed:	via website	<input checked="" type="checkbox"/>
	other council offices	<input checked="" type="checkbox"/>
	stakeholder establishments	<input checked="" type="checkbox"/>
	local directories	<input checked="" type="checkbox"/>
First point of contact	Direct to register office (registration office)	<input type="checkbox"/>
(by telephone)	Direct to register office (reception point)	<input checked="" type="checkbox"/>
	Direct to Contact Centre	<input type="checkbox"/>
Emergency contact number in operation		<input type="checkbox"/>
<b>Comment:</b> The public can access Plymouth services with little difficulty during normal business hours but there are no out of hours emergency arrangements		

<b>2. How easy is it for the customer to access the registration service?</b>		
Convenient central location of register office		<input checked="" type="checkbox"/>
Additional service points within registration district		<input type="checkbox"/>
Good public transport links in place		<input checked="" type="checkbox"/>
Opening hours in line with other corporate services		<input checked="" type="checkbox"/>
Extended opening hours in operation		<input type="checkbox"/>
Lunchtime opening in operation		<input checked="" type="checkbox"/>
<b>Comment:</b> The office is located close to the town centre. There has been no public consultation in relation to additional service points or extended opening hours		

<b>3. How easy is it for the customer to locate and access the register office?</b>		
Good signage in place (street sign to RO <u>and</u> signs indicating location of RO)		<input type="checkbox"/>
On-site car parking/cycle area/disabled bays		<input checked="" type="checkbox"/>
Drop-off points (for bridal cars)		<input checked="" type="checkbox"/>
Direct access (office at street level with no steps or other barriers)		<input checked="" type="checkbox"/>
At point of entry to building, access arrangements for disabled customers in place		<input checked="" type="checkbox"/>
Reception point in place to greet/direct customers		<input checked="" type="checkbox"/>
<b>Comment:</b> Signage is in place outside the office but none in the streets leading to it from the town centre		

<b>4. How easy is it for customers to conduct their business quickly?</b>		
Waiting time for an appointment meets national standards (all events)		<input checked="" type="checkbox"/>
Waiting time from arrival to registration meets national standards		<input type="checkbox"/>
Walk-in provision available		<input checked="" type="checkbox"/>
<b>Comment:</b> Observations show minimum waiting times although no formal monitoring takes place.		

## APPENDIX

**F** *continued***5. Is there good information about the registration service available to the customer?**

Wide selection of statutory notices, booklets and leaflets within public areas	<input type="checkbox"/>
Wide selection of local information within public areas	<input checked="" type="checkbox"/>
Use of IT to convey information (eg plasma screen) within public areas	<input checked="" type="checkbox"/>
Easy access to registration services on website	<input checked="" type="checkbox"/>
All information on website is up to date <u>and</u> relevant	<input checked="" type="checkbox"/>
Promotional material in place (eg marriage brochure)	<input checked="" type="checkbox"/>
Compliments and complaints policy in place <u>and</u> visible to customers	<input checked="" type="checkbox"/>
Service standards/targets publicised	<input type="checkbox"/>

**Comment:** Although there is a wide range of local information available there is scope for more information to be on offer of a statutory nature, for example, statutory fees, how to register a birth or death, passport information.

**6. What facilities and enhancements are available for customers at the register office?**

Garden area	<input checked="" type="checkbox"/>
Good backdrop for photo opportunities	<input checked="" type="checkbox"/>
Statutory ceremony room (meeting national standard)	<input checked="" type="checkbox"/>
Decommissioned rooms	<input checked="" type="checkbox"/>
Waiting areas	<input checked="" type="checkbox"/>
Separate waiting areas	<input type="checkbox"/>
Quiet room available for distressed informants	<input type="checkbox"/>
Baby changing facilities	<input checked="" type="checkbox"/>
Public toilets	<input checked="" type="checkbox"/>
Public telephone	<input type="checkbox"/>
Children's play area	<input type="checkbox"/>
Water dispenser/Drinks dispenser	<input type="checkbox"/>
Mobility provisions for disabled customers (eg ramps, wide doors, lower counter)	<input checked="" type="checkbox"/>
Visual provisions for disabled customers (eg Braille, large signs)	<input checked="" type="checkbox"/>
Aural provisions for disabled customers (eg hearing loop, microphone)	<input checked="" type="checkbox"/>
Disabled washroom facilities	<input checked="" type="checkbox"/>
Rooms: clean and tidy/room for business to be conducted	<input checked="" type="checkbox"/>
Wide range of choice with regard enhancements at ceremonies	<input checked="" type="checkbox"/>
Payment by credit/debit card	<input checked="" type="checkbox"/>
Special arrangements for still-birth/neo natal death arrangements	<input type="checkbox"/>
Home registrations	<input type="checkbox"/>
Partnership working with associated groups (eg bereavement)	<input type="checkbox"/>

**Comment:** A reasonable range of facilities are available for customers.

## APPENDIX

**F** *continued*

<b>7. Is there a good range of other services available to the public?</b>	
Private citizenship ceremonies	<input checked="" type="checkbox"/>
Baby naming ceremonies	<input checked="" type="checkbox"/>
Re-affirmation of vows	<input checked="" type="checkbox"/>
Civil Funerals	<input type="checkbox"/>
National Checking Service (NCS)	<input type="checkbox"/>
<b>Comment:</b>	

<b>8. How did staff engage with the public?</b>	
Confidentiality respected at all times	<input checked="" type="checkbox"/>
Understanding needs of customer	<input checked="" type="checkbox"/>
Clear and concise explanation of procedures etc	<input checked="" type="checkbox"/>
Good explanation of certificates and forms	<input checked="" type="checkbox"/>
Showed sympathy/empathy	<input checked="" type="checkbox"/>
Receptive to questions	<input checked="" type="checkbox"/>
Professional outlook	<input checked="" type="checkbox"/>
<b>Comment:</b> Staff offer a good standard of customer care. This was observed in the general office, at registrations and ceremonies, and during the mystery shopper exercise	

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## CITY OF PLYMOUTH

**Subject:** Risk Management – Annual Report

**Committee:** Audit Committee

**Date:** 23 July 2010 (deferred from 28 June 2010)

**Cabinet Member:** Cllr Ian Bowyer

**CMT Member:** Director of Corporate Support

**Author:** Mike Hocking, Head of Corporate Risk & Insurance

**Contact:** [mike.hocking@plymouth.gov.uk](mailto:mike.hocking@plymouth.gov.uk)  
Tel : 01752 - 304967

**Ref:** CRM/MJH

**Part:** I

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**Executive Summary:**

This report summarises the work carried out during 2009/10 to develop the Council's approach to risk management and covers:

- Corporate and Operational Risk Management Groups
- Risk Registers
- Performance Management and Business Planning
- Benchmarking
- Statement on Internal Control/Annual Governance Statement
- Use of Resources Assessment
- Risk Management and the Competency Framework
- Partnerships Governance
- Intranet Risk Management Guidance

The report also provides information on the focus of proposed risk management activity for the next twelve months.

---

**Corporate Plan 2010/13:**

Maintaining sound systems of internal control and risk management enables the Council to monitor and review the key risks that may prevent it from achieving its corporate and service objectives.

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land:**

None arising specifically from this report.

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**Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management etc.**

The Risk Management Strategy specifically supports the Council's overall governance arrangements.

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**Recommendations & Reasons for recommended action:**

The Audit Committee is recommended to note the Annual Report.

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**Alternative options considered and reasons for recommended action:**

Not applicable.

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**Background papers:**

Strategic and Operational Risk Registers  
Previous Audit Committee reports

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**Sign off:**

Head of Fin	S.W.	Head of Leg	D.S.	Head of HR		Head of AM		Head of IT		Head of Strat Proc	
Originating SMT Member: Asst Director for Democracy and Governance											



**Report of Director for Corporate Support to Audit Committee  
28<sup>th</sup> June 2010**

**Risk Management - Annual Report**

**1. Introduction**

1.1 This report summarises the work carried out during 2009/10 to further develop the Council's approach to risk management.

1.2 The review covers :

- **Corporate and Operational Risk Management Groups**
- **Risk Registers**
- **Performance Management and Business Planning**
- **Benchmarking**
- **Statement on Internal Control/Annual Governance Statement**
- **Use of Resources Assessment**
- **Risk Management and the Competency Framework**
- **Partnerships Governance**
- **Intranet Risk Management Guidance**

1.3 Information is also provided on the focus of proposed risk management activity for the next twelve months.

**2. Corporate and Operational Risk Management Groups**

2.1 Members will be aware that the risk management strategy involves a two tier approach.

2.2 The Corporate Management Team (CMT) acts as the Corporate Risk Management Group (CRMG) with responsibility for the Strategic Risk Register and the overall risk management strategy.

2.3 CRMG has met four times in the past twelve months to receive and approve monitoring reports and to consider strategic risk issues prior to Cabinet Planning giving approval for reports to be presented to Audit Committee.

2.4 Directors have engaged fully in the risk management process in taking ownership of the Strategic Risk Register both formally at CRMG meetings and throughout the year in proposing amendments to the Register in line with changing circumstances and priorities for the Council.

2.5 As a result the Strategic Register has now been through 16 revisions since it was first drawn up seven years ago which is good evidence of the dynamic nature of the risk management process and its embeddedness at a strategic level.

2.6 Portfolio-holders at meetings of Cabinet Planning have also been engaged in considering and challenging risk management monitoring reports.

2.7 Matters of day to day operational risk management are the responsibility of the Operational Risk Management Group (ORMG) which is chaired by the Head of Corporate Risk & Insurance and comprises Risk Champions from each Directorate and/or Service.

- 2.8 The ORMG has met every 6 – 8 weeks to review and monitor Operational Risk Registers, to promote and develop a consistent approach to risk management and also to consider bids from departments for financial assistance from the Risk Management Fund towards risk reduction initiatives.
- 2.9 The Risk Management Fund is currently £50,000 per annum and is used as a pump-priming fund to enable departments to implement risk reduction initiatives in areas such as physical security improvements (fire/intruder alarms, CCTV etc), training, health and safety improvements etc.
- 2.10 A list of those projects supported by the Fund in 2009/10 is attached for information at Appendix A.

### **3. Risk Registers**

- 3.1 Both Strategic and Operational Risk Registers are the subject of formal monitoring on a six-monthly basis with the results discussed and agreed firstly at CMT and secondly at Cabinet Planning prior to a monitoring report being presented to this Committee.
- 3.2 Monitoring reports are now routinely considered at each meeting of this Committee with Strategic and Operational risk updates provided to alternate meetings. Reports outline the direction of travel for all risks identified in risk registers and provide commentary on the effectiveness of the risk management processes in place.

### **4. Performance Management and Business Planning**

- 4.1 Departmental risk champions have received training on the risk management module of the Council's performance management system, ePerform, and all risk registers and associated information are now being routinely recorded and updated on-line.
- 4.2 Development work is ongoing to ensure that links are made with the business planning and performance indicator modules so that, in time, it will be possible for managers to see at a glance those risks that threaten the delivery of key corporate or service objectives.
- 4.3 Most Services have made strong links with their Risk Registers in their current Business Plans to enable more direct monitoring of those risks that threaten the delivery of key service objectives.
- 4.4 To promote a more consistent approach, guidance was included in the 2009/10 Business Planning framework which will facilitate a common methodology.
- 4.5 This work is key to demonstrating further embeddedness of risk management considerations into the Council's corporate business processes.

### **5. Benchmarking**

- 5.1 The Council has joined a new national risk management benchmarking club which is a collaboration between Alarm and CIPFA.
- 5.2 Almost 100 local authorities have signed up and completed a survey questionnaire based on Alarm's National Performance Model for Risk Management in Public Services and designed to enable participants to test their organisation's performance against the major

risk management standards, expectations of inspection bodies and criteria that inform the risk management element of the Annual Governance Statement.

- 5.3** The survey covers seven strands of effective risk management performance:
- Leadership and Management
  - Policy and Strategy
  - People
  - Partnerships and Resources
  - Processes
  - Risk Handling and Assurance
  - Outcomes and Delivery
- 5.4** The survey results are due to be published in July and a report will therefore be brought to the next meeting of this Committee.
- 6. Statement on Internal Control/Annual Governance Statement**
- 6.1** The system of internal control in the Council is based on an ongoing process to identify and prioritise the risks or threats to the achievement of policies, aims and objectives and to evaluate the likelihood of those risks being realised and the impact should they occur.
- 6.2** The Council has had a statutory duty since 2004 to publish a Statement on Internal Control (SIC) which outlines the processes it has in place to ensure that there is a sound system of internal control in operation.
- 6.3** With effect from 1<sup>st</sup> April 2007 the SIC was replaced by an Annual Governance Statement (AGS) – the AGS requires a wider review of the Council’s internal control system than the SIC in that, in addition to existing assurance gathering processes, it also involves a broader self-assessment to be undertaken of the Council’s overall governance arrangements.
- 6.4** To facilitate this self-assessment, a local Code of Corporate Governance was drawn up and approved by this Committee on 31<sup>st</sup> March 2008 – the Code, modelled on a Framework document produced by CIPFA (The Chartered Institute of Public Finance and Accountancy) and SOLACE (The Society of Local Authority Chief Executives), defines a set of principles that should underpin the governance of all public bodies.
- 6.5** An officer group has been formed to oversee the self-assessment of the effectiveness of the Council’s governance arrangements against the Code.
- 6.6** As part of the assurance gathering exercise to prepare the Annual Governance Statement this self-assessment has been updated and this indicates an improvement in compliance with the 58 key principles in the Code from 92% to 95%.
- 6.7** A full report will be presented to this Committee in September outlining any gaps in compliance together with an action plan to address them.
- 6.8** The monitoring processes now in place to manage risk through the Council’s approach to risk management is proving to be an effective tool in contributing to the delivery of this statutory responsibility, with the Strategic Risk Register in particular largely informing the content of the AGS.

## **7. Use of Resources Assessment**

- 7.1 The Use of Resources assessment, as part of the Comprehensive Area Assessment for 2009, included a review of Internal Control, including risk management arrangements.
- 7.2 The assessment recognised continuing improvements in how the Council is managing risk and this was reflected in the risk management score being maintained at 3 out of 4.
- 7.3 Although the new Coalition Government is now abandoning the CAA inspection framework, the performance drivers within the Use of Resources assessment remain a valid focus for the Council to continue on its improvement journey and, in particular, for the development of an effective risk management strategy.
- 7.4 We will therefore continue to work towards fully embedding risk management in the Council's core business processes in line with the existing UoR Action Plan.

## **8. Risk Management and the Competency Framework**

- 8.1 In 2009 the Council adopted a new Competency Framework covering all employees as part of its commitment to ensure that there is a clear set of standards that underpins the performance, behaviours, work, knowledge and skills of its staff to help the Council deliver its vision and the key priorities in the Corporate Plan.
- 8.2 Risk Management performance is one of five core management competencies in the Framework so that in future senior managers will be assessed on their contribution towards the delivery of the Corporate Risk Management Strategy as part of their annual appraisals.

## **9. Partnerships Governance**

- 9.1 The Council is increasingly engaging in partnership arrangements to deliver its corporate objectives and this brings both risks and opportunities – it is therefore important that effective governance arrangements are in place to monitor the effectiveness of delivery mechanisms.
- 9.2 External inspections have confirmed that the Council's significant partnerships have effective risk management arrangements in place with risk registers monitored routinely by Programme and Project Boards.
- 9.3 In addition, the Local Strategic Partnership is currently developing a more robust system of risk logs in order to help track the delivery of key outcomes from the four Theme Groups as part of its performance management framework.
- 9.4 However, there is a need for a more consistent approach to governance arrangements across all partnership working, more particularly in the light of the current economic climate and the threat of funding cuts to both the Council and potentially its key partners as well.
- 9.5 A Partnerships Code of Practice, which will include risk management guidance, is therefore being drawn up and due to be consulted on with key stakeholders – it is intended that this will provide a consistent governance framework for both existing and future partnerships.

## **10. Intranet Risk Management Guidance**

**10.1** The Corporate Risk Management Team has been developing guidance material available to managers and staff and there is now a comprehensive risk management page on the Staff Room intranet site.

**10.2** The guidance covers the following frequently asked questions:

- What is a risk?
- What is risk management?
- Why is risk management important?
- How do I report a risk?
- What is the process for monitoring risks?
- Who is my risk champion?
- How do I apply for risk management funding?
- How does risk management fit with the Competency Framework?
- How do I arrange risk management training?

**10.3** Information is also provided on risk management in business planning, ePerform and the Council's Code of Corporate Governance.

**10.4** The latest version of the Strategic Risk Register, once approved by this Committee, is also published on the site.

## **11. Focus for 2010/2011**

**11.1** Whilst the Council can demonstrate that management of risk is now a key consideration in its overall corporate governance arrangements, further work will be ongoing to ensure that risk management considerations continue to be embedded into core business processes.

**11.2** The focus for 2010/11 will therefore be to ensure that management of risk is further developed as a more explicit feature in the areas of:

- Strategic planning
- Financial planning
- Policy making and review
- Performance Management
- Partnerships

## **12. Conclusion**

**12.1** There is good evidence of the development of a risk management culture within the Council with proactive engagement of Members, Directors and Heads of Service, and senior operational managers – this culture is now supported by a mandatory assessment of risk management performance as part of the Competency Framework annual appraisal process.

**12.2** The Council now has well-developed and proven risk management processes in place which have been integrated into business planning, budget, project and performance management,

**12.3** This Annual Report should therefore give Audit Committee members assurance as to the adequacy and effectiveness of the internal control arrangements and, in particular, the contribution of risk management to the overall governance framework.

**12.4** Further work is planned in 2010/11 to ensure that these arrangements continue to be developed and enhanced.

**13. Recommendation**

**13.1** The Audit Committee is recommended to note the Annual Report.

**RISK MANAGEMENT BIDS APPROVED 2009/10****1. Chief Executive's Department – Temporary mortuary facilities in the event of a major incident (09/02) £1,125**

Contract for additional mortuary provision in the event of a localized major incident.

**2. Culture, Sport & Leisure – Anti slip paint to access walkway and ramp at Egguckland Community College (09/03) £410**

Replacement of anti-slip strips on walkway.

**3. Culture, Sport & Leisure – Safety improvements to driveway at St Budeaux Library (09/12) £2,182**

Repair damaged security barrier.

**4. Corporate Property – Structural survey of Charles Church (09/06) £7,500**

Health & Safety Risk Assessment highlighted potential hazard of falling masonry.

**5. Community Services – External dome cameras at Central Library (09/07) £1,816**

Security improvements following vandalism.

**6. Community Services – Wooden decking to fire escape route at Chelson Meadow Landfill Site (09/09) £1,435**

Replacement of rotten planks.

**7. Community Services – Health & Safety improvements to reception desk at Central Park Pool (09/08) £6,029**

Replacement of reception desk which was not DSE/DDA compliant.

**8. Community Services – Radio system for fire evacuation purposes at Chelson Meadow Landfill Site (09/10) £2,053**

Improve site communication in the event of an emergency.

**9. Children's Services – Security improvements for Parent Partnership at the Old Treasury Building (09/01) £4,345**

Installation of vandal resistant door entry stations.

**10. Community Services – Emergency electrical works identified at Chelson Meadow (09/11) £6,450**

Remedial repair of circuit board and wiring at site which was deemed dangerous following a risk assessment.

**11. Culture, Sport & Leisure – Safety improvements to driveway at St. Budeaux Library (09/04) £2,182**

Mark a pedestrian area on the side of the driveway and install sleeping policeman to slow down traffic.

**12. Community Services – Connection of fire alarm at The Greenhouse, Chelson Meadow (09/14) £1,144**

Reconnect fire alarm system to Chubb Service Centre following disconnection by previous owner.

**13. Corporate Property – Erection of canopy over staff entrance of Civic Centre (09/15) £7,500**

To protect staff and members of the public from falling masonry.

**14. Corporate Property – Replacement flagstones outside front of Civic Centre (09/16) £7,500**

New paving and sub-base required to stop flagstones from cracking when vehicles require access to the Civic Centre.

**15. Community Services – Installation of stair lift at Stirling House (09/18) £1,766**

Installation of a stair lift to increase ability for all clients, visitors to access all levels of the building and therefore reduce the risk of social isolation and limiting admissions and discharges.

**16. Corporate Support – Hearing loop within Council House (09/19) £2,625**

Improve range of the hearing loop in the Council House.

**17. Corporate Property – Energy management software to collect data from Automatic Meter Reading System (09/20) £7,500**

Energy monitoring and targeting software to collect data from meters to comply with Carbon Reduction Commitment Energy Efficiency Scheme and improve energy management.



**CITY OF PLYMOUTH**

**Subject:** Operational Risk Management Update Report

**Committee:** Audit Committee

**Date:** 23 July 2010 (deferred from 28 June 2010)

**Cabinet Member:** Cllr Bowyer

**CMT Member:** Director of Corporate Support

**Author:** Mike Hocking, Head of Corporate Risk & Insurance

**Contact:** [mike.hocking@plymouth.gov.uk](mailto:mike.hocking@plymouth.gov.uk)  
Tel : 01752 - 304967

**Ref:** CRM/MJH

**Part:** I

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**Executive Summary:**

At the meeting of the Audit Committee on 11<sup>th</sup> December 2009, I reported that Services were engaged in a revision to their Operational Risk Registers in order to identify and align risks with their Business Plans in accordance with guidelines on operational risk management introduced as part of the 2008/9 Business Planning guidance document "Striving for Excellence".

This revised approach, together with a supporting guide for managers, "Risk Management and Business Planning", was endorsed and approved by this Committee on 25<sup>th</sup> January 2008.

This report now outlines the continuing progress being made across Services in delivering Operational Risk Registers based on this approach.

The total number of operational risks now reported is 115, comprising 1 high (red) risk, 68 medium (amber) risks and 46 low (green) risks.

Commentary on the high risk areas is included in the report together with details of control actions/mitigation in place.

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**Corporate Plan 2010/13:**

Operational Risk Registers are now being aligned to Business Plan objectives which are in turn linked to the Corporate Plan and Corporate Improvement Priorities. This ensures that appropriate links are identified with individual risks where control action contributes to the delivery of a key corporate objective.

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land:**

None arising specifically from this report but control measures identified in risk registers could have financial or resource implications.

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**Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equality Impact Assessment etc.**

None arising specifically from this report but community safety and health and safety risks are taken into account in the preparation of risk registers.

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**Recommendations & Reasons for recommended action:**

The Audit Committee is recommended to:

- Note and endorse the current position with regard to operational risk management.
- 

**Alternative options considered and reasons for recommended action:**

Effective risk management processes are an essential element of internal control and as such are an important element of good corporate governance. For this reason alternative options are not applicable.

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**Background papers:**

Plymouth City Council Risk Management Strategy and Policy Statement  
Operational Risk Registers and associated working papers  
“Risk Management and Business Planning” Guidance Note, January 2008  
Previous reports on risk management to Audit Committee

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**Sign off:**

Head of Fin	SW	Head of Leg	DS	Head of HR		Head of AM		Head of IT		Head of Strat Proc	
Originating SMT Member : Assistant Director, Democracy and Governance											

**Report of Director of Corporate Support to Audit Committee  
28<sup>th</sup> June 2010**

**Operational Risk Management Update Report**

**1. Introduction**

- 1.1** At the meeting of the Audit Committee on 11 December 2009, I reported that Services were engaged in a revision to their Operational Risk Registers in order to identify and align risks with their Business Plans in accordance with guidelines on operational risk management introduced as part of the 2008/9 Business Planning guidance document “Striving for Excellence”.
- 1.2** This revised approach, together with a supporting guide for managers, “Risk Management and Business Planning”, was endorsed and approved by this Committee on 25<sup>th</sup> January 2008.
- 1.3** This report now outlines the continuing progress being made across Services in delivering Operational Risk Registers.
- 1.4** Three departments have been unable to report their risks in time for this monitoring deadline. Finance and Asset Management are currently reviewing their risk register following the amalgamation of the departments to Finance, Assets and Efficiencies and Development are also undergoing a complete risk review in line with new business plans which are in the process of being written.
- 1.5** Therefore the total number of operational risks now being reported has reduced from 127 to 115, comprising 1 high (red) risk 68 medium (amber) risks and 46 low (green) risks.
- 1.6** The report includes commentary on the high risk areas identified together with details of control actions/mitigation.

**2. Background**

- 2.1** The Council’s approach to risk management has been judged annually through the Use of Resources assessment as part of its Comprehensive Area Assessment (CAA).
- 2.2** Key Line of Enquiry 4.1 of the Use of Resources assessment (“The Council manages its significant business risks”) includes at Level 4:

*“The Council can demonstrate that it has embedded risk management in its business processes, including strategic planning and policy making and review...”*

- 2.3** Although the new Coalition Government is now abandoning the CAA inspection framework, the performance drivers within the Use of Resources assessment remain a valid focus for the Council to continue on its improvement journey and, in particular, for the development of an effective risk management strategy.
- 2.4** We will therefore continue to work towards fully embedding risk management in the Council's core business processes in line with the existing UoR Action Plan.
- 2.5** The good progress made towards achievement of this outlined in this report should provide Members with assurance that operational risks are now being identified effectively, mitigation actions put in place and Operational Risk Registers monitored routinely alongside the delivery of Business Plan objectives.

### **3. Operational Risk Registers and Analysis of Risks Identified**

- 3.1** Departmental Risk Champions continue to make good progress embedding the risk management process to enable service level Operational Risk Registers to be brought in line with the "Risk Management and Business Planning" guidance.
- 3.2** In drawing up their Business Plans, Heads of Service are now asked to identify risks that may prevent them from delivering on their key service objectives and, by monitoring these risks on a regular basis at management team meetings, will be tracking the effectiveness of mitigation controls.
- 3.3** As the risk identification process includes quantification through a probability/impact assessment, Services should also be able to identify key risks and prioritise resources more effectively.
- 3.4** Risks are also being linked where appropriate with the 14 Corporate Improvement Priorities and in this way monitoring of operational business risks will be directly contributing to the delivery of corporate objectives.
- 3.5** Risks will need to be reviewed in those areas that are affected by departmental re-structures.
- 3.6** All Services have therefore now either completed Operational Risk Registers or, where affected by Management /Department re-structures, are reporting work in progress in line with development of their Business Plans.
- 3.7** An update across directorates is provided below:
- **Children's Services**  
The Business Plan for Children's Services is the "Children's and Young People's Trust Plan" (CYP Trust). An Operational Risk Register has

been drawn up which identifies significant risks to the delivery of the 10 priorities under the “Every Child Matters” outcomes identified in the Plan. The Register is divided into four main categories of risk – Lifelong Learning / Commissioning, Policy and Performance, Learner and Family Support and Children’s Social Care.

There is a high level of senior management commitment to the monitoring and management of operational risks within the Department. DMT receives detailed updates on a quarterly basis.

There has been a reduction in the number of amber risks from 13 to 8 demonstrating the positive developments within the service since last December’s monitoring.

- **Development**

Development Management Team has taken the decision to review the existing register to ensure that it is fully integrated with new business plans which are in the process of being written.

- **Community Services**

The service was re-aligned last year and Environmental Services came under the umbrella of Community Services whilst 17 risks transferred to Plymouth Community Homes. The Risk Champion continues to attend regular SMT meetings to ensure the process is embedded into the directorate’s Business Plan Monitoring Framework and risks linked where appropriate to the Corporate Improvement Priorities.

- **Assistant Chief Executive**

Whilst Business Plans have been drawn up for individual Services, existing operational risks have still not been fully aligned with key service objectives. Further work therefore needs to be undertaken to embed the Risk Management process in the Department following changes to functional responsibilities resulting from the senior management restructure.

- **Corporate Support**

The Operational Risk Register for Legal Services has been reviewed and refreshed in line with Corporate Improvement Priorities. Finance and Asset Management have now integrated to become Finance, Assets and Efficiencies and a re-structure is taking place after which the overarching business plan will be written and risks reviewed.

ICT maintain and monitor a risk register but will also be reviewing its risks following an imminent re-structure.

The objective of Revenue’s 2010/11 business plan is to improve customer satisfaction by delivering a customer focussed service and improving customer experience and their risks are linked to this. Monitoring of both business plan actions and risks is carried out at monthly management meetings

**3.8** The table below shows the total number of risks now identified in operational risk registers across the Council and shows the comparison with the last monitoring period:

<b>Risk Category</b>	<b>No. of Risks – Dec 2009</b>	<b>No. of Risks – Jun 2010</b>
Red (High)	2	1
Amber (Medium)	75	68
Green (Low)	50	46
<b>Total</b>	<b>127</b>	<b>115</b>

#### 4. Red Risks

- 4.1 One “red” risk identified in Dec 09 has now been deleted and information on this and the existing red risk is given below:

<b>Department</b>	<b>Potential Risk</b>	<b>Mitigation</b>
<b>DELETED RISK (FORMERLY RED)</b>  Community Services – Safer Communities	Reduction/withdrawal of grant funding for Community Safety commissioning.	Funding in place – no longer a risk.

<b>Department</b>	<b>Potential Risk</b>	<b>Mitigation</b>
<b>RED RISK</b>  Children and Young People	Inability of Carefirst to meet business requirements in terms of changes to service provision.	This risk is also included on the Strategic Register. The Council has begun a 3 year programme of improvement to address both the system and supporting business processes. A CareFirst Project Board has been established chaired by the Asst Chief Executive. As the risk has significant financial implications it remains red.

#### 5. Risk Register Information

- 5.1 Risk Registers include mitigation actions/controls for all risks identified together with a named risk owner in each case in order to aid monitoring which is being built into the business plan monitoring framework in each service.

- 5.2 Risks scored 5 and under are considered to be managed to an acceptable level and have been removed from registers in line with the revised Risk Management Strategy.
  - 5.3 Risk information is being recorded on the corporate performance management system, ePerform, using the risk management reporting module.
  - 5.4 More detailed information on individual Services' risk registers can be obtained from departmental risk champions, Heads of Service or the Head of Corporate Risk & Insurance.
- 6. Update of Risk Management Strategy**
- 6.1 The revised strategy was endorsed by this Committee on 26<sup>th</sup> March 2010 and will now be circulated to all Members and senior officers and will also be published on the intranet.
- 7. Directorate Presentations on Management of Operational Risk**
- 7.1 Following a proposal which was discussed and agreed at Audit Committee on 25<sup>th</sup> September 2009, directorate representatives will be invited to attend this Committee on a rotational basis to give a presentation on how risk management is being delivered within their Department.
  - 7.2 The Department for Development will be presenting their approach at the next meeting of this Committee.
- 8. Risks and the Budget & Performance Report**
- 8.1 Department Risk Champions now provide a completed register template on emerging red risks within their department to the Head of Corporate Risk and Insurance as soon as information is available so that the detail can be included in the quarterly Budget & Performance report, rather than wait until the 6 monthly formal monitoring.
  - 8.2 This is to ensure that any budgetary implications can be identified at an early stage.
- 9. Risks and Corporate Business Processes**
- 9.1 One of the aims of the risk management strategy is to embed risk management considerations into core business processes such as strategic and financial planning, policy making, performance management, project/partnerships management and business planning.
  - 9.2 Good progress has been made in all these areas as follows:

- **Strategic and Financial Planning** – delivery of key corporate objectives in the Corporate Plan are supported by risk logs for each of the 14 Corporate Improvement Priorities and budgets are allocated according to risk –assessed priorities.
- **Policy Making** – report authors preparing papers for Member decisions are required to include risk considerations in the front summary sheet for all Committee reports.
- **Performance Management** – the Performance Management system, ePerform, includes a risk management module where all strategic and operational risks are recorded and linked to strategic and service objectives. In addition, to support the development of a risk aware culture, risk management is now one of the five core management competencies in the Competency Framework and managers are therefore now routinely assessed on their performance as part of their annual appraisal.
- **Project/Partnerships Management** – all major projects require a mandatory risk assessment at the project initiation stage and thereafter have their own risk registers which are routinely monitored by Project and Programme Boards. Significant partnerships also have their own risk registers and in addition a Partnerships Code of Practice has been drafted for consultation prior to adoption as a governance framework to support future partnership working.
- **Business Planning** – Operational Risks are now being routinely incorporated into departmental business plans as outlined in Section 3 of this report.

## 10. Conclusion

- 10.1** The Council's success in dealing with the risks it faces can have a major impact on the achievement of key promises and objectives and ultimately, therefore, on the level of service to the community.
- 10.2** The approach to operational risk management now being adopted is very much focussed on improving the ability of Services to manage those risks that may prevent them from delivery of their Business Plans – this in turn should in time impact positively on outcomes for citizens and, if fully implemented as a routine business practice, will go a long way towards meeting the risk management requirements of effective corporate governance in line with external inspection and stakeholder expectations.
- 10.3** One of the roles of the Audit Committee is to seek and receive assurances that the Council has an effective internal control framework in place which includes arrangements for the management of risk at both strategic and operational level.
- 10.4** This update report confirms that operational risks are now being identified across Services with much clearer links to Business Plan objectives and also confirms the good process in embedding risk management in other core business processes.



- 10.5** The Operational Risk Management Group is continuing to work with departmental Risk Champions to maintain the good progress to date and to further develop consistent application of risk management considerations in these processes.
- 10.6** The next progress report will be brought to Audit Committee in January 2011.
- 11. Recommendation**
- 11.1** Members of the Audit Committee are invited to note and endorse the current position with regard to operational risk management.

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## *Performance Management Arrangements*

Plymouth City Council

23 March 2010

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## **Appendices**

### **A Action Plan**

# 1 Introduction and background

- 1.1 Sound performance management and reporting arrangements are integral to the proper management of a business and are an essential contribution to ensuring proper use of resources and the achievement of objectives. Performance management information is fundamental to ensure that this informs decision making, business planning, budget setting, and strategic development within an organisation.
- 1.2 Performance management may have a number of components, including monitoring progress against corporate objectives, budgetary control and the arrangements in place for managing the workforce. While the Council recognises that it is everyone's job to engage in performance management, it is for the Council's leadership to lead the way in driving improvements in the performance culture, and to ensure that the performance framework is applied at all levels.
- 1.3 The Council has been engaged in a continuous development of its performance management arrangements over the last three to four years and previous reviews of local arrangements, including work undertaken by the Audit Commission, have identified that corporate arrangements for managing and reporting on key targets and priorities have been developing well and that performance management has now become much more a part of the corporate culture.
- 1.4 We recognise the significant input made across the Council into developing its performance management arrangements. Our review has focused on the development of the corporate performance and finance reporting arrangements and some of the processes that support that. In completing our review, we have undertaken interviews with key senior staff, reviewed background documentation provided to us and also reviewed some of the data on the corporate management information system, ePerform.

## 2 Key findings

### *Introduction*

- 2.1 The Council's Corporate Plan 2009-12 is the focal point for its strategic direction and focuses on, amongst other issues, an assessment of its current performance and its three-year corporate priorities. The Plan also highlights the processes by which the Council will monitor its progress, including project and programme management.
- 2.2 The Council continues to develop its performance management arrangements, with a particular focus on the 14 corporate improvement priorities (CIPs) and the detailed indicators that underpin them, whilst recognising other key influences on performance, for example, the effect of the economic situation and the demands of the local health inequalities agenda.
- 2.3 The CIPs are broad statements of intention (for example, CIP 4 is entitled "reducing inequalities between communities") and underpinning each CIP is one or more key improvement areas and, for each improvement area, one or more key performance measures (which may be either national or local indicators) as well as key actions and "milestones" (key delivery points within each project, and on which the success of each project is dependent). The Plan also includes the Local Area Agreement (LAA) indicators.
- 2.4 The CIPs are allocated across the service departments and each CIP is led by a head of service who has principal responsibility for its delivery. Currently, Children and Young People's Services has responsibility for three CIPs, Community Services has four, Development and Regeneration has three, Corporate Support has three and the Chief Executive's office has one.

### *Corporate performance management arrangements*

- 2.5 The Council's performance management framework defines the principle elements of local performance management, set against a number of key requirements including the need for clear accountabilities, regular and robust performance information, regular performance monitoring and active management of performance.
- 2.6 The framework sets out the leadership role that falls to the Assistant Chief Executive and Portfolio Holder, and supported by the Corporate Management Team (CMT), Cabinet and the Scrutiny arrangements. It also recognises the important role played by departmental directors and assistant directors and sets out the accountability framework in which assistant directors manage performance at directorate level (including developing and delivering business plans, approving targets and outturn data and leading the accountability process). Ensuring that there is good data quality is also identified as a key component.

- 2.7 The Council's Policy and Performance Department (PPD) is part of the Chief Executive's office and is a key driver in ensuring that the corporate reporting timetable is adhered to, particularly the bi-monthly joint performance and finance report. Our interviews suggest that relationships between key senior departmental staff and the PPD are strong, despite a demanding data collection and reporting schedule which is in place for the bi-monthly reporting process.
- 2.8 The PPD has a key role in ensuring that standards and requirements are clearly understood and acted upon by the departments so that local achievement of data quality becomes the norm. Our review has found that, while there is a constructive approach which recognises the important contribution of departments in gathering data and acting on findings, there is also some tension between departments and the PPD because of a perceived lack of clarity about where responsibility for data quality lies, leading to potential duplication of roles..
- 2.9 Locally, departments also have their own performance management arrangements, and performance management data is systematically fed into the corporate arrangements, with monthly data for the CMT, bi-monthly data to the corporate performance management team and quarterly updates for the LSP. However, our interviews indicate that officers are still debating the issue of roles and responsibilities for performance management and there is recognition of the need to have a balance of expertise, whilst avoiding duplication, between service departments and the PPD.
- 2.10 We recognise the significant effort that has been expended on developing arrangements to date. In order to develop these further, we **recommend** that it is now time for the Council to undertake a review of the complementary, but different, roles, relationships and processes between the Policy and Performance Department and service departments to ensure they remain focused and effective in reporting and managing performance information and that any duplication is avoided.

*Corporate performance reporting*

- 2.11 Corporate financial and activity performance is reported within the bi-monthly Joint Performance and Finance Report, which is considered by the Overview and Scrutiny Management Board, who provide management of strategic scrutiny of all the CIPs and which is the lead scrutiny body for the Corporate Plan.
- 2.12 The bi-monthly report outlines the performance monitoring and financial position of the Council, and seeks to report on how the Council is delivering against its CIPs and key performance measures, using a "traffic light" scoring approach which is supplemented with narrative. As we highlighted earlier, each CIP is assigned to a specific service department. The report has a strategic focus, and includes a one-page scorecard, including a summary of progress for each department against the relevant CIPs. There is also an update of progress against the LAA stretch targets as well as a separate section for each department's finance issues.
- 2.13 We note that performance targets/indicators and finance (revenue and capital) are reported separately within the bi-monthly performance monitoring reports, because the local approach to generating performance management reports appears to deal with them as separate issues.

- 2.14 In our view, this arrangement should be reviewed, as there should be a much closer association between the two elements. Any changes to the financial investment may well have an effect on indicators (and vice versa) and the Council should, for example, be able to assess what effect an investment, or disinvestment, of money is having on local performance, as a basis for future monitoring. We note, for example, that in the January 2010 report, the section on performance indicates that Adult Social Services has performed well, though the finance section identifies a £2m overspend.
- 2.15 Our review identified that the Council seeks to put additional funding where performance is demonstrated to be weaker. However, since currently there is no clear link in the report between funding and performance, it is not clear how, at a corporate level, the value for money of any additional investment can be assessed and monitored. There is also an issue about rewarding better performers with a financial incentive which might also be more easily demonstrated through closer links between finance and performance.
- 2.16 Our review has highlighted that the bi-monthly reporting process is proving very demanding on staff and, while we understand that the bi-monthly report is to be more strategic in its view, the question has been raised as to whether the bi-monthly timetable is now becoming too process-driven. In particular, that producing the bi-monthly reports is the main driver rather than a thorough evaluation of what the performance data is saying. This raises the issue of whether the Council has sufficient time, or the key performance/financial data, that it really needs to drive the business. We note that this issue has previously been raised in a CMT meeting (September 2009), where there was a recognition that performance management appeared to be driven by the system.
- 2.17 We consider that it is fundamental that, once there is sufficient confidence in the quality and the timeliness of the performance information, the Council should be able to spend more time on managing and addressing the issues indicated from the various sources of information, rather than the process of reporting.
- 2.18 Consequently, we **recommend** that the Council now reviews, and reaffirms or otherwise, the appropriateness of its bi-monthly reports, and the processes that underpin it, to ensure that there is sufficient time and relevant information in order to run the business.
- 2.19 We also **recommend** that the Council reviews the relationship between performance and finance information to ensure that there is a clearer understanding of the costs incurred for the performance achieved and whether investment decisions are having the desired effect on performance.
- 2.20 In reviewing the corporate joint finance and performance reports we note that, while the same general structure is maintained in 2008-09 and in 2009-10, (that is, executive summary, departmental business reports, revenue and capital spend details), the content of the section on departmental business reports has changed.
- 2.21 In 2008-09, these departmental sections were quite informative in identifying, for each CIP, the individual indicators (national and local, and including those applicable to the LAA), and, for each indicator, current year performance data (with a traffic light assessment), comparative data for the two previous years and some supporting narrative. This was underpinned by departmental revenue and capital



spending information. Overall, we consider that this approach enabled members and officers to get a balanced and informative view of departmental performance.

- 2.22 However, in 2009-10, we note that, while the joint finance and performance reports have maintained broadly the same structure, there are now some important differences in the way that performance information is laid out. In particular, rather than displaying individual indicators, departmental business reports now summarise performance under the relevant CIPs for that department, with a traffic light assessment for "measures" and "milestones". A red traffic light occurs if the average of all the measures, or all the milestones, is more than 15% off target.
- 2.23 In this context, measures are being used in the report to describe indicators, and this is made clear in the opening section of the Executive Summary. However, we are unclear as to why the term "indicators" is not used consistently within the report, given that the term is referred to at the outset.
- 2.24 With regard to the term "milestones", this term is used amongst project management specialists to describe points at which large scheduled events or series of events have been completed, and a new phase, or phases, are set to begin.
- 2.25 In addition, we note that the LAA targets are now contained within a separate section of the report rather than contained within the departmental sections.
- 2.26 We have reviewed, in more detail, the content of the Joint Finance and Performance Report for January 2010 in which, in Corporate Support, for example, there are three specific CIPs, covering a number of indicators, including CIP 1 (Improving Customer Service) and CIP 14 (Improving Value for Money). The narrative for both CIPs appears quite positive, apart from a delay in replacing the complaints system (CIP 1) and progress against NI 179 (CIP 14). However, the overall assessment for both CIPs is a red "traffic light" for both "measures" and "milestones".
- 2.27 The question arises as to whether the present "traffic light" assessment represents a balanced and informative reflection of progress, taking account of what is critical to running the business. We consider that the Council needs to ensure that this approach to performance reporting remains the most appropriate way of reflecting performance (particularly given that the report is available to the public), and that merging performance into an overall indicator doesn't mask key messages (positive and negative) or risks, or overall trends.
- 2.28 We therefore **recommend** that the Council ensures that, within the joint performance and finance reports, the "traffic light" assessment associated with each CIP properly reflects the supporting text.
- 2.29 In addition, we **recommend** that the Council reassesses what information is critical to managing the business and ensures that this is available as part of its reporting on performance and finance.

#### **Performance management system**

- 2.30 Access to the detailed underlying performance information is through the Council's performance management system, ePerform, which is the central repository for recording and monitoring performance data.

- 2.31 The Council uses ePerform to hold all its performance indicators and data is widely accessible across the organisation and with an audit trail from the corporate report back to any indicator.
- 2.32 We have reviewed ePerform and identified that there are separate sections for:
- the CIPs;
  - the Corporate Plan 2009-12;
  - the LAA;
  - the Corporate Performance Plan (though not a current version);
  - the Children's Trust Plan (though at the time of our review there didn't appear to be anything on the system);
  - individual service business plans (though some elements appear to be incomplete); and
  - the corporate Data Quality Policy (which is dated 2007).
- 2.33 We noted that the 2008-09 bi-monthly performance reports are also included, though we couldn't readily find 2009-10 performance reports.
- 2.34 For the purposes of the CIPs: CIP 1 (Improving Customer Service) and CIP 7 (Keeping Children Safe). Our objective was to assess the completeness and relevance of the supporting data, in the context that ePerform is a central repository with widespread access arrangements and therefore should be as up-to-date and complete as possible, if it is to be used effectively as a management tool.
- 2.35 The key issues arising from our review are that:
- for each CIP there is a section that identifies any sub-elements of that CIP: for example, for CIP 1 (Improving Customer Service) there are six sub-elements, each underpinned by a performance "speedometer" (to indicate current performance) and a comment on the status of the CIP;
  - there is also a comment on whether performance is improving or otherwise;
  - although there appear to be a range of actions which underpin the targets and milestones, not all data is complete within ePerform - some of the progress "traffic light/speedometer" indicators remain empty;
  - for CIP 1, though the supporting comments indicate that action plans are rolling out effectively, it is not clear how this is demonstrated by the supporting graphs;
  - For CIP 7, the direct relationship between the indicator ("strengthening preventative services to reduce the number of children looked after") and the action ("increasing gross expenditure on children in need but not looked after") is not obvious - whilst recognising that additional spend may have a benefit, we would have expected more detail on exactly how preventative services might be strengthened by increasing expenditure.

- 2.36 It is not clear to us whether the absence of any key data is because of a compliance issue or some other reason. However, we **recommend** that the Council ensures that its performance management system (ePerform) is fully populated so as to maximise the benefit of the system.
- 2.37 A further issue that has arisen from our interviews is that, since ePerform is the adopted software product used across the organisation for performance data collection and reporting, there may be some benefit in upgrading it to a later version, which, we understand, would make it easier for users to share, and also to print, information.
- 2.38 Whilst not having reviewed the detailed merits or otherwise of this argument, it seems to us that such enhancements, if they exist, would benefit users and the overall performance management process.
- 2.39 We therefore **recommend** that the Council considers the benefits and challenges of upgrading ePerform to a more current version to ensure that the functionality available to users is the most appropriate to their needs.

#### **Overall conclusion**

- 2.40 We recognise that the Council has invested significant effort in implementing its performance management arrangements and that these continue to develop. We have identified a number of positive aspects to local arrangements for monitoring and reporting against corporate priorities, but also some areas where improvements will add further value to the corporate arrangements.

## A Action Plan

Recommendation	Priority	Management comment	Officer responsible	Implemented by:
<p>The Council reviews the roles, relationships and processes between the Policy and Performance Department and service departments to ensure they remain focused and effective in reporting and managing performance information and that any duplication is avoided.</p>	<p>High</p>	<p>Agree Review of Policy, Performance and Partnerships support across the Council will deliver improved co-ordination</p>	<p>Giles Perritt</p>	
<p>The Council now reviews, and reaffirms or otherwise, the appropriateness of its bi-monthly reports, and the processes that underpin it, to ensure that there is sufficient time and relevant information in order to run the business.</p>	<p>High</p>	<p>Agree The decision has now been taken, following a review that bi-monthly reporting will be replaced by Quarterly formal reporting with an increased focus on key performance and budgetary areas through monitoring of monthly scorecards</p>	<p>Giles Perritt</p>	
<p>The Council reviews the relationship between performance and finance information to ensure that there is a clearer understanding of the costs incurred for the performance achieved and whether investment decisions are having the desired effect on performance.</p>	<p>High</p>	<p>Agreed See above comment In addition the introduction of service and resource planning as part of the production for 11/12</p>		

			budget will ensure a clearer relationship between performance and resources.		
The Council ensures that, within the joint performance and finance report, the "traffic light" assessment associated with each CIP properly reflects the supporting text.	Medium	Agree			
The Council reassesses what information is truly critical to managing the business and ensures that this is available as part of its reporting on performance and finance.	Medium	Agree See comment re: replacement of bi-monthly reporting with a move to quarterly reporting and monthly monitoring through scorecards			
The Council ensures that its performance management system (ePerform) is fully populated so as to maximise the benefit of the system.	Medium	Agree			
The Council considers the benefits and challenges of upgrading ePerform to a more current version to ensure users have a version most appropriate to their needs.	Medium	Will review currently system against needs and give consideration to any upgrade as appropriate			



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## **Plymouth City Council**

Review of Arrangements for Complying with Age-related Equalities  
Legislation

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## 1 Introduction and background

- 1.1 From 1st October 2006 the Employment Equality (Age) Regulations made it unlawful to discriminate against workers, employees, job seekers and trainees because of their age. This legislation complemented existing legislation against discrimination on the grounds of sex, race, disability, gender reassignment, sexual orientation and religion or belief.
- 1.2 However, the Government restricted the protection available to people over the age of 65 by creating a new "default retirement age" of 65 for both men and women. This permits employers to set a "mandatory retirement age" at or above the age of 65.
- 1.3 In practice this means that an employer can compel its employees to retire at or after 65 and can refuse to recruit anyone over the age of 65. It is lawful for employers to force employees age 65 and over to retire as long as they follow the correct procedure. However, employees have the right to request to continue working beyond the date when the employer wants them to retire but the employer can legitimately refuse the request and the law does not require them to give a reason for that decision.
- 1.4 Thus, employers need to be aware of their responsibilities and duties in respect of the recruitment and retention of staff and need to ensure that their policies and procedures are up to date, appropriate and applied properly.
- 1.5 Our review has sought to establish what local arrangements have been made by Plymouth City Council and how it has sought to minimise the risks, as well as how it ensures that appropriate internal control arrangements are in place.

## 2 Key findings

### *Policies and procedures*

- 2.1 The Employment Equality Age Regulations 2006 ("the regulations") first came into prominence nationally in 2007 and made it unlawful to discriminate against workers, employees, job seekers and trainees because of their age.
- 2.2 The Council introduced a "Working Beyond Retirement Age" policy in 2005, underpinned by a corporate People Strategy, which sought to demonstrate the Council's commitment to being a good employer. The Policy defined its scope and its compliance with the regulations, as well as the Council's commitment to equality and diversity, including having a diverse workforce and the elimination of assumptions about, and discrimination amongst, its employees.
- 2.3 The Council started to consider the impact of the new regulations in 2006, and engaged service managers and trade unions, as well as undertaking some research into what other council's were doing. As a result, a revised corporate policy was developed which was deemed to comply with these new age-related regulations. This policy remains in place.
- 2.4 The Policy is aimed at employees who wished to work beyond the default retirement age and states that the Council's retirement age is in line with the statutory retirement age, though employees who wish to continue working beyond 65 may request to do so and should then follow the statutory "duty to consider" procedure. The Policy clearly lays out that procedure, including the right of appeal and also includes a schematic of the process to be followed.
- 2.5 We understand that implementation of the Policy has been supported by training for managers and HR operational advisors, as well as targeted communications with staff. The Council has also introduced a corporate employee handbook which includes a brief section on working beyond retirement age, and which refers to the Working Beyond Retirement Age Policy.
- 2.6 The Policy was implemented in October 2006, with a plan to review the policy in October 2008. However, a decision was made not to review the Policy until the "Heyday" decision was made. The outcome of the Heyday case is now known, and we understand that the Council is awaiting the publication of a consultation paper by the Government before commencing its review of the Policy.

### *The Equality Scheme*

- 2.7 The Working Beyond Retirement Age Policy is set against a stated corporate commitment to equality and diversity, expressed in a range of documents, and encapsulated initially in the Corporate Equalities Policy (CEP). The CEP is now superseded by a corporate Equality scheme which is the focus for all corporate equality work. The Equality scheme is underpinned by the Corporate Equalities Group Work-plan 2009-12.

- 2.8 The Equality Scheme is wide-ranging in its commitments and principles, including a commitment to "valuing, promoting and celebrating equality, diversity and community cohesion", including fair and equal access to employment and equal pay practices. Within this stated commitment there is also a recognition that compliance with age-related legislation may have implications for the workforce and for business planning.
- 2.9 The Corporate Equalities Group (CEG) is responsible for the governance of the corporate equality schemes and generally meets on a quarterly basis (though it has met bi-monthly where necessary). The Group comprises representatives from each department, the trade unions, a councillor and a dedicated HR representative. The Group is led by the corporate Social Inclusion Unit. Each officer on the Group is responsible for cascading key messages throughout his or her department, as well as specific aspects of the work-plan. The Action Plan within the Equality Scheme is the subject of an annual review.
- 2.10 The corporate equality and diversity agenda is supported by the Council's Social Inclusion Unit, which has a broad-ranging involvement and impact in raising the profile of equality and diversity issues throughout the Council. This has been recognised by the Improvement and Development Agency (IDeA) in its Diversity Peer Challenge report (Nov 2008), in which it identified continued good progress at the Council. The Council had previously achieved level 3 of the Equality Standard for Local Government and, under the revised Equality Framework this now translates to "achieving".
- 2.11 The Equality Scheme states the scope and responsibilities of employees, managers and the Corporate Management Team, as well the role of elected members, in setting the equality policy and reviewing the policy for continuous relevance. The Council has nominated a councillor as portfolio holder with responsibility to champion equality and with an expectation of having a visible connection with diverse communities across the locality. The Council has also nominated a councillor as portfolio holder for HR issues.

### *Equality Impact Assessment*

- 2.12 As part of its arrangements for ensuring equality and diversity, the Council has in place a process for undertaking equality impact assessments (EIA's), which are the means by which the Council can review what it is doing, to ensure that policies and actions take account of equality and diversity issues. This ensures that it is delivering outcomes for individuals and communities as well as meet the equality duties and regulations that are in place.
- 2.13 The Council is committed to a programme of EIAs, supported by its EIA Governance Group (which has representatives from each department) and which is overseen by the CEG. An EIA has been undertaken in respect of age-related employment.
- 2.14 The CEG has established equalities work-plans over the last few years, with key corporate actions and timings, as well as outputs/targets, for delivering the corporate equalities agenda. The CEG work-plan, covering the period 2009-12, includes a number of key targets, actions and outcomes based on the five key themes within the Equality Framework for Local Government, which are:

- Knowing your communities and equality mapping;
- Place shaping, leadership, partnership and organisational commitment;
- Community engagement and satisfaction;
- Responsive services and customer care; and
- A modern and diverse workforce.

- 2.15 The Council has also developed an Employee Handbook (dated 2007) which aims to provide employees with information about conditions of service and corporate policies, including reference to working beyond retirement age, where the Council states that it has adopted the statutory retirement age of 65 for all employees, though "employees have the right to request to work beyond that age and any request will be seriously considered". The Council plans to make amendments to the Employee Handbook during 2010, linked to proposed changes to the terms and conditions of employment.
- 2.16 Whilst recognising that the Council has undertaken an equalities impact assessment in respect of age-related employment, we **recommend** that the Council undertakes further equality impact assessments as the implications of impending organisational and legislative changes become clear.

### *Programme monitoring*

- 2.17 The Council has developed new corporate equality and diversity targets, covering all aspects of equality and diversity, and include targets such as the percentage of women as top earners and reducing the proportion of employees over 50 retiring early. We understand that a number of these targets are to be reviewed during 2010, and will take account of organisational changes.
- 2.18 Our interviews have identified that the Council already accepts most requests to work past retirement age and that, at the date of this report, the Council has, since the age regulations were introduced, written to 196 employees under the statutory "duty to consider" process and that 132 staff are currently employed who are aged 65 or over. This represents 1.8% of the total workforce. The Council also currently employs 670 employees between the age of 60 and 65, which represents 6.52% of the workforce, and who will be written to under the statutory "duty to consider" process.

### *Risk management*

- 2.19 As part of our review, we have also sought to establish the extent to which the Council has considered any risks associated with the age-related equalities issues and how such risks are to be managed.
- 2.20 Risk management in the public sector is generally focused in two key areas - strategic risks and operational risks. Strategic risks are those that may affect the Council across the broad range of its corporate responsibilities, and is likely to include, for example, the risks associated with key partners or risks associated with limited finance. Operational risks, however, are normally associated with the risks within individual departments or services, such as staffing or day-to-day issues.

- 2.21 As part of our 2009 Use of Resources review work, the Council provided a strategic risk register as part of its evidence base and we have used this to inform our review. We have identified that, in particular, risk number 23 (pay and reward strategy) includes the broad heading of "failure to comply with legislation", though without being specific about which particular legislation is referred to. In mitigation of the broad risk, a number of controls are noted, though, so far as we can establish, none is specifically concerned with age-related employment.
- 2.22 Our review has identified that the strategic risk of age-related employment issues currently falls specifically within the Corporate Improvement Priority (CIP) 13 (Supporting Council staff to perform better). As part of its workforce development the Council has a workforce plan, which is embedded across the organisation. The Council intends to review further the profile of its workforce (including staff numbers and age groups), and then to use this information to decide on any remaining risks as well as how any gaps will be addressed. Local workforce development will be heavily influenced by changing local economic conditions, a changing organisational structure and the developing shared service agenda.
- 2.23 We understand that data on local diversity has already identified that there is an ageing population, with 5% more people over the age of 50 than the national average, as well as the highest percentage of people of working age in the Southwest. We are also aware that officers are mindful of the number of current employees in the 60 to 65 age group, and there is a recognition of the impact that this might have on the future employment profile of the Council, and on business planning.
- 2.24 We therefore **recommend** that the Council undertakes specific risk assessments in respect of age-related employment issues relevant to impending organisational and legislative changes.

### ***Overall conclusion***

- 2.25 Our overall conclusion is that the Council appears committed to equality and diversity across the whole range of its services and in its dealings with the public and it has a number of policies and processes in place which promote that equality and diversity as well as an infrastructure that enables consideration of equality and diversity issues.
- 2.26 Our review has confirmed that, generally, there are sound arrangements in place and, though we have no significant recommendations to make on the issue of the Council's compliance with age-related equalities legislation, we consider that a review of the impact and risks relating to impending age-related employment changes would be beneficial.

## A Action Plan

Recommendation	Priority	Management comment	Officer responsible	Implemented by:
<p>The Council should undertake further equality impact assessments as the implications of impending organisational and legislative changes become clear.</p>	<p>High</p>	<p>HR to consider how this can be achieved as part of other ELAs being undertaken in future                      Director of Corporate Support, HR                      Organisational Development and DMT to consider the issues raised</p>	<p>To be considered by                      Director for Corporate Support.</p>	<p>Complete by Sept 2011 at the latest, to fit with corporate plans for the EFLG assessment</p>
<p>The Council should undertake specific risk assessments in respect of age-related employment issues relevant to impending organisational and legislative changes.</p>	<p>High</p>	<p>HR to consider how this can be achieved as part of other ELAs being undertaken in future                      Director of Corporate Support, HR                      Organisational Development and DMT to consider the issues raised</p>	<p>Eve Skuse (HR) with support of Mike Hocking (Risk Management)</p>	<p>To be undertaken as the implications of the new equalities bill become clear.</p>



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## CITY OF PLYMOUTH

**Subject:** Updated Whistleblowing Policy  
**Committee:** Audit Committee  
**Date:** 23 July 2010  
**Cabinet Member:** Councillor Bowyer  
**CMT Member:** Director for Corporate Support  
**Author:** Sue Watts, Asst Head, Devon Audit Partnership  
**Contact:** Tel: (01752 (30) 6710  
e-mail: sue.watts@devonaudit.gov.uk  
**Ref:** AUD/SW  
**Part:** I

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**Executive Summary:**

The Whistleblowing Policy was approved by Audit Committee on 21 September 2007 and that policy has been now reviewed and refreshed. Whilst it has not been necessary to make any notable changes to the current policy, the opportunity has been taken to update contact details in para 4.2. In addition, there had previously been some duplication in "Section 5 How the Council will respond," and "Section 7 Responding to concerns raised" and these have now been combined to form a composite Section 5 in the updated Policy.

The Whistleblowing Policy applies to all employees and contractors working for the Council, including temporary, casual or seasonal workers, and trainees. It also covers agency workers and suppliers and those providing services under a contract with the Council in their own premises.

Whilst there is no legal requirement to set up or promote a Whistleblowing policy, it demonstrates good governance and a more open culture within the organisation.

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**Corporate Plan 2010-2013:**

The work of the Audit Service is an intrinsic element of the Council's overall corporate governance, risk management and internal control framework. The Whistleblowing Policy promotes good governance and can play an important role in deterring and detecting malpractice and in building public trust.

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land**

None

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**Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.**

None

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**Recommendations & Reasons for recommended action:**

It is recommended that:-

1. The revised Whistleblowing Policy be approved.

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**Alternative options considered and reasons for recommended action:**

None. The Authority needs to maintain and promote the Whistleblowing Policy to comply with best practice and to ensure a high level of awareness of, and confidence in, the Council's whistleblowing arrangements.

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**Background papers:**

Public Interest Disclosure Act 1998  
PCC Whistleblowing Policy v1

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**Sign off:**

Fin	AB 9/6/10	Leg		HR	MG 10/6/10	Corp Prop		IT		Strat Proc	
Originating SMT Member: Sue Watts, Asst Head, Devon Audit Partnership											

## WHISTLEBLOWING POLICY (UPDATED JUNE 2010)

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## WHISTLEBLOWING POLICY

### 1. POLICY STATEMENT

**This policy has been devised in accordance with the provisions of the Public Interest Disclosure Act 1998 and supports the Council's Anti Fraud and Corruption Policy.**

**Plymouth City Council is committed to the highest possible standards of openness, probity and accountability in all of its activities. It also expects a high standard of conduct and integrity from employees.**

**Any employee who has a serious concern about any aspect of the Council's work or the actions of its employees should voice their concerns through established internal channels, without fear of harassment or victimisation.**

**The Council aims to encourage all its employees to feel confident in raising serious concerns and provide appropriate avenues for dealing with them. It aims to ensure that employees are protected from possible reprisals or disadvantage where they have raised a concern or disclosed information in good faith.**

### 2. AIMS AND SCOPE OF THE POLICY

2.1 This Policy aims to:

- encourage employees to feel confident in raising concerns and to question and act upon their concerns;
- provide avenues for employees to raise these concerns and receive feedback on any action taken;
- allow employees to take the matter further if they are dissatisfied with the Council's response; and
- reassure them that they will be protected from reprisals or victimisation for whistleblowing in good faith in accordance with this procedure.

2.2 This policy applies to all employees and those contractors working for the Council. Employees include staff working for the Council on a temporary basis, casual or seasonal workers and trainees. It also covers agency workers and suppliers and those providing services under a contract with the Council in their own premises.

2.3 There are existing procedures in place to allow staff to lodge a grievance relating to their own employment within the Council's [Grievance Policy and Procedure](#).

2.4 This policy is intended to cover reasonably serious concerns that fall outside the scope of other procedures. That concern may be about the following:

- A criminal offence that has been, is being, or is likely to be committed;
- Fraud and Corruption;
- Unauthorised use of Public Funds;
- A failure to comply with a legal obligation;

- A health and safety risk relating to any individual;
- A miscarriage of justice;
- A damage to the environment;
- Actions that are contrary to the Council's Standing Orders, Financial Regulations or any other approved policies;
- Actions or behaviour that falls below established standards of practice;
- Abuse and welfare of clients and/or staff;
- Harassment or victimisation of either staff or clients;
- Any actions or concerns regarding practice that could result in a financial loss to the Authority;
- The deliberate concealment of information relating to any of the above matters;
- Other unethical conduct.

(This list is not exhaustive)

### **3. SAFEGUARDS**

#### **3.1 Harassment or Victimisation**

The Council recognises that the decision to report a concern can be a difficult one to make, not least because of the fear of reprisal from those responsible for, or suspected of, the malpractice. The Council will not tolerate harassment or victimisation and will take action to protect staff when they raise a concern in good faith. This does not mean that if a member of staff is already the subject of disciplinary or redundancy procedures, those procedures will be halted as a result of their 'Whistleblowing'.

#### **3.2 Confidentiality**

The Council will do its utmost to protect an individual's identity when they raise a concern and do not want their name to be disclosed. It must be realised and appreciated, however, that the investigation process itself may well reveal the source of the information, and, depending on the outcome, a formal statement by the individual may be required as part of the evidence.

#### **3.3 Anonymous Allegations**

This policy is designed to encourage staff to put their names to allegations. Concerns expressed anonymously are much less powerful, but they will be considered at the discretion of the Council. In exercising this discretion, the factors to be taken into account would include:

- The seriousness of the issue raised;
- The credibility of the concern; and
- The likelihood of confirming the allegation from attributable sources.

#### **3.4 Untrue Allegations**

If an employee makes an allegation in good faith, but it is not confirmed by the investigation, no action will be taken against them. If, however, individuals make malicious or vexatious allegations, disciplinary action may be considered and implemented.

#### **4. RAISING A CONCERN**

4.1 Employees are encouraged to report any concerns to one of the following persons. They are listed in order of preference. However, if the employee believes that any of these persons are implicated in the concern they are raising they should feel free to report to the next most preferred person:

1. Line Manager;
2. Head of Service;
3. Director;
4. Chief Executive.

4.2 Employees who are unsure about reporting or do not feel at ease raising the concern through the above route are encouraged to seek advice from one of the following:.

- The Chief Auditor on 306712 or 306711;
- The Assistant Director for Democracy & Governance on 306116 or 306119;
- The Assistant Director for HR & Organisational Development on 304890.

4.3 Employees may also invite their Trade Union or professional association to raise the concern on their behalf.

4.4 Concerns are better raised in writing. The background and history of the concern, giving names, dates and places where possible, should be set out and the reason why the individual is concerned about the situation. Those who do not feel able to put their concerns in writing may raise the matter verbally with the appropriate officer.

4.5 Although staff are not expected to prove the truth of their concern, they will need to demonstrate to the person contacted that there are sufficient grounds for concern.

#### **5. HOW THE COUNCIL WILL RESPOND**

5.1 Within ten working days of a concern being received, the Council will contact the employee

- Acknowledging that the concern has been received;
- Indicating how it proposes to deal with the matter;
- Telling the employee whether any initial enquiries have been made;
- Telling the employee whether further investigations will take place, and if not, why not.

5.2 The action taken by the Council will depend on the nature of the concern.

The matters raised may

- Be investigated internally;
- Be referred to the Police;
- Be referred to the External Auditors;
- Form the subject of an independent inquiry by the Ombudsman.

5.3 In order to protect individuals and the Council, initial enquiries will be made to decide whether an investigation is appropriate and, if so, what form it should take. Concerns or allegations which fall within the scope of other, existing, procedures (e.g. child protection or discrimination issues) will normally be referred for consideration under those procedures.

5.4 Some concerns may be resolved without the need for investigation. Where a formal investigation is required, it is likely to take the form of an investigation by a manager or Internal Audit. In certain cases, the matters raised may be referred to the Police or the Council's external auditors for investigation or an independent inquiry could be set up

5.5 The amount of contact between the managers considering the issues raised and the complainant will depend on the nature of the matters raised, the potential difficulties involved and the clarity of the information provided.

5.6 When any meeting is arranged, staff have the right, if they so wish, to be accompanied by a Union or professional association representative or a friend who is not involved in the area of work to which the concern relates.

5.7 The Council will take steps to minimise any difficulties which staff may experience as a result of raising a concern. For instance, if staff are required to give evidence in criminal or disciplinary proceedings, the Council will advise them about the procedure.

5.8 The Council accepts that staff need to be assured that the matter has been properly addressed. Thus, subject to legal constraints, members of staff will receive information about the outcomes of any investigations.

5.9 If an employee is not assured that the matter has been properly addressed, they should contact the Chief Auditor, or consider an alternative method of taking forward a complaint as per paragraph 7.1.

## **6. FOLLOWING UP CONCERNS RAISED**

6.1 Whatever method of raising a concern has been chosen, effective and efficient communication and support systems are fundamental to the success of the policy and in giving employees confidence that issues which they raise will be thoroughly and conscientiously investigated.

6.2 Managers, Councillors or Trade Union Representatives who have concerns raised with them must notify Internal Audit immediately, if the concern / allegation involves either potential fraudulent practice or activity that could result in a financial loss to the Authority.

6.3 Similarly, if a concern raises issues relating to employee or client welfare, Human Resources should be notified or on issues of legality, Legal Services should be notified at the earliest possible opportunity.

## **7. ALTERNATIVE METHODS OF TAKING FORWARD A COMPLAINT**

7.1 This policy is intended to provide staff with an avenue to raise concerns within the Council. If an individual feels it is right to take the matter outside this process, the following are possible contact points:

- The local Council member (if you live in the area of the Council);
- The External Auditor;

- Relevant professional bodies or regulatory organisations;
- Individuals' solicitors;
- A relevant charity or voluntary organisation; such as Public Concern at Work, who can be contacted on 0207 404 8009 or [helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk)
- The Police.

7.2 If an employee does take the matter outside the Council, they need to ensure that they do not disclose confidential information or that disclosure would be privileged. This should be checked with one of the designated contact points, Internal Audit, Legal Services , Human Resources or if preferred, an outside organisation such as the Ombudsman.

## **8. THE RESPONSIBLE OFFICER**

8.1 The Chief Auditor has overall responsibility for the maintenance and operation of this policy.

8.2 The Chief Auditor will maintain a record of concerns raised and the outcomes (in an anonymous format) and will report as necessary to the Audit Committee.

## **9. REVIEW AND MONITORING**

This policy is to be reviewed and monitored every 2 years. The next review date is June 2012. The Chief Auditor will monitor this policy.

## **10. APPROVAL FOR THIS POLICY**

This policy was approved by the Audit Committee on 24 September 2007.

## **11. RELATED POLICIES AND DOCUMENTS**

- Anti Fraud and Corruption Policy
- Bullying and Harassment Policy and Procedure Guide
- Code of Conduct for Employees
- Complaints Policy
- Corporate Equalities Policy
- Employee Handbook
- Public Interest Disclosure Act 1998
- Whistleblowing Guide



**CITY OF PLYMOUTH**

**Subject:** Internal Audit Strategy and Charter  
**Committee:** Audit Committee  
**Date:** 23 July 2010 (deferred from 28 June 2010)  
**Cabinet Member:** Cllr Bowyer  
**CMT Member:** Director for Corporate Support  
**Author:** Sue Watts, Asst Head of Devon Audit Partnership  
**Contact:** Tel 01752 (30)6710  
email : [sue.watts@devonaudit.gov.uk](mailto:sue.watts@devonaudit.gov.uk)  
**Ref:** AUD/SW  
**Part:** I

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**Executive Summary:**

- 1.1 The Code of Practice for Internal Audit in Local Government (the Code) issued by the Chartered Institute of Public Finance & Accountancy (CIPFA) lays down the professional standards to which Plymouth City Council's Audit Service should work in providing an internal audit service to the Authority.
- 1.2 There are two key documents referred to in the Code which specifically require approval by the Authority. These are the Internal Audit Strategy, and the Internal Audit Charter (Terms of Reference). The Code defines the Audit Strategy as "the high-level statement of how the internal audit service will be delivered and developed in accordance with the terms of reference". The Code also requires that "the purpose, authority and responsibility of Internal Audit must be formally defined" in Terms of Reference consistent with the Code.
- 1.3 The Audit Committee last approved Plymouth's Internal Audit Strategy and Charter (Terms of Reference) in September 2007. However, now that Internal Audit is being provided by Devon Audit Partnership, the opportunity has been taken to revise and update the Strategy and Charter which takes into account the new arrangements.
- 1.4 Revised versions of the Internal Audit Strategy, and Internal Audit Charter / Terms of Reference are included in Appendices 1 and 2.

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**Corporate Plan 2010-2013:**

The work of Internal Audit assists the Authority in maintaining high standards of public accountability and probity in the use of public funds. The Section has a role in promoting high standards of service planning, performance monitoring and review throughout the organisation.

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land**

None

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**Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.**

None

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**Recommendations & Reasons for recommended action:**

Audit Committee are recommended to approve the proposed revised Internal Audit Strategy and Internal Audit Charter (Terms of Reference) attached to this report.

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**Alternative options considered and reasons for recommended action:**

None. The Authority needs to adopt an Audit Strategy, and Terms of Reference which comply with the CIPFA Code of Practice for Internal Audit in Local Government. Failure to do so would be contrary to the requirements of the Accounts & Audit Regulations 2006 (as amended).

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**Background papers:**

CIPFA Code of Practice for Internal Audit in Local Government 2006  
 Plymouth City Council Constitution  
 Accounts & Audit Regulations 2006 (as amended)  
 Report Audit Committee 24<sup>th</sup> September 2007

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**Sign off:**

Head of Fin	AB 11/6/10	Head of Leg		Head of HR		Head of AM		Head of IT		Head of Strat Proc	
Originating SMT Member S W											

## 1.0 BACKGROUND

1.1 The Code of Practice for Internal Audit in Local Government (the Code) issued by the Chartered Institute of Public Finance & Accountancy (CIPFA) lays down the professional standards to which Plymouth City Council's Audit Service should work in providing an internal audit service to the Authority.

1.2 There are two key documents referred to in the Code which specifically require approval by the Authority. These are the Internal Audit Strategy, and the Internal Audit Charter (Terms of Reference). The Code defines the Audit Strategy as "the high-level statement of how the internal audit service will be delivered and developed in accordance with the terms of reference". The Code also requires that "the purpose, authority and responsibility of Internal Audit must be formally defined" in Terms of Reference consistent with the Code.

## 2.0 REQUIREMENTS OF THE CODE OF PRACTICE

2.1 The Code defines the Audit Strategy as "the high-level statement of how the internal audit service will be delivered and developed in accordance with the terms of reference." The Code also indicates that the Audit Strategy should include:-

- Internal Audit objectives and outcomes
- how the Head of Internal Audit will form and evidence his or her opinion on the control environment to support the annual Statement of Internal Control
- how Internal Audit's work will identify and address significant local and national issues and risks
- how the service will be provided, ie internally, externally, or a mix of the two
- the resources and skills required to deliver the strategy.

2.2 The Code also requires that "the purpose, authority and responsibility of Internal Audit must be formally defined" in Terms of Reference consistent with the Code which should:-

- establish the responsibilities and objectives of Internal Audit
- establish the organisational independence of Internal Audit
- establish the accountability, reporting lines and relationships between the Head of Internal Audit and:
  - (i) those charged with governance
  - (ii) those to whom the Head of Internal Audit may report
- recognise that Internal Audit's remit extends to the entire control environment of the organisation
- identify Internal Audit's contribution to the review of the effectiveness of the control environment
- require and enable the Head of Internal Audit to deliver an annual audit opinion
- define the role of Internal Audit in any fraud-related or consultancy work
- explain how Internal Audit's resource requirements will be assessed
- establish Internal Audit's right of access to all records, assets, personnel and premises, including those of partner organisations, and its authority to obtain such information and explanation as it considers necessary to fulfil its responsibilities.

2.3 The Audit Committee last approved the current Internal Audit Strategy, and Charter (Terms of Reference) in September 2007. Existing procedures and practices within Internal Audit continue to comply with the Code, but the documents have been updated to reflect the changes made in the arrangements at Plymouth whereby internal audit provision is now being provided by Devon Audit Partnership.

2.4 Revised versions of the Internal Audit Strategy and Charter are included in Appendices 1 and 2.

### **3.0 RECOMMENDATIONS**

3.1 Audit Committee are recommended to approve the revised Internal Audit Strategy and Charter (Terms of Reference) attached to this report.



## **PLYMOUTH CITY COUNCIL**

### **INTERNAL AUDIT STRATEGY**

#### **INTRODUCTION**

1. This strategy document is a statement of how the Internal Audit Service will be delivered as per its terms of reference. Those "terms of reference" are contained within the Internal Audit Charter that has been approved by the Council's Audit Committee. The key objective of the Devon Audit Partnership's Internal Audit Service is to provide a high quality and cost-effective internal audit service that meets the professional standards laid down in the CIPFA Code of Practice for Internal Audit in Local Government. This strategy will be reviewed and updated as appropriate to meet any changing requirements or priorities.

#### **SERVICE DELIVERY**

2. The Internal Audit Service will continue to be delivered substantially by the Partnership's own staff, (although schools have the option to use a different provider in accordance with the relevant Services for Schools brochure) There will be a continuing commitment to demonstrating that the Partnership provision represents a cost-effective means of delivering a high quality and professional service, as well as providing added value to the Partner Authorities. Evidence to support this will continue to be provided from a variety of sources, which will include sharing best practice and auditor specialisms across the Partner authorities, benchmarking comparisons with other authorities, quality reviews and satisfaction surveys from both clients and the external auditors, and accreditation under the Investors in People scheme. Other key evidence will be available from initiatives such as the external auditor's annual review of Internal Audit. The Head of the Devon Audit Partnership will report on the results of the performance management and quality assurance programme in the annual Audit Report to Audit Committee.

3. With the growing emphasis on partnership arrangements, internal audit partnership working will be encouraged with other audit providers in order to develop more effective working practices, promote the Partnership further in the region, avoid duplication, ensure consistency of approach and maximise cost-effectiveness. In such arrangements it is expected that internal audit will be provided by the lead partner; with the aim that all partners should be able to place reliance on the work of whichever internal audit service carried out the work. There will also be continued liaison with the respective external auditors, to ensure that they can place reliance on the work of Internal Audit, with joint working where appropriate, so that the overall audit service for client authorities is delivered as efficiently, effectively and economically as possible.

4. Where internally provided audit resources are inadequate to deliver the annual audit plan, or there are not the required skills available, then external contractors may be employed to cover shortfalls in specific areas.

5. The key priority, and “core business” of Devon Audit Partnership, will continue to be the provision of a high quality and valued service to its client authorities, their Members, directorates and units. The provision of a service to external clients will continue where this is clearly of benefit to Devon Audit Partnership and the founding councils. Such arrangements, and any opportunities for new ones that might arise, will be subject to regular review.

### **ASSURANCE WORK**

6. Annual audit plans will be drawn up and agreed with Service Directors and their senior managers. Audit plans will be risk-based and in line with the risks identified in corporate and directorate risk registers. Risk Registers will be used, where appropriate, to identify areas of potential audit coverage which link to the Authority’s objectives and priorities. The overall annual audit plan will be submitted to the Audit Committee for review and agreement. Audit plans will be fixed for a period of no longer than one year and will be flexible to reflect the changing priorities of the Authority.

7. This planned audit work will lead to individual assignment reports to relevant managers, and periodic summary reports to Service Directors. The Head of Devon Audit Partnership Audit will submit periodic reports and a formal annual report to the Audit Committee, which will include an audit opinion on the overall adequacy, and effectiveness of the Council’s internal control, risk management and corporate governance environment, and will draw attention to any issues which are considered relevant to the preparation of the Council’s Annual Governance Statement, which will consider key internal control systems, corporate governance, performance management and risk management arrangements.

### **FRAUD-RELATED WORK**

8. By its nature, fraud-related work is unpredictable in terms of its timing and extent. All reported irregularities will be investigated in line with the established strategies and protocols. Audit resources will be allocated within the audit plan for this demand-led and variable activity based on best estimates available from previous years’ work. Wherever possible, specific proactive fraud testing will be carried out, as opposed to reactive investigation of allegations or instances of irregularities. In alternate years, when the Audit Commission’s National Fraud Initiative (NFI) takes place, an appropriate level of additional resource will be allocated for this fraud-related work. Where there are conflicting demands on audit resources from planned assurance work and investigations, resources will be allocated on the basis of risk, sensitivity and other priorities.

### **RESOURCES AND SKILLS**

9. The staffing structure of the Devon Audit Partnership will comprise a mix of qualified, technician and trainee posts with a mix of professional specialisms to reflect the varied functions of the service. In order to deliver the agreed annual audit plans, the appropriate level of resources will be made available to the audit team, which will include the required mix of skills and specialisms. This will include general audit skills in respect of reviews of internal control, risk and governance arrangements, and appropriate coverage in specialist areas such as computer and contract audit and the investigation of frauds and irregularities.

10. Where audits require access to specialist expertise and knowledge that is not available within the audit team (e.g. legal, health and safety matters) advice and input will be sought from the wide range of specialists and experts employed within the Council or from suitably experienced external contractors.

11. A programme of training will be provided to team members as appropriate, to meet training needs identified through the Partnership's Corporate Appraisal Scheme and to ensure that team members are able to deliver a professional service in line with current best practice. The training will be delivered through the most appropriate mix of learning and development courses available through the Partnership Councils, internal training within Devon Audit Partnership, joint training with other organisations such as other local authorities, Health Internal Audit teams, and some external courses and seminars.

### **ALLOCATION OF AUDIT RESOURCES**

12. Allocation of audit resources will be facilitated through an audit needs assessment across the whole Authority, which will be based on auditor knowledge and experience, corporate and operational risk registers and liaison with Directors and other managers. Risk assessments will be undertaken to prioritise internal audit coverage taking into account the relative risks of the Council's various activities and systems. The Head of Devon Audit Partnership will also liaise with the Council's External Auditor, in order to co-ordinate their individual plans and ensure the effective allocation of overall audit resources and avoid duplication of effort.

13. Whilst some audit reviews will be carried out on a regular cyclical basis (e.g. schools' audits), audit resources will, increasingly, be allocated on the principle of continuous planning which takes into account key risks as they emerge.

14. Audit resources will be allocated to other consultancy work in the annual audit plan based on best estimates available from previous years' work. Where there are conflicting demands on audit resources from planned assurance work, investigations and other consultancy projects, resources will be allocated on the basis of risk, sensitivity and other priorities.





## PLYMOUTH CITY COUNCIL

### INTERNAL AUDIT CHARTER / TERMS OF REFERENCE

This Charter describes the purpose, authority, and principal responsibilities of the Council's Internal Audit Service, which is provided by Devon Audit Partnership.

#### OBJECTIVES

Internal Audit is an assurance function that primarily provides an independent and objective opinion to the Council on the internal control environment comprising risk management, control and governance by evaluating its effectiveness in achieving the Council's objectives. It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources.

#### STATUTORY ROLE

Internal Audit is a statutory service in the context of the Accounts and Audit Regulations 2003 (as amended 2006), which state in respect of Internal Audit that:

*"A relevant body shall maintain an adequate and effective system of internal audit of its accounting records and its system of internal control in accordance with the proper internal audit practices"*

#### AIMS

Devon Audit Partnership aims to provide a high quality, professional and valued Internal Audit Service to the Members, directorates and units of Devon County Council, Torbay Council, Plymouth City Council and external clients, bringing added value to its clients and stakeholders.

#### FUNCTION

Internal Audit is an independent review function provided by the Devon Audit Partnership as a service to Members and all levels of management at its client authorities. It supports the "responsible officer" (Section 151 officer under the Local Government Act 1972), in meeting their statutory responsibilities for the proper administration of financial affairs. The Head of the Devon Audit Partnership is responsible for the effective review of all aspects of risk management and control throughout the organisations' activities, and those of its external clients.

The existence of Internal Audit does not diminish the responsibility of management to establish systems of internal control to ensure that activities are conducted in a secure, efficient and well ordered manner.



## INDEPENDENCE

Devon Audit Partnership is a shared service established and managed via a Partnership Committee and Board with representation from each of the founding partners. The Partnership operates as a separate entity from the client authorities and Internal Audit is therefore independent of the activities which it audits to ensure the unbiased judgements essential to its proper conduct and impartial advice to management. To ensure this, Internal Audit operates within a framework that allows the following:

- unrestricted access to senior management and members
- reporting in its own name
- segregation from line operations

Every effort will be made to preserve objectivity by ensuring that all audit members of staff are free from any conflicts of interest and do not, ordinarily, undertake any non-audit duties.

Section 151 of the 1972 Act requires every local authority to designate an officer to be responsible for the proper administration of its financial affairs. In Plymouth City Council the Director for Corporate Support is the "Section 151 officer" and one of the ways this duty is discharged is by maintaining an adequate and effective internal audit service. All Internal Audit activity is carried out in accordance with the client authority's Financial Regulations.

## REPORTING LINES AND RELATIONSHIPS

The Head of the Devon Audit Partnership fulfils the role of Chief Auditor for each of the client authorities and has line management responsibilities via the Director of Finance for Devon County Council to the Partnership Management Board which comprises the 3 Section 151 Officers from the founding authorities.

The Council has an Audit Committee whose terms of reference include responsibility for monitoring the performance of Internal Audit and approving its annual audit programme. The Head of Devon Audit Partnership reports to it on a six monthly basis and the reports include an 'opinion' on the standard of internal control within the authority. The Audit Committee is responsible for endorsing the Audit Plan, and the six-monthly reports from the Head of Devon Audit Partnership show progress against the Plan through a summary of audit work carried out over the period.

## ROLE AND SCOPE

The role of Internal Audit is to understand the key risks of the Council and to examine and evaluate the adequacy and effectiveness of the system of risk management and the entire control environment as operated throughout the organisation. As an independent appraisal function within the authority, the primary objective of Internal Audit is to review, appraise and report upon the adequacy of the risk management framework and internal controls as a contribution to the proper, economic, efficient and effective use of resources. In addition, the other objectives of the function are to:

- support the Section 151 Officer to discharge their statutory duties

- contribute to and support the Finance function in ensuring the provision of, and promoting the need for, sound financial systems
- support the corporate efficiency and resource management processes by conducting VFM and efficiency studies and supporting the work of corporate working groups as appropriate
- provide a quality fraud investigation service which safeguards public monies.

## **ACCESS**

Internal Audit shall have unrestricted access to all records (whether manual or computerised systems), assets, personnel, premises, property or land, including those of partner organisations, and has authority to obtain such information and explanations as it considers necessary. Such access shall be granted on demand and not subject to prior notice.

In addition, Internal Audit, through the Head of Devon Audit Partnership, where deemed necessary, will have unrestricted access to:

- the Chief Executive
- Members
- individual Chief Officers and other senior officers
- Director of Finance / Section 151 Officer
- Monitoring Officer
- all authority employees
- all authority premises.

## **RESPONSIBILITIES**

The Chief Executive, Chief Officers and other senior officers are responsible for ensuring that internal control arrangements are sufficient to address the risks facing their Services.

Internal Audit responsibilities include but are not limited to:

- Examining and evaluating the soundness, adequacy and application of the Council's systems of internal control, risk management and corporate governance arrangements;
- Reviewing the reliability and integrity of financial and operating information and the means used to identify, measure, classify and report such information;
- Reviewing the systems established to ensure compliance with those policies, plans, procedures and regulations which could have a significant impact on operations;
- Reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
- Investigating alleged fraud and other irregularities referred to the service by management, or concerns of fraud or other irregularities arising from audits,

where it is considered that an independent investigation cannot be carried out by management.

- Appraising the economy, efficiency and effectiveness with which resources are employed and the quality of performance in carrying out assigned duties including Value for Money Studies;
- Working in partnership with other bodies to secure robust internal controls that protect the Council's interests.
- Advising on internal control implications of new systems

In order to discharge these responsibilities the Head of the Devon Audit Partnership will:

- develop, in consultation with Service Directors, an annual audit plan based on an understanding of the significant risks to which the organisation is exposed;
- submit the plan to the Audit Committee for review and agreement;
- implement the agreed audit plan;
- maintain a professional audit staff with sufficient knowledge, skills and experience to carry out the plan;
- maintain a programme of quality assurance and a culture of continuous improvement;
- submit an Annual Internal Audit Report to the Audit Committee, incorporating an opinion on the Council's control environment, which will also inform the Annual Governance Statement.

Internal Audit activities will be conducted in accordance with Council strategic objectives and established policies and procedures. In addition, Internal Auditors shall comply with the Council's Code of Conduct and the Code of Practice for Internal Audit in Local Government promulgated by the Chartered Institute of Public Finance and Accountancy and other such professional bodies of which internal auditors are members.

Monitoring of Internal Audit's processes is carried out on a continuous basis by Internal Audit management, and the Council's members and management may rely on the professional expertise of the Head of the Devon Audit Partnership to provide assurance. From time to time, independent review is carried out: for example, through peer reviews or by the Audit Commission who place reliance on the work performed by Internal Audit. Testing compliance with the standards laid down in the CIPFA Code of Practice for Internal Audit in Local Government is an essential approach to such a review.

## **REPORTING**

A written report will be prepared for every internal audit project and issued to the appropriate manager accountable for the activities under review. Reports will include an 'opinion' on the risk and adequacy of controls in the area that has been audited, which, together, will form the basis of the annual audit opinion on the control environment.

The Manager will be asked to respond to the report in writing, within 30 days, although this period can be extended by agreement. The written response must show what actions have been taken or are planned in relation to each recommendation. If a recommendation is not accepted by the manager, this must also be stated. The Chief Auditor is responsible for assessing whether the manager's response is adequate.

Where deemed necessary, the Internal Audit report will be subject to a follow-up, normally within six months of its issue, in order to ascertain whether the action stated by management in their response to the report has been implemented.

The Head of the Devon Audit Partnership in his role as Chief Auditor will submit periodic reports to the Audit Committee summarising key findings of reviews and the results of follow-ups undertaken.