tiaa

Newark and Sherwood District Council

Assurance Review of Performance Management

March 2025

Final

Executive Summary

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Inaccurate and inconsistent data relating to Performance management.

KEY STRATEGIC FINDINGS

The Council has an established formal procedure in place for corporate planning and performance management, ensuring a structured and consistent approach to data collection and reporting.

The Council supports Business Managers in relation to corporate performance management by offering targeted training.

The performance and assurance framework for 2024, aligns with the Council's priorities/objectives.

As part of the testing, when comparing the data currently available in the system with the data presented in the guidance notes, some discrepancies were identified, however this information has now been entered onto the system therefore no recommendation was made.

GOOD PRACTICE IDENTIFIED

There are one-to-one meetings with all team members and business managers to improve communication and collaboration.

The Council conducts quarterly reviews of reporting timelines.

SCOPE

The review considered the way in which key performance data is collated to inform effective decision making, taking in to account the accuracy, integrity, and consistency of data.

ACTION POINTS

Urgent	Important	Routine	Operational
0	0	1	0

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	The Corporate Planning and Performance Management framework lacks a date and an official sign off approval, which are essential for ensuring its validity and authority.	To incorporate to the procedure elements such as the date of review, the approving authority and a structured record of amendments to track changes, for better governance and accountability.	3	*The performance framework will be presented to SLT before then being presented to the Policy, Performance & Improvement Committee for endorsement. This document now carries the required 'date and sign off approval stamp' for easier recognition of approval dates.*	*14 April 2025*	*Carl Burns, Transformation & Service Improvement Manager*

PRIORITY GRADINGS

1	**URGENT**	Fundamental control issue on which action should be taken immediately.

2	**IMPORTANT**	Control issue on which action should be taken at the earliest opportunity.

3	**ROUTINE**	Control issue on which action should be taken.

tiaa

Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments	
No Operational Effectiveness Matters were identified.					

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

3

Findings

Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	1	-
RM	Risk Mitigation	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	-	-

Other Findings

For each of the Performance Data collected there are three guidance notes as follows:

- KPI Guidance notes – to ensure the data being collected is reliable and in a consistent manner.
- Database guidance notes – to ensure that the data entry is managed consistently.
- Data return guidance notes – for officers completing performance data returns.

The Corporate Planning and Performance Management framework has been reviewed, ensuring it effectively outlines the key elements of performance management. The document presents the full performance management cycle covering planning, doing, reviewing and revising. It clearly distinguishes between strategic corporate-level performance management and operational-level performance management providing a structured approach to improvement. Overall, the document provides a solid foundation for effective performance oversight and service improvement.

tiaa

As part of the audit, guidance notes for 10 selected KPI's were reviewed. The review confirmed that for all selected KPI's:

- A responsible manager was assigned.
- The calculation method was documented and presented.
- The data source for each KPI was clearly identified.

However, when comparing the data currently available in the system with the data presented in the guidance notes, some discrepancies were identified:

- Data sources: 3 records are missing in the system.
- Calculation method: 2 records were empty in the system.

However, as part of the exit meeting it was confirmed that, during the audit, the system was being updated and these has now been updated and therefore, no further recommendation will be made.

The aim of the further testing was to verify how the data is collected, and to ensure that it is being monitored and approved by the Business Manager. Two KPI's (ENS005B and FIN001) were reviewed alongside the source data to verify the data collection process and ensure accuracy, while also assessing whether appropriate training was provided.

The data is gathered through the system which records relevant metrics. Reports are generated based on predefined criteria ensuring accuracy in tracking key performance indicators. The data is then processed and uploaded into a central database for further analysis. In addition, the data is reviewed and, if necessary, explanations are provided when targets are not met. The Business Manager overseas the process and ensures compliance with reporting standards. There is no formal training programme on data collection, but knowledge is typically passed down through a handover process. Employees learn how to collect and manage data through guidance from colleagues. The collected data is also used internally for performance reviews. Business Managers are responsible for ensuring the quality and accuracy of the data in the systems for which they are responsible. The performance team administers the targets, thresholds and key data using Microsoft Access.

It was noted that some KPI's in the system had not been updated since 2022 and 2023. The explanation given by the Transformation and Service improvement Manager was that the last update date in the system reflects when they were last modified (e.g., title change or calculation methods change), not necessarily when they were last monitored.

The process for monitoring underperforming KPI's includes:

- Performance reports highlight underperforming KPI's.
- If a KPI remains underperforming (red or amber status) for 3 quarters, it is added to a 'watch list' for further scrutiny.
- Senior Leadership Team involvement may be required, and a service review could be initiated to improve performance.

TRC-OR-01 Assurance Failure is a part of the operational risk register. The Assurance Failure report generated on 17th January 2025 was reviewed. Despite the overall risk remaining at the amber level, no actions have been identified or assigned for completion. Additionally, the target risk matrix does not indicate the desired risk level, making it unclear what the intended risk position should be. However, the updated document, dated 26th February 2025, has been provided, and the missing information has been included; therefore, no recommendation will be made.

There is not a data return form for collecting or submitting essential data related to performance, progress, or compliance. During the second quarter of 2023-2024, the Council was considering transitioning from the spreadsheet version of data collecting to a MS Access version. Currently, business managers enter the data directly into the database (see Data Returns Using Microsoft Access). Permissions within the system allow for separation of duties between the input and authorisation of data being entered. When authorising data, Business Managers are confirming the data entered is accurate. Microsoft Access can be accessed via links shared with all Business Managers. The registration of access to Microsoft Access is managed by the Research and Development officer. The various business manager downloads the relevant data, and this is than accessed by the Performance Team.

The overall responsibility for performance management lies with the Senior Transformation and Service Improvement Officer. The job description for the Senior Transformation and Service Improvement Officer (Performance Development) has been reviewed to ensure clarity in roles and responsibilities. That description clearly defines the necessary duties related to performance management and outlines the officer's role in supporting members of the Senior Leadership Team (SLT).

Key activities and duties are structured covering essential areas such as:

- Policy and performance development to drive service improvements.
- Supporting SLT in strategic decision making and performance oversight.
- Ensuring effective performance management frameworks are in place.

The following training is being provided:

- Business analyst level 4 (ILM).
- Microsoft Access Level 3 (Udemy).
- Guidance notes or one to one session if a Business Manager is struggling, as well as on the job training through drop-in sessions.

Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	In place	-	-
S	Sustainability	The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	Resilience	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings

The following reports are produced/provided:

- Annual review of the Performance Framework by the Senior Leadership Team and the Cabinet.
- Quarterly Corporate Performance and Quarterly Compliance Report reports to the Senior Leadership Team, the Policy Performance and Improvement Committee (effectively the Scrutiny Committee), the Cabinet and the Housing Assurance Board.
- Quarterly Directorate Performance report.
- Half Yearly report on Customer Feedback – All customer feedback is reported to the Senior Leadership Team, the Policy Performance and Improvement Committee, the Cabinet and the Housing Assurance Board.

The report presented at the Policy and Performance Improvement Committee meeting on 25th November 2024 was reviewed. Its primary objective was to provide an overview of the Community Plan Performance Report, assessing progress against key performance indicators (KPI's) and identifying areas requiring improvement. The document includes a detailed analysis of performance indicators outlining:

- Comparisons to evaluate trends over previous years.
- Future performance targets, setting benchmarks for the next reporting period.
- Achievement percentages for each KPI, offering an assessment of performance levels.

This report serves as a tool for monitoring progress and ensuring that necessary measures are in place.

The report from the Cabinet meeting dated 3rd December 2024 was reviewed. The purpose of this report was to present the Community Plan Performance Report highlighting key performance indicators and identify areas for improvement. The report provides comprehensive information on performance indicators including:

- A comparison to previous years data to track trends over time.
- Target values set for the next period and ensuring a forward-looking approach.
- Percentage of achievement for each KPI, offering a clear measure of progress and performance.

The analysis presented in the report highlights underperforming areas that needs further investigation and targeted improvements, ensuring that necessary actions can be taken to enhance future outcomes.

Data quality checks in respect of Microsoft Access are undertaken by the Performance Team at least quarterly to ensure that:

- Data sign off sheets (guidance) have been agreed for each performance indicator included within the system.
- KPIs and their targets are reviewed as part of the annual community plan refresh.
- Operational targets are reviewed at least annually by the Business Manager and respective Director.
- Details of any new indicators are agreed with the relevant Business Manager(s).
- The accuracy of data is maintained by undertaking a sample check of data held in the database.
- New users of the system will be added at the written request of the Business Manager with permissions approved by a systems administrator.

The following good practice measures have been adopted:

- Team development.
- Quarterly review of reporting timelines.
- Monthly team meeting.
- 1:1 meeting with all team members/Business Managers.

Scope and Limitations of the Review

1. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2. The matters raised in this report are only those that came to the attention of the auditor during the course of the review and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of Arrangements

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5. We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6. The table below sets out the history of this report:

Stage	Issued	Response Received
Audit Planning Memorandum:	28th June 2024	28th June 2024
Draft Report:	11th March 2025	12th March 2025
Final Report:	17th March 2025	