



**Review of Workshop Enhancements at  
Dunbriek 2015/16**

**Issued 16 October 2015**

Opinion: Control Framework - Good (Previous review - N/A)  
Compliance with Framework - Good (Previous review - N/A)

The purpose of this review was to provide an assurance regarding the effectiveness of the proposals for developing the vehicle workshop and its income potential. Key areas examined were the new MOT facilities, income generation and marketing.

To this effect, the following key risks and controls were examined:

- 1) Risk that the Council may not comply with Drivers and Vehicle Agency Standards (DVSA) or good practice.
- 2) Risk that aspired income generation may not be met.
- 3) Risk that facility replacement may incur unforeseen problems.
- 4) Risk that fraud and corruption may go undetected (without a fair and open process regarding the approval of the new operation followed by the evaluation and selection of potential equipment suppliers and installation).
- 5) Risk that opportunities to achieve or demonstrate efficiency or value for money may not be maximised (increased income may not be achieved and therefore not vfm)
- 6) Risk assessments may not be undertaken and risks not adequately managed.

Audit testing results indicated that controls were fully met in four of the aspects examined, whilst two aspects were partially met in relation to compliance (Risks 2&3).

The opinion of the auditor was that the framework of controls regarding the effectiveness of the proposals for developing the vehicle workshop and its income potential was “good”. Additionally, compliance with the framework was also found to be “good”. This meant that a high level of control framework was in place to ensure the achievement of service objectives, good corporate governance and to protect the Council against foreseeable risks. There was evidence that the framework of controls were substantially being complied with and the risk management process was considered to be good. Only minor errors or omissions were identified.

The following two advisories recommendations were agreed with Management to address the areas where controls were partially met. These relate to risks 2 and 3.

- Following discussions and advice given by Internal Audit at the time of the review, the Head of Direct Services has drafted a Service Capacity and Limitations, Performance Monitoring and Marketing Strategy document.

- Following discussions it was agreed that the project specific risk assessment carried out covers the area of unforeseen problems. Due to the nature of the project, close management of the risk assessment will be required. This will enable management to take appropriate action to ensure successful delivery of the project.

### Review of Peer Service 2015/16

Issued 20 November 2015

Opinion: Control Framework - Satisfactory (Previous review - N/A)  
Compliance with Framework - Satisfactory (Previous review - N/A)

The purpose of this review was to provide an assurance on the peer review system as a means of improving the quality, performance and customer-focus of Council services together with evaluating the arrangements in place for undertaking peer reviews at the Council.

To this effect, the following key risks and controls were examined:

- 1) Risk that the peer review system may not function effectively as means of achieving the Council's vision and priorities.
- 2) Risk that the peer review process may fail to be a sound mechanism for the engagement of staff and the continuous improvement of Council services.
- 3) Risk that that lessons may not be learned and are not incorporated into future planning, streamlining and improvement of the peer review process.
- 4) Risk that the opportunity to share and market the peer review system to other.

Audit testing results indicated that controls were fully met in three of the aspects examined, whilst one aspect was not met in relation to the peer review framework (Risk 1).

The opinion of the auditor was that the framework of controls for the Peer Review system was "satisfactory". Additionally, compliance with the framework was also found to be "satisfactory". This meant that controls exist to enable the achievement of service objectives, obtain good corporate governance and mitigate against significant foreseeable risks. There were instances of failure to comply with the control process were identified and opportunities still exist to mitigate further against potential risks.

The following eight recommendations were agreed with Management to address the areas where controls were not met. These relates to risks 1,3 & 4.

- An amended peer review plan should be put in place which recognises slippage to date and which revitalises the programme and clearly

## Appendix C

reschedules the completion dates for remaining reviews. This should incorporate a peer review follow-up plan in addition to the main plan which clearly indicates when follow-up reviews are to be undertaken.

- The peer review questionnaire/assessment form, particularly the Corporate Priorities section should be re-visited in tactical terms, to more clearly communicate and connect the Council's strategic vision and priorities (which have both tangible and intangible elements) to the operational level.
- The peer review questionnaire/assessment form should be amended, particularly in the Performance and Equalities section, to be more user-friendly to service team members and to be able to appropriately and effectively capture their input in addition to that of the service manager.
- Clear guidance to service-managers should be issued on responding to and completing all of the information fields on the peer review questionnaire/assessment form, particularly the Best Practice column and Review Team Conclusion and Notes section fields. Additionally, guidance should also be also issued on completing the Fully, Partially and Not Met assessment fields.
- Additional guidance and support on facilitating focus groups with service team members should be created, also further guidance supplementing the existing guidance to services on undertaking and leading reviews of other services should be produced. Consideration should be given as to whether clearer advice could be built into the current guidance of templates etc. as to how these can be completed.
- Consideration to be given regarding guidance for the progression of action plans, including the introduction of a mechanism to ensure actions are followed up.
- The management information and corporate action arising from completed peer reviews should be clearly defined and documented in peer review guidance and communicated to service managers. Consideration should be given to the regular involvement and participation, in feedback terms, of both SMT and SMG to service managers on a regular basis on peer reviews processes and outcomes.
- Consideration should be given to broadening this area with the development of customer needs and define external and internal.

Members will be advised of the progress in implementing these recommendations in due course.

**Review of Senior Management & Organisational  
Changes 2214/15**

**Issued 27 November 2015**

Opinion: Control Framework - Good (Previous review - N/A)  
Compliance with Framework - Good (Previous review - N/A)

The purpose of this review was to provide an assurance regarding the effectiveness of the Senior Management & Organisational Changes, in delivering on the Council's vision and priorities, following the restructure in September 2013. The Council reviewed and approved the proposed changes within the organisational structure and provided delegated powers to make the required Constitutional amendments to implement the changes at the

## Appendix C

May 2013 Annual Council, with a request to return the changes back for review and ratification after they had been effected.

To this effect, the following key risks and controls were examined:

- 1) Risk that all key 'pre change' responsibilities have not been allocated to a reasonable senior officer within the new structure; or insufficient evidence of ownership of new responsibilities.
- 2) Risk that Service plans do not reflect the depth of activities or responsibilities within the new structure.
- 3) Risk that appropriate risk assessments have not been undertaken in order to identify and manage business risks within the new senior management areas.
- 4) Risk that ineffective performance monitoring arrangements leading to inability to achieve the Council's key priorities and objectives.
- 5) Risk that the Council may not comply with relevant legislation, the local plan and good practice.
- 6) Risk that timetables, deadlines and milestones may not be met.
- 7) Risk of a financial impact (poor performance/reporting).
- 8) Risk that fraud or corruption may be undetected.
- 9) Risk that ineffective decision making due to inaccurate or incomplete information.
- 10) Risk that opportunities to achieve or demonstrate efficiency or value for money may not be maximised.
- 11) Risk that measuring achievement against targets may be ineffective.
- 12) Risk that risk assessments may not be undertaken and risks not adequately managed.

Audit testing results indicated that controls were fully met in all of the aspects examined, except risk 8 which was partially met in relation to effectiveness.

The opinion of the auditor was that the framework of controls for the Peer Review system was "good". Additionally, compliance with the framework was also found to be "good". This meant that a high level of control framework is in place to ensure the achievement of service objectives, good corporate governance and to protect the Council against foreseeable risks. Also the framework of controls is substantially being complied with and the risk management process is considered to be good.

The following recommendation was agreed with Management to address the areas where controls were not met. This relates to risk 8.

- We recommend that the outstanding annual declaration of interest forms are completed and filed as soon as possible. If necessary that senior management assistance should be obtained to facilitate completion.

Members will be advised of the progress in implementing these recommendations in due course.

### Review of Corporate & Service IT Applications 2015/16

Issued 4 December 2015

Opinion: Control Framework - Good (Previous review - N/A)  
Compliance with Framework - Good (Previous review - N/A)

The purpose of this review was to provide an assurance in regard to the Council's key corporate and service IT applications. The review has sought to identify all key corporate and service systems across the Council and review their functionality and performance, in order to assess their ability to meet service objectives and organisational vision and priorities.

To this effect, the following key risks and controls were examined:

- 1) Risk that the Council may not comply with the Data Protection Act 1998 and related requirements policies, procedures or good practice.
- 2) Risk that the Key corporate and service applications may not create and stream innovation in the organisation so as to achieve organisational vision and priorities.
- 3) Risk that that the Key corporate and service applications may not fully integrate/interface effectively with existing or new IT systems, or with IT systems external to the Council.
- 4) Risk that system security and resilience may not be adequate or effective.
- 5) A risk assessment may not be undertaken and risks not adequately managed.

It was identified that all five controls tested were fully compliant. The review identified the following key aspects, that organisational momentum built up by recent business continuity and resilience exercises for key corporate systems should be maintained and supported by senior management and that whilst key corporate and service applications are sufficient to deliver on council strategy and priorities over the next five years, this will not be the case post 2020.

The opinion of the auditor was that the framework of controls for the Council's key corporate and service IT applications was "good". Additionally, compliance with the framework was also found to be "good". This meant that a high level of control framework is in place to ensure the achievement of service objectives, good corporate governance and to protect the Council against foreseeable risks. This is matched with the framework of controls substantially being complied with and a risk management process also considered good. Only minor errors or omissions identified and with proposals offered to address these.

## Appendix C

The following nine recommendations were agreed with Management to enhance controls. These relate to risk 4.

- Legal agreements to let office space and premises should include a clause stating that, in the event of a denial of premises or similar business continuity incident, those organisations entering the lease should be responsible for their own relocation otherwise if the Council is responsible then a business impact assessment of their services should be carried out and included in the Council business continuity plan.
- An annual testing plan or similar forward annual activity-schedule for business continuity testing and key events is created as an appendix to the main business continuity plan.
- The proposed enhanced desk-top test of business continuity arrangements to restore critical services (including critical IT services) after a major incident occurs, should be undertaken by the Council within the next 12 months and before 01.07.16.
- Business continuity assessment forms should be completed annually by all services at the Council alongside completion of annual service plans and related planning processes.
- The requirement to address any business continuity or resilience issues or implications, should be made a dedicated information-field in the standard council business case proforma document.
- As part of the move towards a completely paperless office in this area, a standard form should be designed and placed on Insite which will automatically record on the Supportworks system, in embedded terms, who in IT Services has reviewed and approved the form and also the date of the approval of the form. The same principle is also applied to documenting the deletions of accounts.
- Consideration should be given to setting an operational target of 3-5 working days for disabling access to leaver user accounts and consideration is given to closer liaison and developing a joint procedure with the Facilities Department in addition to existing arrangements with HR so as to identify leavers at an early point via the return of staff security badges and access swipe cards.
- The effectiveness and functionality of the UNIFORM and PARKING GATEWAY systems should be formally reviewed for their capacity to deliver on the future needs of the Council.
- The role, appropriateness and potential uptake of apps should be considered for all key/essential customer facing services at the Council.

Members will be advised of the progress in implementing these recommendations in due course.