

Performance Management and Planning

Follow up to the 2001/2002 Audit

September 2002

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Part 1. Introduction to the PMP follow up audit

Scope of this audit guide **This audit guide deals with the PMP 2002/03 follow up audit, the PMP4 audit.**

The purpose of this guide This document provides guidance on the follow up PMP audit for 2002/2003. It explains in detail what the audit will cover, what service and corporate managers should do in preparing for the audit and how auditors should undertake the work.

The guidance is for use by:

- Services who completed the PMP audit in 2000/2001 (PMP2 service level)
- Services who completed the PMP audit in 2001/2002 (PMP3 service level)
- Staff who are responsible for monitoring actions arising from the 2000/01 corporate PMP audit. (PMP2 corporate level)
- Auditors who will conduct the PMP follow up audits in 2002/03.

In this guidance the council staff referred to above are called council managers. Service is used to refer to both external and internal service functions i.e. the term “service” includes the corporate function.

It is important that auditors and council managers involved in the PMP follow up audit familiarise themselves with the content of this guide and follow the approach set out.

The PMP follow up audit All services have been applying a Best Value approach since 1997, following the guidance produced by the Best Value Task Force. This approach has included a commitment to continuous improvement and providing user focused cost effective services.

PMP service and corporate audits have included council managers and auditors agreeing improvement actions to further progress Best Value. The PMP follow up audit, to be conducted in 2002/03 (PMP4) assesses the extent to which improvement actions have been progressed and whether those actions have achieved their desired improvement objectives.

There are four main stages to the PMP follow up audit:

- The council manager (service or corporate) provides the auditor with two completed self-assessment reports covering:
 - Progress in implementing improvement actions agreed with their auditor during the 2001/02 (PMP3) audit (Improvement Action Progress Report)
 - Progress in improving key aspects of performance (Best Value Achievement Report)
- The auditor will review the self-assessments, check a sample of evidence and provide feedback to the service.
- Any revisions agreed between the auditor and council should be incorporated into the self-assessments.
- The auditor submits individual reports to council managers and produces a summary report for the Chief Executive.

The PMP audit follows up improvement actions for a maximum of two years. Consequently no PMP1 (1999/ 2000) improvement actions are to be followed up in the PMP4 audit.

Copies of all PMP audit guides are available on the Audit Scotland web site: www.audit-scotland.gov.uk

Part 2. The PMP follow up audit framework

Scope of the PMP follow up audit The 2002/2003 PMP follow up (PMP4) audit requires council managers to submit two reports to their auditors.

- An Improvement Action Progress Report (IAPR). This report is used to record progress in implementing the improvement actions agreed during the 2001/02 audit.
- A Best Value Achievement Report (BVAR). This report is used to record what has been achieved by the service during 2002/03.

The purpose and expected content of the IAPR and BVAR is given below.

The purpose of the Improvement Action Progress Report An important step in achieving performance improvement is identifying shortfalls in desired performance and taking steps to meet the shortfalls. The 2001/02 PMP audit identified improvement actions designed to improve performance. The Improvement Action Progress Report (IAPR) is designed to record the extent to which those improvements have been implemented and the extent to which improvements in performance have been achieved.

Who should complete an Improvement Action Progress Report? The IAPR should be completed for all PMP3 service audits. Where improvement actions from the PMP2 service and corporate follow up audits were revisited in 2002/03, service managers should also submit an IAPR.

Content of the Improvement Action Progress Report The IAPR should list the improvement actions and associated milestone dates and provide a brief description of what the improvement was intended to achieve, all as agreed during the 2001/02 audit. An assessment should be made of the extent to which the action has been implemented and a letter A-D allocated, in accordance with the categories set out in Exhibit 1 below. Where possible a description of what the action has achieved should also be provided. Available evidence to support the assessment should be listed as well as dates for further follow up work agreed with the auditor.

Additional notes on completing the IAPR are at Annex 2.

Exhibit 1: Extent of action implementation

Extent of action implementation	Commentary
(A)	The council manager can demonstrate that implementation has progressed as planned in the original improvement action template i.e. action complete or planned milestones met and on target.
(B)	Progress is less than intended in the original improvement action template. The council manager can demonstrate they have plans in place to complete the action.
(C)	Progress is less than intended in the original improvement action template. The council manager cannot demonstrate they have plans in place to complete the action. Reasons should be given for not having plans in place to progress the original action.
(N/A)	The council no longer intend implementing the original improvement action. Reasons should be given for not implementing the original action.

Recording progress of incomplete improvement actions

The auditor should ensure that the IAPR explains why improvement actions have not been implemented as planned and/or why no plans are in place to implement previously agreed actions.

The purpose of the Best Value Achievement Report

Whilst the IAPR is intended to show the extent to which specific actions have been implemented and what they have achieved, it does not identify overall improvements in the service. A Best Value Achievement Report (BVAR) is therefore also required.

The BVAR is a concise summary (evidence-based) of what the service has achieved during 2002/03. For the BVAR, it is not important what has prompted these achievements.

Improvements may relate to providing a better service for customers, achieving a better policy impact for citizens more generally, reduced costs, greater efficiency, and so on. The improvements may have come about through a variety of means, including Best Value reviews, government policy, use of quality models, responding to feedback from users, benchmarking studies, etc

Who should complete a BVAR?

Best Value reporting is an integral part of the 2002/2003 PMP audit. All PMP3, PMP2 and corporate services involved in the 2002/2003 PMP follow up audit are required to complete a BVAR.

Describing improvements by performance category

It is recommended that the BVAR is structured around the following headings.

- Stakeholder impact
- Resource use
- Internal management processes
- Learning and development

(See Exhibit 2. Further details are at Annex 1).

Exhibit 2 Categories of performance improvement

Performance Category	Description
(A) Stakeholder impact <ul style="list-style-type: none"> • Improvements in policy impact • Improvements in customer focus • Improvements in external relationships 	Policy impact improvements will focus on how the service or function is contributing to the delivery of corporate and community planning objectives. Customer focus is more closely related to service users and will include improvements in service delivery such as reliability, and consultation arrangements. External relationships deal with the way services and functions work with other organisations and how partnership working benefits customers and citizens.
(B) Improvements in use of resources	This category covers the economy and efficiency with which assets are acquired and used. The category will cover improvements relating to financial performance such as cost reductions and impact of capital projects. Staff performance such as absence management, productivity could be included.
(C) Improvements in internal management processes	This category covers the way in which the service or function organises and manages itself. Improvements to structure and core processes, designed to ultimately benefit customers and the wider community should be included.
(D) Improvements in learning and development	This category covers how the service or function ensures it is continuing to learn and improve its performance. Examples include steps taken to develop staff, use made of management tools to assist improvement such as EFQM. A service/function should be able to show how they expect developments in this area to impact on customers and communities.

Not all these headings will be relevant for all services. A service is free to use other broad headings if it wishes but it should ensure that its own headings cover the same sort of issues. For illustration purposes only, possible impacts applicable under the suggested headings are set out in Annex 1. However each service will need to determine the particular measures that are applicable for it.

Content of the Best Value Achievement Report

For each aspect of performance, council managers should summarise tangible improvements that have been achieved over the last year under each of the categories it uses. The same improvement may be listed under more than one heading, or different aspects of the same improvement may relate to different categories. It is not critical how improvements are divided up among the categories. The purpose of using the categories is simply to help the service consider different aspects of improvement that may have occurred so that a balanced picture overall is provided.

For each broad improvement, the service should say what information it has used to decide that there has been an improvement and what evidence could be provided, **if required**, to support the assessment. In general the description of improvement should make use of trends, comparative information and performance against targets wherever possible. This information may be portrayed graphically if preferred. **For services that have completed an EFQM**

assessment, this report is similar in purpose to the results sections of EFQM.

If this information is readily available in a service's Public Performance Report (PPR) or is available in a selection of separate reports or other assessments, then those documents may be provided to the auditor instead (supplemented if necessary by the list of evidence).

The BVAR report should be no more than 6 A4 pages of text plus any supporting graphs.

In some cases a council/service may not have appropriate measures in place to quantify improvements made. Council managers should, nevertheless, provide a description of improvements they consider have been made. Where appropriate measures are not in place, the council manager should record steps being taken to develop such measures.

Auditors should ensure that the BVAR records what steps, if any, are being taken to develop performance measures.

Templates for the IAPR and BVAR are at Annex 2 and 3 respectively.

Part 3. Audit evidence requirements

The PMP follow up audit is evidence based The PMP follow up audit is evidence based. This means that council managers should be able, **if required**, to provide appropriate evidence to support their Improvement Action Progress Reports and Best Value Achievement Reports.

Appropriate evidence means it must be sufficient, relevant and reliable. That is neither too much nor too little evidence is required. Evidence needs to be pertinent to the self-assessment made and evidence needs to be robust.

Getting behind the paperwork Council managers should aim to identify the most appropriate evidence to support their reports. The nature and type of evidence will vary according to the report statements. Types of evidence that should be considered include:

- Reports and working papers
- Published performance information
- Auditor observations of service delivery
- Minutes of meetings
- Agreed policy statements
- Results from research such as customer satisfaction surveys
- Auditor interviews with staff
- Progress reports submitted to senior management
- Results from quality assessments

Evidence used will be expected to be in accordance with the scale of the organisation, type of activity and level of risk involved. The auditor will not expect evidence to be produced for the sole purpose of the audit but will draw upon evidence that it would be reasonable to expect managers to have for their own purposes.

Both council managers and auditors should aim to identify where evidence other than documentation can be provided to support the BVAR and IAPR. In particular, auditors should consider where direct observation or interviews with staff or service users could be used to seek and gain audit assurance.

Using evidence already gathered for other assessments

Council managers may use **evidence-based** assessments for recognised quality models such as EFQM, IIP or ISO 9000-9004, to support their IAPR and BVAR. Where quality model assessments are used, the council manager should pass relevant documentation to the auditor, together with an explanation of how the assessment was validated for accuracy. Where assessments have been independently validated, the auditor should be able to place reliance on them without further audit.

Clear cross referencing of evidence is essential

At the time the council manager submits their IAPR and BVAR to the auditor they should not provide all supporting evidence. The auditor will select the evidence they wish to examine once they have reviewed the reports. They will exercise professional judgement in determining when they have appropriate evidence to provide assurance on the accuracy of the IAPR and BVAR.

The IAPR and BVAR should clearly reference what evidence could be made available to support them. The level of detail for cross-referencing will clearly depend on the actual evidence but for written evidence will typically include document title, date, page reference.

Seeking and gaining the right amount of the right type of evidence is crucial in minimising the effort of council staff in providing the evidence and in optimising audit resources used in auditing the self assessment.

Council managers should discuss with their auditors any queries concerning evidence requirements such as referencing evidence, type of evidence required, and timetable for supplying evidence.

Part 4. Reporting the PMP follow up audit

Auditors will formally report on the PMP follow up audit

Auditors should provide a separate follow up audit report to each council manager. In 2002/2003 this is a maximum of five service reports and 1 corporate report.

- 2 service reports for PMP3 service follow up
- 3 service reports for PMP2 service follow up
- 1 corporate report for PMP2 corporate level audit

Audit Scotland want to minimise the effort involved in the actual production of feedback reports. With this objective in mind Audit Scotland recommend that auditors use the report template provided by Audit Scotland to report to each individual council manager (Annex 4). The template provides the background to the audit and requires the auditor to insert a brief summary of audit work carried out, main findings and the audited IAPR and BVAR. The report template includes the following sections:

- Introduction
- Objectives of the audit
- Audit work carried out
- Evidence base
- Audit findings
- Conclusions and recommendations
- Annexes containing an audited self-assessment IAPR and BVAR.

Auditors will provide a summary report to council Chief Executives

Auditors should produce for the Chief Executive a summary report outlining the results of all the follow up audits. The purpose of the report is to provide the Chief Executive with an overview of the audit findings and to detail any corporate issues that have emerged through the audits.

As mentioned above, Audit Scotland want to minimise the effort involved in the actual production of feedback reports. With this in mind Audit Scotland recommend that auditors use the Chief Executive report template provided by Audit Scotland (Annex 5). The template provides the background to the audit and requires the auditor to insert a brief summary of the audit approach and work undertaken, copies of audited IAPRs and BVARs and a brief summary of main findings. The summary of audit findings should be factual and directly related to information contained in the audited IAPRs and BVARs.

The report template for the PMP4 chief executive report includes the following sections:

- Introduction
- Objectives of the audit
- Audit work carried out
- Evidence base
- Acknowledgements
- Audit findings
- Conclusions and recommendations
- Annexes containing service follow up audit reports

Part 5. Key steps to a successful PMP follow up audit

Key steps to a successful PMP follow up audit.

Feedback from councils and auditors indicate there are key steps in ensuring a successful PMP follow up audit. In particular it is important for auditors and service/corporate managers to have an early face-to-face meeting and to agree at the outset the timing of the audit. To facilitate a smooth audit, Audit Scotland recommend the PMP follow up audit should include the following steps:

Exhibit 3: Key steps to ensure a successful PMP follow up audit

Date	Detail
September 2002	1. PMP follow up guide sent to auditors and services.
October 2002	2. Workshops for auditors on the 2002/2003 follow up PMP audit.
November 2002	<p>3. Set up meetings take place between auditors and council managers. The meetings provide an opportunity to go through the audit process, address any outstanding points, agree dates for receipt of submissions, and agree main points of contact in council and audit teams. The following key dates should be agreed with each service being audited:</p> <ul style="list-style-type: none"> • The date by which it will hand a completed IAPR and BVAR to the auditor. • The date by which the auditor will notify managers of any questions they have arising from their review of the IAPR and BVAR and what evidence is required to be provided. • The date by which the auditor will formally meet relevant staff to provide feedback on the audit and finalise findings (end February at the latest). • The date by which the final audit report will be submitted (end March at the latest). • The date by which the short overview report for the Chief Executive on all areas covered by the PMP follow up audit will be submitted (end March at the latest). <p>Regular and timely contact should be maintained during the course of the audit.</p>
	4. The auditor should send details of the overall timetable agreed with each service to Performance Audit at Audit Scotland by 29 November 2002.

Main audit	
December 2002	5. Council managers prepare submissions.
December 2002	6. Auditor reviews previous year's (2001/2002) action improvement plans.
December 2002	7. IAPR and BVAR passed to auditor.
December 2002 to February 2003	8. Main audit work carried out: <ul style="list-style-type: none"> • Auditor checks IAPR and BVAR are complete. • Auditor clarifies any queries/questions about the IAPR and BVAR and obtains any additional information to address gaps. • Auditor notifies service manager what evidence is required for the audit. Evidence is provided and audited. • Auditor identifies areas for discussion re. progress made, supporting evidence, further follow up. • Auditor agrees revisions to IAPR and BVAR, if applicable. • Auditor provides service manager with a copy of his/her audit findings and a meeting is held to discuss.
End February 2003	9. Auditor agrees findings with relevant staff.
31 March 2003	10. Auditor finalises reports for service managers and Chief Executive. The latter report incorporates issues arising from the follow up service level PMP2/PMP3 and corporate audits.
31 March 2003	11. The auditor submits hard copies of the overall Chief Executive report, including IAPRs and BVARs to the Controller of Audit and electronic copies to Performance Audit at Audit Scotland.

Audit support

Audit Scotland's Performance Audit division will provide audit support. The contacts are:

- Ronnie Nicol
- Irene Coll

See back page of this guide for full contact details.

Performance Audit will be tracking the progress of the audit and may contact auditors and councils to discuss the audit. The aim of these discussions will be to assess whether the audit is progressing as anticipated.

Audit Scotland's Financial Audit and Assurance division will undertake a detailed quality review of the audit.

Categories of performance improvement

Stakeholder Impact

Policy Impact

These measures will show what difference the service is making in terms of solving problems or delivering benefits for the community and citizens. Achievement will usually relate to the service's mission and strategic objectives, and may show how the service is contributing to objectives set out in the community plan or the council's corporate strategy. Those objectives should be informed by a good understanding of what the important issues are for citizens and communities.

Examples might include measures relating to broad issues such as equalities, inclusion, sustainability, regeneration, crime reduction, transportation, learning, learning, environmental quality, etc. Other measures will relate to specific service objectives such as a reduction in substance misuse, increase in participation in sporting activities, etc. Some measures should relate to the service's mission to show whether it is fulfilling its mission. Measures might relate to the policy impact upon particular groups (e.g. elderly, children, ethnic minorities, women) or geographical areas. Improvements in contributing to the delivery of corporate and community planning objectives should be reported here.

Customer focus

These measures will relate to service users more specifically. They may include measures relating to customer satisfaction, numbers of customers, retention/repeat usage, waiting times or service times, appointments kept or missed, complaints, perception of service quality, etc. Improvements in service reliability, arrangements for consultation, market research, and feedback could also be reported here. Some aspects of the impact of equalities could be reported here e.g. improved access, improved take up of services.

External relationships

For many services, the way in which they work with other organizations will have a major impact on their effectiveness. As partnership working to tackle cross-cutting issues and provide 'joined up services' becomes ever more important, so better performance in working collaboratively will become essential. This section provides an opportunity to describe improvements made in these working relationships. It should also be possible to show how these improvements are benefiting customers and citizens.

Resource use

These measures will relate to the more traditional issues of asset use. They will include things such as the economy and efficiency with which assets are acquired and used. Measures relating to the cost/quality balance of assets would be reported here. Improvements in procurement generally could be reported here. Measures relating to staff performance e.g. productivity, absence information, % contact hours etc could be reported here. Financial performance should also be reported here, including improvements in cost reduction and cost effectiveness e.g. unit cost, whole life cost etc, improved funding base, impact of capital programmes and projects.

Internal management processes

This section provides an opportunity to report on improvements made to the way in which the service organises and manages itself. Improvements in political management and scrutiny arrangements could be included here. Improvements to structure and core business processes would be included.

Whilst these are improvements to internal processes and approaches, the service should be able to show how these improvements will ultimately benefit customers and/or the wider community.

Learning and development

This section allows the service to report on the steps it is taking to ensure that it has the capacity to continue to learn and improve its performance. These could relate to, for example, improvements in staff training and qualifications, results from Best Value reviews, improvements in the review process including the development of performance information, the use made of the PMP audit and other improvement techniques e.g. EFQM, IIP etc. Again, it should be possible to show the link between these improvements and ultimately a benefit for customers and communities.

Improvement Action Progress Report

Council _____

Service _____

Contact: _____

1. Agreed improvement action from the 2001/02 PMP audit.	2. Agreed key milestone dates from the 2001/02 PMP audit.	3. Brief description of what the improvement was intended to achieve.	4. To what extent has the improvement action been implemented? Please describe and allocate a letter A-C or N/A as per Exhibit 1.	5. Evidence that can be made available to the auditor to support the assessment.	6. Dates for further follow up work agreed with auditor.
1.					
2.					
3.					
4.					
5.					
6.					
7.					

etc.					
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Notes on completing the Improvement Action Progress Report

Column 1: The improvement actions listed should be those agreed during the 2001/02 PMP audit. Ideally the proposed action/project should be described clearly and in sufficient detail so that its purpose can be readily understood.

Column 2: The milestone dates listed should be those agreed during the 2001/02 PMP audit.

Column 3: The description of what the improvement was intended to achieve should be as agreed during the 2001/02 PMP audit.

Column 4. The description of action implementation should be brief but clearly indicate progress made against agreed milestone dates. In addition, where possible, a description of what the action has achieved should be provided. The purpose of the latter is to prompt council managers to check whether desired improvements as outlined in Column 3 have been achieved. The extent of action implementation should be designated as A-C or N/A as per Exhibit 1.

(E.g. we have prepared a draft property risk management strategy and supporting action plans including proposed monitoring arrangements. The senior management team are scheduled to agree the final strategy and plans on X date. Action to date is designated as "B" as per Exhibit 1. We are not yet in a position to assess whether desired improvements have been achieved. We expect to be in a position to assess impact by x date. We will monitor the situation, and provide our auditor with an updated IAPR by y date.)

Column 5. The list of evidence that can be made available to the auditor to support the assessment of extent of action implementation should be sufficient, relevant and reliable. That is neither too much nor too little evidence is required. Evidence needs to be pertinent to the self-assessment and evidence needs to be robust. Auditors will not expect evidence to be produced for the sole purpose of the audit but will draw on evidence that it would be reasonable to expect managers to have for their own purposes. Part 3 of this guide provides further guidance on audit evidence requirements.

(E.g. copy of draft property risk management strategy; copy of supporting action plans including proposed monitoring arrangement; copy of agenda for senior management team on X date)

Column 6. Further follow up work may be required in a number of situations.

1. The service reports that some of the key milestone dates agreed last year have not yet occurred so, realistically, the improvement action cannot yet have been completed. The further follow up audit will need to be timed to those dates.
2. The service has been unable to demonstrate whether a particular action has achieved what it set out to achieve. Again, this legitimately may be because sufficient time has not lapsed since completion of the agreed actions. It may also be that the service has no adequate assessment mechanism in place. In both cases a date should be agreed as to when the service will be in a position to provide such as assessment and when the follow up audit will be completed.

3. Slippage in implementation has occurred and new milestone dates agreed which extend beyond 31st March 2003. In this case further follow up audit dates should be agreed as to when the service will provide an assessment both of actual implementation and achievement.

Nb PMP2 services should not be followed up beyond 31 March 2003.

The auditor should summarise here her/his assessment of the adequacy of the evidence that was available to support the IAPR.

The service identified evidence to support (none / some/ half / most/ all) of its IAPR.

A sample of evidence was checked and overall was found to be satisfactory/unsatisfactory.

Additional comments on evidence base:

Auditor notes

Summarise any areas for concern based on the audit of this IAPR. These may relate to the service's self-assessment or the evidence base.

Areas of concern	Justification for inclusion

Auditor and council manager: please summarise any examples of innovative or successful practice that you feel would be of interest to other councils.

Best Value Achievement Report

Please tick the PMP audit to which this self assessment refers.

PMP2 follow up service audit
 PMP3 follow up service audit
 PMP2 follow up corporate audit

For service assessments, please name the service:

Period covered

to

Policy Impact

<ul style="list-style-type: none"> Brief description of achievement #1 	
<ul style="list-style-type: none"> The information used to assess that there has been an improvement 	
<ul style="list-style-type: none"> Evidence that could be made available to support the assessment 	

<ul style="list-style-type: none"> Brief description of achievement #2 	
<ul style="list-style-type: none"> The information used to assess that there has been an improvement 	
<ul style="list-style-type: none"> Evidence that could be made available to support the assessment 	

(For as many achievements as relevant)

Customer Focus

(as above)

External Relationships

(as above)

Resource Use

(as above)

Internal Management Processes

(as above)

Learning And Development

(as above)

Evidence

The auditor should summarise here her/his assessment of the adequacy of the evidence that was available to support the submission and audit evaluation.

The service identified evidence to support (none / some/ half / most/ all) of its BVAR.

A sample of evidence was checked and overall was found to be satisfactory/unsatisfactory.

Additional comments on evidence base:

Auditor notes

Summarise any areas for concern based on the audit of this BVAR. These may relate to the service’s self-assessment or the evidence base.

Areas of concern	Justification for inclusion

Auditor and council manager: please summarise any examples of innovative or successful practice that you feel would be of interest to other councils.

Annex 4

Note to auditors: Audit Scotland has provided this report template to facilitate the reporting of PMP4 audit follow up results. Its use is not compulsory and auditors may choose to report their results using an alternative reporting structure.

Template for a report on the PMP 4 follow up audit

Contents

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IAPR

BVAR

Introduction

Appointed auditors, as part of their statutory responsibilities, are required to satisfy themselves that a local authority has in place appropriate management arrangements to secure value for money from the resources available to it. With the introduction of Best Value for councils, the Performance Management and Planning (PMP) audit has been used by the Accounts Commission to review the progress that councils are making in implementing the framework set out by the Best Value Task Force. A PMP audit was carried out in (insert name of service) in (insert year: 2000/2001 for PMP2 and 2001/2002 for PMP3).

(For PMP3 services) As part of that audit, the service agreed a number of improvement actions that it would carry out to improve its PMP arrangements. We have now carried out an audit of the progress that has been made on those actions.

(For PMP2 services) As part of that audit, the service agreed a number of improvement actions that it would carry out to improve its PMP arrangements. Last year, an audit was carried out of the progress that had been made on those actions. A number of actions had not been completed at that time. We have now carried out a final audit of the progress of those actions.

The service also submitted a Best Value Achievement Report that set out the main tangible improvements that have been achieved over the last year. The audit task was to validate the BVAR through checking a sample of evidence.

The PMP audit has been carried out in accordance with the guidance issued by Audit Scotland.

Objectives for the PMP follow-up audit

The PMP follow up audit has the following objectives:

- to identify the extent to which planned improvements have been implemented
- to provide independent, external assurance that the audited service is making progress in implementing Best Value and its PMP framework

Audit work carried out

(insert brief details of the audit work carried out)

Evidence base

A key requirement of the PMP audit is that it is evidence based. We sample checked a range of evidence to verify the service's submission. In general, our view is that the evidence supplied was *(was not)* adequate in quality and scope. *(Add any further text if necessary to identify particular weaknesses or gaps in the evidence).*

Acknowledgments

The co-operation and assistance given by all officers contacted during the course of this audit is gratefully acknowledged. There was a clear commitment given by officers at all levels within the service to the completion of the PMP follow-up audit (*modify as appropriate*).

Audit findings

Improvement action progress report

X (*insert number*) improvement actions were identified by the service last year (*OR 'were outstanding from last year' for PMP2 services*) Of these, A (*insert number*) have been completed as planned, B (*insert number*) have made some progress but there has been slippage, however there are plans in place to complete the action ,C (*insert number*) have made less progress than planned and there are no plans in place to complete the action, and D (*insert number*) have been dropped as no longer applicable (*insert text as appropriate*). Where progress has been less than intended, the main reasons given are:

(insert text on reasons as given by the service)

(comment on the level of progress and other issues as covered in the guidance note on interpreting the PMP audit. The key issues to be considered in relation to the IAPR are:

- *Has progress been as intended? If not (ie there has been slippage) what is the reason for this? Overall, has there been a good level of progress, or is it poor?*
- *Are there any common factors in the reason(s) that suggest that there is a weakness in the ability of the council/service to manage change/improvement projects? If so, these should be raised in discussion and commented on in the report as appropriate. Weaknesses could include:*
 - *Selecting actions that were not priorities*
 - *Lack of management commitment*
 - *Failure to allocate resources to the project*
 - *Failure to manage the project effectively*
- *If so, are they being addressed in the current improvement agenda?*
- *Where there has been slippage, but the action is being continued, does it appear in the current improvement agenda?*
- *Where actions have been recorded as no longer applicable, what are the reasons? Does it indicate a weakness in the ability of the council/service to*

correctly identify priority improvement actions/projects? If so, is this being addressed?

- *Have completed projects been mentioned in the BVAR and PPR?*
- *For PMP2 services/corporate, where outstanding actions have still not been completed, challenge the service to reconsider whether the actions are still priorities, or whether there are lessons to be learned by the service (eg lack of commitment or focus, wrong actions selected, very poor project management)*

Best Value Achievement Report

The purpose of the BVAR is to summarise the (service's) achievements over the last year.

(auditor: insert commentary to cover at least the following issues:

- *In the context of the particular service (eg its size and impact), is it self-evident that the achievements are significant? Is it clear that they were the result of a management decision about what needed to be improved etc, or does their selection appear more to be a matter of chance?*
- *Has the BVAR been expressed in terms of processes or inputs completed (which is a weakness) or in terms of results and improvements delivered (a strength). Even where the improvement relates to a process (eg carrying out consultation), the BVAR should show what improvement to that process has been achieved and what difference it has made. Where applicable, is it clear what benefits have been achieved for the service user?*
- *Do the improvements cover the range of topics suggested in the audit guide? If not, is that because some of the headings suggested were not relevant to the service, or have some areas been neglected? If the service is using other headings, do these cover the same ground as those suggested in the audit guide? If not, is there a good reason for this or have areas for improvement been neglected?*
- *Has the service collected data that shows that the improvements have actually made a difference in some way? Have the benefits been quantified in any way?*
- *Has the service told the public about its achievements? (ie is there any tie-up between the BVAR and PPR?)*
- *Have the staff involved been recognised in some way – ie is the service supporting a culture of continuous improvement by recognising achievement?*
- *Where there are weaknesses in the BVAR, will these be addressed by the service/corporate function?*

Conclusions and recommendations

Note for auditors - this section can be used to present a broad overview of the service based on the original PMP2/3 audit and the IAPR and BVAR. The obvious point to draw attention to is whether the overall picture is poor, positive, or uneven, and whether there appears to be evidence of continuous improvement in terms of its PMP framework. Aim as far as possible to present a balanced picture where this is justified – but remember that strong points do not balance out weaknesses. The weaknesses still need to be addressed.

Bearing in mind that Best Value has been progressing for 5 years, express a view if possible on whether the level of progress is good, satisfactory. Make it clear if you feel that the rate of progress is not enough given what needs to be addressed (though keep in mind also the need to be realistic). If the service believes that it does not have the capacity to implement its planned improvements, consider whether there is a need for greater corporate support.

Annexes

Improvement action progress report BVAR

Annex 5

(Note to auditors: this is a template for reporting to the Chief Executive on the PMP4 audit. Its use is not compulsory and auditors may choose to report their results using an alternative reporting structure.)

Template for a PMP4 CEO's report

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Introduction

Appointed auditors, as part of their statutory responsibilities, are required to satisfy themselves that a local authority has in place appropriate management arrangements to secure value for money from the resources available to it. With the introduction of Best Value for councils, the Performance Management and Planning (PMP) audit has been used by the Accounts Commission to review the progress that councils are making in implementing the framework set out by the Best Value Task Force.

Over the last four years, the PMP audit has covered the following in your council:

<i>Year</i>	<i>PMP audit</i>	<i>PMP follow up audit</i>
<i>1999/2000</i>	<i>(insert names of the three PMP1 services covered)</i>	
<i>2000/2001</i>	<i>(insert names of the three PMP2 services covered) Corporate audit</i>	<i>(insert names of the three PMP1 services covered)</i>
<i>2001/2002</i>	<i>(insert names of the two PMP3 services covered)</i>	<i>(insert names of the three PMP2 services covered) Corporate audit</i>
<i>2002/2003</i>	<i>No service audits</i>	<i>(insert names of the two PMP3 services covered)</i>

The follow up audit is used to review the progress made in implementing the improvement actions that were identified in the original PMP audit.

This report records key findings from the follow up audit of PMP3 services. It also highlights issues that have arisen from the follow up audit of outstanding actions from the PMP2 service and PMP2 corporate audits. (auditor: amend the text as appropriate if there are no issues which requires attention from CEO).

The council submitted a Best Value Achievement Report that set out the main tangible improvements that have been achieved both corporately and by each audited service over the last year. (auditor: amend as appropriate if no follow up audit of corporate function or PMP2 services.) The audit task was to validate the BVAR through checking a sample of evidence.

The PMP audit has been carried out in accordance with the guidance issued by Audit Scotland.

Objectives for the PMP follow-up audit

The PMP follow up audit has the following objectives:

- to identify the extent to which planned improvements have been implemented
- to provide independent, external assurance that the audited service is making progress in implementing Best Value and its PMP framework

Audit work carried out

(insert brief details of the audit work carried out) A corporate PMP audit and three service audits were carried out in 2000/2001. As part of those audits, the council/service agreed a number of improvement actions that it would carry out to improve its PMP arrangements. In 2001/02 we conducted a follow up audit of the progress that had been made on those actions. As part of the 2002/03 audit (PMP4) we carried out a further audit to address actions outstanding from 2001/02.

Two service audits were carried out in 2001/02 (PMP3). As in previous years, the service agreed a number of improvement actions that it would undertake to improve its PMP arrangements. As part of the 2002/03 audit (PMP4) we audited the extent to which improvement actions had been progressed.

Evidence base

A key requirement of the PMP audit is that it is evidence based. We sample checked a range of evidence to verify the council's submissions. In general, our view is that the evidence supplied was *(was not)* adequate in quality and scope. *(Add any further text if necessary to identify particular weaknesses or gaps in the evidence).*

Acknowledgments

The co-operation and assistance given by all officers contacted during the course of this review is gratefully acknowledged. There was a clear commitment given by the officers involved to the completion of the PMP follow-up audit *(modify as appropriate)*.

Audit Findings

Issues arising from the follow up audit of the corporate function *(auditor: amend heading as appropriate)*

Corporate Improvement Action Progress Report

All improvement actions were addressed during the PMP3 audit and no further audit work was undertaken during the PMP4 audit.

Or a paragraph along the lines of:

X *(insert number)* improvement actions outstanding from last year. Of these, A *(insert number)* have been completed as planned, B *(insert number)* have made some progress but there has been slippage, however there are plans in place to complete the action, C *(insert number)* have made less progress than planned and there are no plans in place to complete the action, and D *(insert number)* have been dropped as no longer

applicable (*insert text as appropriate*). Where progress has been less than intended, the main reasons given are:

(insert text on reasons as given by the council)

(comment on the level of progress and other issues as covered in the guidance note on interpreting the PMP audit. The key issues to be considered in relation to the IAPR are:

- *Has progress been as intended? If not (ie there has been slippage) what is the reason for this? Overall, has there been a good level of progress, or is it poor?*
- *Are there any common factors in the reason(s) that suggest that there is a weakness in the ability of the council to manage change/improvement projects? If so, these should be raised in discussion and commented on in the report as appropriate. Weaknesses could include:*
 - *Selecting actions that were not priorities*
 - *Lack of management commitment*
 - *Failure to allocate resources to the project*
 - *Failure to manage the project effectively*
- *If so, are they being addressed in the current improvement agenda?*
- *Where there has been slippage, but the action is being continued, does it appear in the current improvement agenda?*
- *Where actions have been recorded as no longer applicable, what are the reasons? Does it indicate a weakness in the ability of the council to correctly identify priority improvement actions/projects? If so, is this being addressed?*
- *Have completed projects been mentioned in the BVAR and PPR?*

Corporate Best Value Achievement Report (*auditor: this section is not needed if there has been no corporate follow up during PMP4*)

The purpose of the BVAR is to summarise the council's achievements over the last year.

(auditor: insert commentary to cover at least the following issues:

- *In the context of the council, is it self-evident that the achievements are significant? Is it clear that they were the result of a management decision about what needed to be improved etc, or does their selection appear more to be a matter of chance?*
- *Has the BVAR been expressed in terms of processes or inputs completed (which is a weakness)or in terms of results and improvements delivered (a strength). Even where the improvement relates to a process (eg carrying out consultation), the BVAR should show what improvement to that process has been achieved and what difference it has made. Where applicable, is it clear what benefits have been achieved for the council's service users or communities?*
- *Do the improvements cover the range of topics suggested in the audit guide? If not, is that because some of the headings suggested were not relevant, or have some areas*

been neglected? If the council is using other headings, do these cover the same ground as those suggested in the audit guide? If not, is there a good reason for this or have areas for improvement been neglected?

- o *Has the council collected data that shows that the improvements have actually made a difference in some way? Have the benefits been quantified in any way?*
- o *Has the council told the public about its achievements? (ie is there any tie-up between the BVAR and PPR?)*
- o *Have the staff involved been recognised in some way – ie is the council supporting a culture of continuous improvement by recognising achievement?*
- o *Where there are weaknesses in the BVAR, will these be addressed by the council?*

Issues arising from the follow up audit of PMP2 and PMP3 services

auditor: insert here any issues that you wish to bring to the CEO's attention in relation to the PMP2 and PMP3 service follow up audits. Obvious examples would include where progress was poor or showed a lack of commitment from a service. Where appropriate, include positive comments where there has been good progress as shown in the IAPR or BVAR.

Identify where you think there might be issues that need to be addressed at a corporate level – having previously discussed this issue with appropriate officers.

Conclusions and recommendations

(Note for auditors - this section can be used to summarise or emphasise Best Value issues relating to the corporate follow up audit, AND, where possible, present a broad overview of how the council is progressing, based on 8 service audits, a corporate audit, 9 follow up audits, and 9 BVARs.)

The obvious point to draw attention to is whether the overall picture is good, poor or uneven, and whether there appears to be evidence of continuous improvement in terms of the PMP framework. Aim as far as possible to present a balanced picture where this is justified – but remember that strong points do not balance out weaknesses. The weaknesses still need to be addressed.

Bearing in mind that Best Value has been progressing for 5 years, express a view if possible on whether the level of progress is good, satisfactory. Make it clear if you feel that the rate of progress is not enough given what needs to be addressed (though keep in mind also the need to be realistic). Consider whether the council is making a sufficient investment in supporting better management arrangements across the council.

Annexes

PMP4 service follow up audit reports

(Given the amount of material that might be involved, ensure that the relevant sections in the body of the report draw attention to all significant issues)

For advice and assistance on any part of this PMP follow up guide please contact in the first instance your external auditors. You can also contact the PMP team in Edinburgh.

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