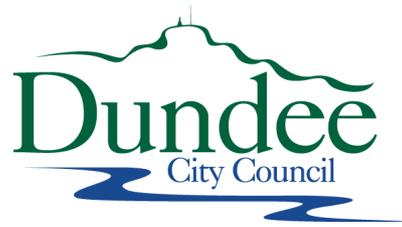


## **Example of Good Practice PMP Service Submission**

**We would like to express our thanks to Dundee City Council for their permission to make this submission available.**



**DUNDEE CITY COUNCIL**

**SUPPORT SERVICES DEPARTMENT**

**ARCHITECTURAL SERVICES DIVISION**

**PERFORMANCE MANAGEMENT**

and

**PLANNING SUBMISSION**

for

**EXTERNAL AUDIT**

---

**November 2000**



## DUNDEE CITY COUNCIL: SUPPORT SERVICES DEPARTMENT

### ARCHITECTURAL SERVICES DIVISION

#### Performance Management & Planning Audit 2000

This document represents the Architectural Services Division's submission for the external auditor to use as a starting point for auditing the Division in relation to implementation of Best Value. The Division's Management Team, after consultation with staff, carried out the self assessment, using the scoring form provided, at its meeting held on 18 October 2000. This submission should be read in conjunction with the supplied evidence and used as a reference to call for further evidence.

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Scoring framework for the self - assessment  
Assessment of approach

A	no approach or no/limited evidence of an approach
B	limited evidence of some elements
C	clear evidence of an ad-hoc approach
D	clear evidence of a structured and systematic approach
E	clear evidence of a structured and systematic approach, that has been reviewed and refined

Actual Use

Some	up to about 40% of the council
Half	between about 40% and 60%
Most	between 60% and 90%
All	over 90%

4 Cs

Challenge  
Compare  
Consult  
Compete

Smart Objectives

Specific  
Measurable  
Actionable  
Realistic  
Time Bound

**ARCHITECTURAL SERVICES DIVISION: SERVICE PROFILE**

- The Architectural Services Division is a division of the Support Services Department and reports directly to the Director of Support Services and the Chief Executive as directed.
- The Gross Revenue Budget for 1999/2000 is £3.8M and income is expected to balance expenditure. All income is recovered through fees from in-house and external clients. No income is recovered through central support allocation.
- The Main Activities carried out by the Division are the provision of design and cost related services to all Council departments and external bodies. This involves the design, costing, procurement and administration of all building works and maintenance, excluding civil and structural engineering, for all existing Council buildings and new projects. The services provided by the Division include the following: -

- Architecture
- Quantity Surveying
- Mechanical and Electrical Engineering Services
- Clerk of Works (Building and Services)
- Contract Administration
- Planning Supervision
- Project Management
- Facilities Management (Partnering)
- Expert Witness
- Administration Support

- The number of staff currently employed by the Division is 101.
- The structure for the Division is as indicated on the attached diagram.
- The Division reports directly to the Director of Support Services, other Service Directors, the Chief Executive, the Council's Management Team and various Council Committees. It also reports directly to other external bodies which use the Division's services. The City Architectural Services Officer also report fortnightly to the Chief Executive, Director of Support Services and Director of Finance.
- Committee Reports, prepared by the Division, are approved by elected members of the appropriate Committees. The Division's Best Value review and performance indicators are reported to Committee and various reviews of the service are carried out by elected members as required. Members enquiries are dealt with on a day-to-day basis as and when these are received.

## 1.0 CLEAR LEADERSHIP FOR A BEST VALUE APPROACH

- The City Architectural Services Officer was involved with other senior officers of the Council in the consultation and development of the Council's Best Value strategy. This culminated in the submission to the Secretary of State in December 1997.

Based on the Council's submission to the Secretary of State, the Division decided to progress its Best Value Review over 2 years. All staff were involved in the review process and a Best Value Management Group was formed to consider and action all proposals from members of staff. This Group met between January 1998 – February 1999 and Minutes are available.

A Best Value Client Group was also formed and included staff from Finance and Personnel and Management Services. Their remit was to progress the review and produce the final report for Committee. The Group met between March 1998 – March 2000 and Minutes are available.

The Division completed 83% of its service review in 1998/99 and the remaining 17% in 1999/2000. Both reviews and recommendation were approved by Committee in April 1999 and September 2000.

Areas for continuous improvement were identified initially by the Best Value Management Group and an EFQM Group. These have now been combined into an EFQM Continuous Improvement Group. This Group identifies areas for continuous improvement and produces an annual Action Plan to implement these improvements. The Group met from May 1999 to present. Minutes for both of these groups and annual Action Plans are available. (EFQM Scoring 1998/99 -578; 1999/2000 - 642).

- The EFQM self assessment model was used to score, measure and identify improvements the Division also carries out annual Customer, Contractor and Employee Surveys. The results and analysis of these surveys and follow-up interviews are used to identify areas for improvement and change and are actioned by the EFQM Continuous Improvement Group. These surveys and interviews are available for inspection. (Customer rating 1997/98 – 6.0; 1998/99 – 7.09; 1999/2000 – 7.68;. Contractor rating 1998/99 – 7.37; 1999/2000 – 7.81)
- The Division's Mission Statement is "To provide a quality service to all our customers which will increase customer satisfaction on an ongoing basis through continuous improvement". The aims, therefore, of the Division are to ensure that the core principles of Best Value are implemented in the services provided. Customers are consulted on the service required and the level of service provided as are Contractors who are considered to be an essential partner in providing Best Value. Staff are consulted to determine training needs required to improve the service and the recent introduction of Investors in People (IIP) will assist in this provision. The level of service is constantly benchmarked with other Authorities and the private sector to ensure cost effectiveness and process benchmarking is now taking place to improve areas identified for continuous improvement. The EFQM process is used to identify and action continuous improvement.
- The Division has also held third party accreditation to ISO:9001 for its quality procedures for the last 6 years.

- Staff are fully consulted on Best Value progress and implementation. The Best Value Group and EFQM Continuous Improvement Group includes a mix of staff and includes Trade Union representation. Best Value training and briefing sessions were given to all staff and the introduction of new initiatives such as IIP, Partnering, ISO:14001 is always preceded by appropriate training and awareness sessions. Accreditation for ISO:9001 has been held for 6 years and Accreditation to ISO:14001 is targeted to be achieved by September 2001.

Staff are also aware of the Division's Performance Indicators and how they relate to Best Value and Continuous Improvement. Key performance indicators are monitored monthly and circulated to all staff.

- Staff are fully consulted and informed on the results of the Best Value reviews and Continuous Improvement. As a support service provider they are aware that the continued provision of a Best Value service is essential to customer satisfaction and continued use of the services provided. They are regularly consulted and advised on outcomes which affect the service provision through team meetings. Staff suggestions and proposals are considered and actioned wherever possible and these are referred to the Best Value Client Group and EFQM Continuous Improvement Group.
  - The service operates by continually striving to improve customer satisfaction and this is monitored continually over all services provided by the Division. Performance Indicators clearly demonstrate a year-on-year improvement in the service and benchmarking analysis support this conclusion when comparisons are made with other service providers.
  - The Divisions Service Plan and Continuous Improvement Action Plan reflect Best Value through the performance indicators which are incorporated in these plans. These take into account Customers, Partners and Employees requirements and address any areas identified for improvement. The Performance Indicators are also used as a measure of Best Value on some individual contract performances.
  - Management of contracts using the Partnering process was introduced to improve teamwork between Client, Contractor and Consultant with a view to improving Customer Satisfaction. This has now been introduced to 11 projects, the first 4 gaining the COSLA Best Team Award 2000. This is available for inspection.
  - Electronic exchange of information has now been introduced to most partnering projects with a view to reducing waste in time, paper and decision making and adding value to the management of these contracts.
  - Transfer of Contract Documents and Drawings has been introduced wherever possible to Partnering Contracts and it is hoped that this will be developed further in future.
- All staff have access to e-mail and the Intranet and most can access the Internet.
- The use of the European Foundation for Quality Management (EFQM) was introduced with a view to improving continuous improvement and the results of this exercise have proved positive and gained staff approval. Minutes and Action Plans are available.

- The Investors in People (IIP) initiative is being introduced to ensure a co-ordinated approach to employee training and development as it is recognised that the development of employees is critical to the success of the Division.
- A Sustainable Construction working group has been instigated and developed into the Public Sector Sustainable Construction Forum to deal with Environmental and Agenda 21 issues. Minutes of these groups are available.
- Through the EFQM Continuous Improvement Group many initiatives have been identified and implemented as part of the ongoing development of Best Value.
- Staff have been involved in identifying cross skilling functions wherever possible and these have been introduced to assist in the workload of the Division.

Self-assessment template 1	
Features	Assessment
1. The service has developed and implemented a clear approach to Best Value, including:	
a) involving stakeholders in determining priorities and service standards and targets.	A B C <u>D</u> E The approach is being applied across: some/ half / most / <b><u>all of the service.</u></b>
b) designing services around customer needs.	A B C <u>D</u> E The approach is being applied across: some/ half / most / <b><u>all of the service.</u></b>
c) achieving continuous improvement.	A B C D <u>E</u> The approach is being applied across: some/ half / most / <b><u>all of the service.</u></b>
d) getting the best cost/quality balance.	A B C <u>D</u> E The approach is being applied across: some/ half / most / <b><u>all of the service.</u></b>
e) equality (covering, for example, access, responding to diversity, and inclusion).	A B <u>C</u> D E The approach is being applied across: some/ <b><u>half</u></b> / most / all of the service.
f) public accountability through effective and open reporting of performance.	A B C <u>D</u> E The approach is being applied across: some/ half / most / <b><u>all of the service.</u></b>
g) others (please specify).	A B C <u>D</u> E The approach is being applied across: some/ half / most / <b><u>all of the service.</u></b>  <b>Contracting Partners consulted on improvements to service</b>

2. Relevant elected members are fully involved in formulating the service's approach to Best Value.	A B <b>C</b> D E Covering: none / <b>some</b> / half / most / all members
3. The relevant committee has agreed the approach.	<b>Yes</b> / no
4. Staff are involved in formulating the service's approach to Best Value.	A B C <b>D</b> E Covering: none / some / half / most / <b>all staff</b> .
5. The service's approach to Best Value has been communicated systematically throughout the service in terms that are relevant to staff and set out clear expectations about a Best Value way of working.	A B C <b>D</b> E It has been promoted to: none / some/ half / most/ <b>all staff in the service</b> .
6. The approach is clearly reflected in the service's strategies and service plan(s).	No clear links/ some links/ most elements of the vision evident/ <b>comprehensive links</b> .
7. The service has made progress on all attributes of Best Value.	There is clear progress on: none / some / <b>most</b> / all attributes of Best Value  Across: some / half / most / <b>all the service</b> .

### **Improvement actions**

Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issues identified under this criterion.

- Continuation of the Introduction of Key Performance Indicators to all major contracts to enable comparison with industry standards.
- Ongoing improvements identified through the EFQM Continuous Improvement Group.
- Introduction of Investors in People (IIP) to ensure a fully co-ordinated approach to staff training and development which reflects the corporate view of the Council and the objectives of the Division.
- Introduction of a pilot scheme for Electronic Tendering.

<b>Evidence</b>
<p>The auditor should summarise here her/his assessment of the adequacy of the evidence that was available to support the submission and audit evaluation.</p> <p>The service <u>identified</u> evidence to support most of its submission.</p> <p>Documentary evidence was checked in relation to prompts 1, 3, 4, 6 &amp; 7 and overall was found to be satisfactory.</p> <p>The following non-documentary evidence was used: Previous knowledge from Best Value and PMP audits.</p> <p>Additional comments on evidence base: None</p>

Auditor notes	Summarise any key areas for concern based on your findings for this criterion. These may relate to the service’s self assessment, the evidence base, or the improvement actions
Areas of concern	Justification for inclusion

<p>Auditor: Do you have any other comments (in addition to those above) in relation to this criterion for discussion with service managers?</p>
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## SOURCES OF EVIDENCE

1. COUNCIL'S SUBMISSION TO THE SECRETARY OF STATE, DECEMBER 1997
2. BEST VALUE MANAGEMENT GROUP MINUTES
3. BEST VALUE CLIENT GROUP MINUTES
4. BEST VALUE REVIEWS - 1998/99; 1999/2000
5. EFQM CONTINUOUS IMPROVEMENT GROUP MINUTES
6. EFQM ACTION PLAN
7. CUSTOMER SURVEYS AND ANALYSIS
8. CONTRACTOR SURVEYS AND ANALYSIS
9. EMPLOYEE SURVEYS AND ANALYSIS
10. DIVISION'S SERVICE PLAN AND MISSION STATEMENT
11. INVESTORS IN PEOPLE (IIP) ACTION PLAN
12. PERFORMANCE INDICATORS
13. COSLA PARTNERING AWARD SUBMISSION
14. SUSTAINABLE WORKING GROUP MINUTES
15. PUBLIC SECTOR SUSTAINABLE CONSTRUCTION FORUM
16. BENCHMARKING INFORMATION AND MINUTES
17. ISO: 9001 AND ISO: 14001 THIRD PARTY ACCREDITATIONS
18. PROCESS MAPPING
19. E-COMMERCE
20. CROSS-SKILLING
21. BEST VALUE CLIENT GROUP REPORT SUBMITTED TO COMMITTEE
22. KPI DOCUMENT ISSUED TO STAFF

## 2.0 WE UNDERSTAND THE NEEDS, EXPECTATIONS AND PRIORITIES OF ALL OUR STAKEHOLDERS

### OVERVIEW

- Stakeholders have been identified as all Dundee City Council Service departments, other Public Sector Bodies, Joint Boards and External Clients. An annual survey is carried out with all stakeholders and follow-up consultation meetings take place to discuss the survey analysis and identify areas of concern and changing requirements.

The annual survey and follow-up consultation has been extended to Building Contractors over the last 2 years as they have been identified as a major partner in delivering Best Value and improving customer satisfaction.

Elected Members are consulted on new initiatives and provided with presentations and the opportunity to consult on these initiatives eg., Partnering, 3-D modelling, Sustainable Construction.

End users have now been introduced to the Partnering Process thereby giving access to, and input from, this level of stakeholder who is normally not accessible to the Division.

Post contract evaluations are carried out with Customers and Key Performance Indicators have been introduced to all major contracts to measure Customer satisfaction.

- Consultation is identified as an essential element in developing the service to meet the stakeholders requirements and changing needs. The Division recognises that the true measure of its performance can only be achieved through improved Customer Satisfaction.
- Areas of concern identified through annual surveys and follow-up interviews are addressed by the EFQM/Continuous Improvement Group to improve the service and this has been reflected in the annual improvement of survey scores. These results are available.
- The Division is constantly reviewing the consultation process with a view to ensuring a value for money service. The process has proved to be cost effective to date and is measured through benchmarking with similar services in the Public and Private Sector.
- Future needs and expectations are normally discussed at regular follow-up interviews and meetings with customers and incorporated into the working practices of the Division. Process Mapping and analysis has been used, in conjunction with customers, to identify and improve working arrangements.
- Documentation for completed Customer Survey is available, together with follow-up interviews.
- Regular fortnightly meetings are held with the Chief Executive, Director of Support Services and Director of Finance to review the service on an ongoing basis and to highlight any areas of concern that require to be addressed.

Self-assessment template 2	
Features	Assessment
8. The service has built consultation into its regular service planning cycle.	A B C <u>D</u> E for: none/ some/ half / most/ <b>all activities</b> .
9. A systematic approach to identifying who to consult and how to reach them is evident.	A B C <u>D</u> E for: none/ some/ half / most/ <b>all activities</b> .
10. The approach includes reaching relevant groups that may be 'hard to reach'. <b>Note:</b> The Architectural Services Division is part of a Support Service Department and all stakeholders are readily accessible.	A B C D E <b>N/A</b> for: none/ some/ half / most/ all activities.
11. Consultation is used to obtain relevant information on user satisfaction with services.	A B C D <u>E</u> for: none/ some/ most/ <b>all activities</b> .
12. Consultation is used to gather relevant information on future needs.	A B <u>C</u> D E for none/ some/ <b>most</b> / all activities.
13. Consultation is used to obtain information on how services can be improved.	A B C <u>D</u> E for: none/ some/ most/ <b>all activities</b> .
14. There is co-ordination of consultation exercises and sharing of information (as relevant) with other services/bodies.	A B <u>C</u> D E for: none/ <b>some</b> / most/ all activities.
15. Consultation exercises have clear objectives.	never/ sometimes/ <b>usually</b> / always.
16. Consultation exercises result in clear recommendations for action that are implemented.	Consultation exercises: never/ sometimes/ <b>often</b> / always result in clear recommendations for action.  The recommendations are:  never/ sometimes/ <b>often</b> / always implemented.
17. The service reviews its approach to consultation to ensure value for money.	A B <u>C</u> D E

**Use the following template to assess the sample consultation exercise documentation**

Consultation exercise assessed: **MAJOR CUSTOMERS/CUSTOMER SURVEY**

<b>Self-assessment template for one consultation exercise</b>	
<b>Features</b>	<b>Assessment</b>
18. There were clear (SMART) objectives for this exercise in terms of what the service was seeking to find out.	No / qualified no / qualified yes / <b><u>yes</u></b>
19. There was a clear rationale as to why this particular method of consultation was being used.	No / qualified no / qualified yes / <b><u>yes</u></b>
20. There was a clearly defined audience/group of participants.	No / qualified no / <b><u>qualified yes</u></b> / yes
21. There was a clear rationale as to why they were chosen.	No / qualified no / <b><u>qualified yes</u></b> / yes
22. The consultation exercise reached its intended audience.	No / qualified no / <b><u>qualified yes</u></b> / yes
23. The resource requirements/implications of the consultation exercise were clearly set out.	No / qualified no / qualified yes / <b><u>yes</u></b>
24. There were clear recommendations for service improvement as a result of the exercise.	No / qualified no / <b><u>qualified yes</u></b> / yes
25. These have been implemented.	No / qualified no / <b><u>qualified yes</u></b> / yes
26. The service has assessed whether the exercise demonstrated value for money (looking at the overall benefit of the exercise against the costs/resources/time required).	No / qualified no / <b><u>qualified yes</u></b> / yes

### ***Improvement actions***

**Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issues identified under this criterion.**

- Discuss the possibility of sharing consultation information with other services and other Authorities to determine whether this would have any mutual benefits.
- Discuss the possibility of extending the consultation exercise to Elected Members. This, however, would require to be agreed at a corporate level.

### **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 most of its submission.

Documentary evidence was checked in relation to prompts 8, 11, 12, 13, 14, 15, 16, 18, 20, 21, 22, 24 & 25 and overall was found to be satisfactory.

The following non-documentary evidence was used: Previous knowledge from Best value and PMP audits.

Additional comments on evidence base: None

<p><b>Auditor notes</b></p>	<p><b>Summarise any key areas for concern based on your findings for this criterion. These may relate to the service’s self-assessment, the evidence base, or the improvement actions.</b></p>	
<p>Areas of concern</p>	<p>Justification for inclusion</p>	

**Auditor: Do you have any other comments (in addition to those above) in relation to this criterion for discussion with service managers**

## ***Improvements***

**Council staff:** Please summarise some examples of improvements in the planning, design, or improvement of services that have been achieved as a result of consultation.

- Cost reporting format redesigned (include drawings)
- Cost monitor reporting redesigned.
- Single point of contact identified.
- Consultation with utilities.
- Partnering.
- Sustainable Construction.
- 3-D Virtual Reality Modelling.

## ***Innovation and successful Practice***

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

- **Partnering Process** - The Partnering process has been introduced to manage construction contracts. This has been developed over 14 projects and, at the present time, 6 projects have been successfully completed and the remainder are in progress. The Division has also developed a procurement process for contracting partners which is one of the first in the UK to be tested. This has been reviewed by the Scottish Executive and is currently being considered by the Internal Audit Department of Dundee City Council.

The first 4 Partnering projects won the COSLA Best Team in Scotland 2000 Award and is currently short-listed for the Quality in Construction Awards 2001.

This initial Partnering project was also adopted by the Movement for Innovation (M4I) as a Demonstration Project (Nr 190) throughout the UK.

Consultation with partnering Contractors is ongoing to identify evidence of Best Value and areas for improvement in the process.

- 3-D Virtual Reality Modelling – see Criterion 6 Page 88.
- Sustainable Construction – see Criterion 1, Page 49.
- Introduction of ISO:14001 – see Criterion 1, Page 49.



## **SOURCES OF EVIDENCE**

- 1. CUSTOMER SURVEY, ANALYSIS AND FEEDBACK**
- 2. CONTRACTOR SURVEY, ANALYSIS AND FEEDBACK**
- 3. SUSTAINABLE CONSTRUCTION WORKING GROUP – PRESENTATION TO AGENDA 21 OFFICERS AND MEMBERS GROUP.**
- 4. KEY PERFORMANCE INDICATORS.**
- 5. EFQM MINUTES AND ACTION PLAN.**
- 6. BENCHMARKING INFORMATION.**
- 7. PROCESS MAPPING INFORMATION.**
- 8. SERVICE PLAN**
- 9. BEST VALUE REVIEWS**

### 3.0 WE CARRY OUT EFFECTIVE BEST VALUE REVIEWS

- The programme for the review of the Architectural Services Division was decided by the Council's corporate strategy which was set out in the submission to the Secretary of State in December 1997. This programme indicated that the services would be reviewed over a 5 year period. As the services provided by the Division would have been subject to competition by the Local Government Act 1988 (Competition) (Scotland) the Chief Executive instructed that these services be in the first tranche of those to be reviewed under Best Value.

The first review carried out in 1998/99 covered 83% of the service provided and the second in 1999/2000 covered the remaining 17%.

The City Architectural Services Officer was the lead officer in the review team which was chaired by a representative from Personnel & Management Services and included a representative from Finance. The team was also supported by further members of staff from the Corporate Planning Department, Legal Division and Support Services Department.

- Best Value Review 1998/99 (83% of service) reported to Committee on 1<sup>st</sup> April 1999 and Best Value Review 1999/2000 (17% of service) reported to Committee on 11<sup>th</sup> September 2000 and the recommendations in both reports were approved.
- The Best Value reviews have ensured that all staff in the Architectural Services Division has considered their methods of working, their relationship with all Customers, the need to be cost effective and the need to identify innovative ways of delivering the service. This has resulted in increased Customer Satisfaction and an awareness to constantly address continuous improvement.
- No remaining reviews are programmed at the present time as 100% of the service has been reviewed. It is recognised that continuous improvement is an ongoing process and will be addressed and measured on an annual basis and Performance Indicators will be reported to Committee.
- It is believed that, corporately, the review process has been evaluated and may be redesigned to include reviews of a more strategic nature. The Corporate submission is available for further detail.
- The completed Best Value reviews are included with this submission.

Self-assessment template 3	
Features	Assessment
<p>27. The service has a systematic approach to determining its overall programme of Best Value reviews to ensure that:</p> <ul style="list-style-type: none"> <li>• reviews cover significant topics that provide scope for challenge</li> <li>• reviews address areas of strategic concern for the service and its stakeholders</li> <li>• reviews are prioritised on a rational basis with particular attention given to areas where performance/customer satisfaction is poor</li> <li>• reviews are rigorous and address the 4 Cs</li> <li>• all areas of the service will be reviewed over a 5 year period.</li> </ul>	<p>A B C D <u>E</u> (across all the bullets)</p> <p>For: some / half / most / <b><u>all Best Value reviews</u></b></p>
28. Elected members agree the review program.	<b><u>Yes</u></b> /No
29. The service has a quality assurance process that ensures that reviews are rigorous and challenging.	A B C <u>D</u> E
30. The service ensures that the timescale, staff input, use of techniques etc during a review are commensurate with the scope, complexity and potential for improvement.	A B <u>C</u> D E Applied to some/ half / <b><u>most</u></b> / all reviews
31. Membership of a review team is formally recognised by line management in terms of duties and time allocation allowed for relevant staff to participate.	No / qualified no / <b><u>qualified yes</u></b> / yes
32. Best Value reviews are included in the service plan.	No / qualified no / qualified yes / <b><u>yes</u></b>

<p>33. Senior management team monitors progress of the overall review program, covering such things as:</p> <ul style="list-style-type: none"> <li>• outcome of reviews</li> <li>• recommendations accepted by members</li> <li>• implementation progress and impact</li> <li>• reviews ongoing, progress and expected completion</li> <li>• priorities in the programme of remaining reviews.</li> </ul>	A B C <u>D</u> E
<p>34. Senior management monitor the quality of reviews on a systematic basis. Action is taken to address areas of concern.</p>	A B C <u>D</u> E
<p>35. Relevant members are kept informed of the progress and impact of the Best Value review programme. Action is taken to address areas of concern.</p>	A B C <u>D</u> E
<p>36. Elected members have a clear role in challenging review findings and agreeing review conclusions.</p>	A B C D <u>E</u> No / <b><u>at corporate level</u></b> / at service level
<p>37. The review reports submitted are representative of the quality of review work undertaken within the service.</p>	No/ qualified no/ qualified yes/ <b><u>yes</u></b>

Please complete the remainder of this template for a completed Best Value review. If the review has not yet been completed, address those parts of the template that relate to progress to date. If no Best Value reviews have yet been started in this service area, please indicate when the first review is scheduled to start.	
Self-assessment template for a Best Value review (using the reports provided in the submission)	
Activity/service area reviewed <b>Architectural Services – 1997/98 and 1999/00</b>	
38. A full proposal was provided for the review which included the following information:	
a) the scope of the review and the business case for selecting that topic	No / qualified no / qualified yes / <b>yes</b>
b) an initial assessment of the current situation	No / qualified no / qualified yes / <b>yes</b>
c) areas for potential challenge and exploration	No / qualified no / qualified yes / <b>yes</b>
d) an indication of scope for improvement or innovation	No / qualified no / <b>qualified yes</b> / yes
e) a project plan of the tasks to be carried out, which match the scope, scale and importance of the review	No / qualified no / <b>qualified yes</b> / yes
f) a timescale for the review	No / qualified no / qualified yes / <b>yes</b>
g) an assessment of resources required for the tasks	No / qualified no / <b>qualified yes</b> / yes
h) any training and support that will be required by the team and how it will be provided	No / qualified no / <b>qualified yes</b> / yes
i) a reporting timetable including interim and final reporting;	No / qualified no / qualified yes / <b>yes</b>
39. The review covered the following areas:	
a) an analysis of past and current performance, including comparators wherever possible and performance against the service's own targets.	No / qualified no / qualified yes / <b>yes</b>
b) the competitiveness of the activity was analysed, where applicable.	No / qualified no / qualified yes / <b>yes</b>

c) systematic option appraisal was used to explore other policy choices and delivery options.	No / qualified no / <b><u>qualified yes</u></b> / yes
d) account was clearly taken of the informed views of stakeholders (particularly users, potential users, and staff) in developing options and recommendations.	No / qualified no / qualified yes / <b><u>yes</u></b>
e) an element of independent challenge was incorporated both during and at the end of a review.	No / qualified no / qualified yes / <b><u>yes</u></b>
f) benchmarking of performance and processes was used as appropriate.	No / qualified no / qualified yes / <b><u>yes</u></b>
40. The review considered:	
<ul style="list-style-type: none"> <li>• whether the service should continue</li> </ul>	No / qualified no / qualified yes / <b><u>yes</u></b>
<ul style="list-style-type: none"> <li>• if so, the level and way in which it should continue</li> </ul>	No / qualified no / qualified yes / <b><u>yes</u></b>
<ul style="list-style-type: none"> <li>• who should deliver the service.</li> </ul>	No / qualified no / qualified yes / <b><u>yes</u></b>
41. Staff on the review were given the training and support needed to complete the review successfully.	No / qualified no / <b><u>qualified yes</u></b> / yes
42. A full range of options was identified and evaluated. These were as follows : a) Status Quo. b) Competitive Tender for all services. c) In-house service plus external consultants as required.	No / qualified no / <b><u>qualified yes</u></b> / yes
43. If the answer to prompt 42 is No, which options that could have been considered were not reviewed?	List:  <b>N/A</b>
44. A clear rationale for not considering these options was given in the final review report to elected members.	No/ qualified no / qualified yes / yes / <b><u>N/A</u></b>

45. Clear appraisal criteria for choosing between options were identified at the outset.	No / qualified no / qualified yes / <b><u>yes</u></b>
46. All options were reviewed in terms of both cost and quality.	No / qualified no / qualified yes / <b><u>yes</u></b>
47. The review report was:	
<ul style="list-style-type: none"> <li>• concise, clear, and readable</li> </ul>	No / qualified no / <b><u>qualified yes</u></b> / yes
<ul style="list-style-type: none"> <li>• contained clear preferred options or recommendations based on analysis and evidence.</li> </ul>	No / qualified no / qualified yes / <b><u>yes</u></b>
48. The review recommendations were clearly set out and reported to members.	No / qualified no / qualified yes / <b><u>yes</u></b>
49. There was a clear explanation as to why the preferred option was recommended.	No / qualified no / qualified yes / <b><u>yes</u></b>
50. The report clearly set out the service improvements that were expected as a result of this option.	No / qualified no / qualified yes / <b><u>yes</u></b>
51. The report clearly set out:	
a) efficiency savings identified	No / qualified no / qualified yes / <b><u>yes</u></b>
b) opportunities for reprioritising within existing resources	No / qualified no / <b><u>qualified yes</u></b> / yes
c) quantified rationale for new investment.	No / <b><u>qualified no</u></b> / qualified yes / yes
52. A concise evaluation of each option was reported to members.	No / qualified no / qualified yes / <b><u>yes</u></b>
53. The review recommendations were:	<b><u>Adopted</u></b> / Modified/ Rejected by members
54. The recommendations have been implemented.	Yes / No / <b><u>Partly</u></b> / Not yet

55. It is clear how the performance of the selected option will be monitored.	No / qualified no / <b>qualified yes</b> / yes
56. The expected improvements have been achieved.	Yes / No / <b>Partly</b> / Not yet <b>(Ongoing)</b>
57. If the answer to prompts 56 is other than yes, is there a clear timetable for full implementation?	No / qualified no / qualified yes / <b>yes</b>
58. Members were involved in the review process (other than agreeing the final report).	<b>No</b> / qualified no / qualified yes / yes

### ***Improvement actions***

Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issue identified under this criterion.

- The increased involvement of members in Best Value reviews is being addressed at a corporate level.
- A consultancy report by TNT on the current EFQM process was reviewed and is being addressed by the EFQM Continuous Improvement Group.
- Actions identified for continuous improvement through the EFQM process, Customer, Contractor and Employee surveys and consultation will be addressed on an ongoing basis. Action Plan and Minutes are available.

<b>Evidence</b>
<p>The auditor should summarise here her/his assessment of the adequacy of the evidence that was available to support the submission and audit evaluation.</p> <p>The service <u>identified</u> evidence to support most of its submission.</p> <p>Documentary evidence was checked in relation to template prompts 32, 33, 36, 37, 38, 39, 40, 47, 48, 49, 50, 52, 53, 54, 55, 56, 57 &amp; 58 and overall was found to be satisfactory.</p> <p>The following non-documentary evidence was used: Previous knowledge from Best Value and PMP audits.</p> <p>Additional comments on evidence base: None</p>

Auditor notes	Summarise any key areas for concern based on your findings for this criterion. These may relate to the service’s self assessment, the evidence base, or the improvement actions	
Areas of concern	Justification for inclusion	

<p><b>Auditor: Do you have any other comments (in addition to those above) in relation to this criterion for discussion with service managers?</b></p>
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### ***Innovation and Successful Practice***

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

- Introduction of Partnering Process to manage construction projects – see Criterion 2, Page 56.
- 3-D Virtual Reality Modelling – see Criterion 6, Page 88.
- Sustainable Construction – see Criterion 1, Page 49.
- Introduction of ISO:14001 (Target September 2001) – see Criterion 1, Page 49.
- Benchmarking – see Criterion 8, Page 104.

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**SOURCES OF EVIDENCE**

1. **BEST VALUE REVIEWS - 1998/99; 1999/2000.**
2. **BEST VALUE MANAGEMENT GROUP MINUTES.**
3. **BEST VALUE CLIENT GROUP MINUTES.**
4. **SUBMISSION TO THE SECRETARY OF STATE**
5. **PERFORMANCE INDICATORS**
6. **SERVICE PLAN**

#### 4.0 WE HAVE DETAILED AND REALISTIC PLANS FOR ACHIEVING OUR GOALS

- The Architectural Services Division produced an annual Service Plan which now covers a 3-year period but it is reviewed and updated annually.

The Division also produces an annual Continuous Improvement Action Plan.

- The current Service Plan is included with this submission.
- The Division has introduced the Partnering Process into Construction contracts with a view to forming partnerships between Client, Contractor, Sub-Contractor, Suppliers and Consultants. This has resulted in improved Client satisfaction including End Users. Performance Indicators are available.

The Division constantly benchmarks its service with other Authorities and the private sector to ensure continued cost effectiveness and process benchmarks with Best in Class to improve overall service delivery. Benchmarking material is available.

The service is extended to outside bodies such as Universities, SET, Joint Boards, Repertory etc and thereby broadens the Client base and experience of the Division.

Neighbouring Local Authorities are consulted on joint matters to ensure relevant exchange of information and initiatives. Joint working on specific areas is taking place. Minute of last meeting available.

The Division founded a Sustainable Construction Public Sector Forum to discuss matters relating to sustainability, the environment and Agenda 21. This forum includes other Local Authorities, Universities, Joint Boards, SEPA, Contractors and Clients. Minutes are available.

- The Division's Plans are based on consultation and surveys with Customers, Contractors and Employees and Performance Indicators with realistic targets identified. Performance Indicators are monitored on a monthly basis.
- Because the Division is subject to workload requirement from other in-house departments and external customers it is difficult to budget other than on an annual basis as central government funding to these Client bodies is allocated annually. There is now a trend to provide 3-year funding allocations and once this is in place budgets will be produced on a 3-year basis.
- All staff are asked for input to Service and EFQM Plans and draft plans are circulated for comment and amendment. Final Plans are communicated to all staff through team leaders at regular (6 weekly) team meetings. All staff have a copy of the Service Plan and a summary of its interaction with the Corporate Plan. These are contained in each member of staff's Personal Development Plan portfolio. These are available.

- The Service Plan is reviewed annually and Continuous Improvement Plan monthly. Both take account of customer recommendations and results against targets set for Performance Indicators. The EFQM Continuous Improvement group also uses this process to identify areas for improvement.
- Performance Indicators and targets are set in the Service Plan and these are monitored on a monthly basis and reported to each team within the Division and the Department's Management Team. They are also reported annually to Committee. These monthly reports are available.

The EFQM Action Plan is monitored on a monthly basis to ensure progress. Minutes are available.

Self-assessment template 4	
Features	Assessment
59. The service ensures that all its plans are consistent with each other.	Not relevant / A B C <u>D</u> E  Covering: some/ <b>most</b> / all plans
60. The service has as systematic approach for ensuring stakeholders views are taken into account in formulating its plan(s).	A B C <u>D</u> E
61. The service has a systematic approach for working with partner organisations to ensure a joined up approach to meeting the needs of its customers and communities.	A B C <u>D</u> E
62. The service ensures that staff know what is in the plan and what it means for them.	A B C <u>D</u> E  none / some / half / most / <b>all staff</b> are aware of the plan and its implications for them.
63. Commitments in the plan are translated into clear responsibilities for implementation.	A B C <u>D</u> E  For some / half / most / <b>all areas of the plan.</b>
64. Senior managers systematically review progress against the plan and document and communicate any revisions to ensure that the plan remains current.	A B C <u>D</u> E
65. Relevant elected members are kept informed of progress against the plan and of the need for any revisions.	A B <u>C</u> D E
Based on the service/business plan provided, please complete the remainder of the template	
66. The plan is comprehensive in that it covers all activities for that service.	The plan covers some / half / most / <b>all activities.</b>
67. The plan clearly sets out what the service intends to achieve (in SMART terms).	SMART terminology is used for: none/ some/ half / most / <b>all applicable areas of activity.</b>
68. The plan shows clearly how the service is responding to changes in users' demands.	Analysis and justification is provided to show what changes are necessary to meet users' demands for: none / some / half / most / <b>all activities.</b>

<p>69. The plan shows clearly how the service is working with partner organisations to provide joined-up services that meet customer and community needs.</p>	<p>The plan identifies key partner organisations for: none / <b>some</b> / half / most / all applicable activities/ policy areas.</p> <p>The plan sets out how the service will work with those partner organisations to meet user and community needs: not at all / <b>in general terms</b> / in terms of specific activities / in terms of joint objectives and targets.</p>
<p>70. The plan clearly sets out performance standards and targets to be achieved.</p>	<p>Performance standards and targets are set out for: none / some/ half / most / <b>all applicable activities.</b></p>
<p>71. The plan sets out how the service is pursuing continuous improvement, including its programme of Best Value reviews.</p>	<p>not covered / covered in general terms only / <b>covered in terms of specific activities</b></p> <p>for: some / most / <b>all applicable activities</b></p>
<p>72. The plan covers more than one year where necessary to show longer term shifts in provision and priorities.</p>	<p>Plan covers 1 year only OR <b>information provided on longer term</b> implications for: some / <b>most</b> / all applicable activities.</p>
<p>73. The commitments in the plan are matched to financial and other resources.</p>	<p>Matching evident for: none/ some / half / <b>most</b> / all activities.</p>

**Improvement actions**

Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issues identified under this criterion.

- Feedback of Key Performance Indicators to Stakeholder on a per project basis and annually on overall service.

**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 most of its submission.

Documentary evidence was checked in relation to template prompts 59, 60, 61, 62, 63, 66, 67, 68, 69, 70, 71 & 72 and overall was found to be satisfactory.

The following non-documentary evidence was used: None

Additional comments on evidence base: None

Auditor notes	Summarise any key areas for concern based on your findings for this criterion. These may relate to the service’s self assessment, the evidence base, or the improvement actions	
Areas of concern	Justification for inclusion	

**Auditor: Do you have any other comments (in addition to those above) in relation to this criterion for discussion with service managers?**

**Innovation and Successful Practice**

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

- Introduction of Partnering Process to manage construction projects – see Criterion 2, Page 56.
- **Personal Development Plan** - As the Division is now processing the Investors in People (IIP) initiative, and it is hoped to gain Third Party Accreditation in April 2001, it was considered appropriate to develop a Personal Development Plan and portfolio for all staff. This document should be easily accessed and updated on a regular basis and contains information relating to the Department Structure, Staff List and Job Description, Corporate Plans and Service Plans, staff Development Reviews, Training Plan, Pre and Post Training Evaluations, Employee Survey, Communication Policy and Equal Opportunities Policy.
- **Annual Training and Development Reviews** - These are carried out with all staff with 6 monthly updates to monitor progress on the agreed Training and Development Action Plan.
- **Pre and Post Training Evaluation** - As part of the IIP initiative it was considered necessary to brief staff prior to attending training courses and carry out post evaluation to determine whether the specific needs of the employee and the Division had been met.

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**SOURCES OF EVIDENCE**

1. **ANNUAL (3 YEAR) SERVICE PLAN**
2. **EFQM CONTINUOUS IMPROVEMENT ACTION PLAN**
3. **PARTNERING PROCESS.**
4. **BENCHMARKING.**
5. **JOINT WORKING GROUP MINUTES.**
6. **SUSTAINABLE CONSTRUCTION GROUP MINUTES.**
7. **PERFORMANCE INDICATORS.**
8. **CUSTOMER, CONTRACTOR AND EMPLOYEE SURVEYS**
9. **EMPLOYEE PERSONAL DEVELOPMENT FILE**

## 5.0 WE MAKE BEST USE OF OUR PEOPLE

- In common with all other Local Authority departments, at reorganisation, staff were allocated to respective Authorities, broadly based on their estimated requirements. At that time surplus staff were identified and, where possible, transferred to other departments.

The Architectural Services Division constantly monitors staff requirements, based on estimated workload and income. Fees are set at competitive levels and Service Level Agreements are in place with most departments. It is essential, therefore that staff numbers are regulated to meet the annual needs. Because of the Council's staffing policy, permanent staff are supplemented by temporary staff on short term contracts and Agency staff on weekly contracts.

As the content of the workload is changing opportunities for cross-skilling have been identified. Staff have accommodated this initiative and various areas have been identified and addressed using these new skills.

It is recognised, however, that the mix of Professional staff to Technical staff still requires adjustment and this is being addressed as and when staff vacate permanent posts.

- Staff are regularly advised on the aims and objectives of the Division through Team meetings and are set appropriate targets by Team Leaders who monitor performance. Staff are also fully involved in the Best Value and Continuous Improvement process and are advised of areas of concern which require to be addressed. This is a two-way dialogue and staff, likewise, have the opportunity to voice their concerns at Team meetings or directly to any member of the Management Team or City Architectural Services Officer.
- Annual Employee Training and Development Reviews are held individually with all staff members and their line manager. This gives staff and managers the opportunity to identify areas for improvement and to take appropriate action. Six-monthly monitor meetings are held with staff to update progress on training and development. Reviews are available.

Pre and Post training evaluation has also been introduced to ensure staff have an awareness of the training being given and an evaluation after the event to determine its effectiveness and value to the employee and the Division. Examples are available.

The Division has also now made a commitment to introduce the Investors in People (IIP) strategy and have set a target of April 2001 for third party accreditation. An Action Plan and programme has now been prepared to implement the areas for improvement which were identified by the Diagnostic Interviews carried out by SET staff. Action Plan is available.

- Staff /...

- Staff achievements are normally acknowledged personally to the individual or group concerned and, likewise, letters of commendation are circulated to all appropriate staff. Personal thanks are delivered by CASO or members of the Management Team when tasks are performed well. It is considered that most staff have a wish to see the Division do well and this in itself provides a personal motivation.

Staff morale is generally good, however, due to financial and staffing constraints, this could sometimes be better. All suggestions and proposals are considered and implemented whenever possible eg., installation of chilled water in Tayside House.

Staff suggestion boxes are available for use by all staff.

Regular meetings are held by management with the various Union Shop Stewards with a view to identifying and addressing staff concerns. Minutes are available.

<b>Self-assessment template 5</b>	
<b>Features</b>	<b>Assessment</b>
74. The service has a systematic approach to analysing what people resources it needs to deliver its objectives and identifies how it will close any gaps.	A B <u>C</u> D E  Covering: some / half / most / <b><u>all activities</u></b>
75. Action is taken to close any gaps.	A B <u>C</u> D E  Covering: some / half / most / <b><u>all activities</u></b>
76. The service's approach to training is clearly informed by an assessment of where there are skills/ knowledge/ performance gaps.	A B C <u>D</u> E  Covering: some / half / most / <b><u>all staff</u></b>
77. The service evaluates its training to ensure that it is achieving the desired impact.	A B C <u>D</u> E  For: none / some / half / most / <b><u>all training</u></b>
78. There is a systematic approach for translating service objectives into actions/tasks for members of staff.	A B C <u>D</u> E  Covering: some / half / most / <b><u>all staff</u></b>
79. A systematic approach is used for communicating objectives and performance expectations to staff.	A B C <u>D</u> E  Covering: some / half / most / <b><u>all staff</u></b>
80. A clear agreed systematic process is used for providing feedback to staff on performance and agreeing action.	A B <u>C</u> D E  Covering: some / half / most / <b><u>all staff</u></b>
81. Senior managers regularly assess the state of morale, satisfaction and motivation of staff and take appropriate action.	A B <u>C</u> D E  Covering: some / half / most / <b><u>all staff</u></b>

**Improvement actions**

Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issues identified under this criterion.

- Based on the IIP Diagnostic meetings and report it is considered that the pre and post training evaluation requires to be reviewed and this is now incorporated in the IIP Action Plan. This is available for inspection.
- All Team Meetings and Management Team to include Training on Agenda.
- Line Managers skills to be assessed through independent review.
- Training costs and benefits to be evaluated and measured in a systematic process.
- Identify possible forms of recognition and report to corporate Management Team with possible recommendation.

**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 most of its submission.

Documentary evidence was checked in relation to template prompts 76, 77, 79, 80 & 81 and overall was found to be satisfactory.

The following non-documentary evidence was used: None

Additional comments on evidence base: None

<b>Auditor notes</b>	<b>Summarise any key areas for concern based on your findings for this criterion. These may relate to the service’s self assessment, the evidence base, or the improvement actions</b>	
<b>Areas of concern</b>	<b>Justification for inclusion</b>	

**Auditor: Do you have any other comments (in addition to those above) in relation to this criterion for discussion with service managers?**

### ***Innovations and Successful Practice***

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

- Introduction of Personal Development Plan Portfolio – see Criterion 4, Page 75.
- Annual Employee Survey which is linked to the EFQM Continuous Improvement process – see Criterion 6, Page 88.

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## **SOURCES OF EVIDENCE**

- 1. TEAM MEETING MINUTES.**
- 2. EMPLOYEE TRAINING AND DEVELOPMENT REVIEWS.**
- 3. PRE AND POST TRAINING EVALUATION.**
- 4. INVESTORS IN PEOPLE PRESENTATION AND ACTION PLAN.**
- 5. STAFF COMMENDATIONS.**
- 6. MEETINGS WITH UNION REPRESENTATIVES.**
- 7. PERSONAL DEVELOPMENT PLAN PORTFOLIO.**
- 8. COUNCIL STAFFING POLICY**
- 9. SERVICE PLAN**

## 6.0 WE MAKE BEST USE OF OUR ASSETS

- The key asset of the Division is considered to be its employees and this critical asset is managed, improved and developed as described in section 5.
- Land, Property, vehicles and plant are assets outwith the control of the Division and it is assumed that the corporate submission deals with these matters where relevant. It should be noted, however, when directly remitted to do so the Division may assist other departments and clients to maintain their property and plant and to ensure the best possible procurement routes are used to deliver a cost-effective outcome.

The Division reviews its IT requirements annually, based on the requirements to meet the service requested by customers. The allocation, procurement and choice of equipment is not controlled by the Division. The Division does, however, have the scope to select and purchase software and this is carried out by evaluation, demonstration and benchmarking with other users. Recent examples of this is the purchase of a new management software (Timemaster) to replace the existing (Focus). This resulted in a considerable annual saving to the Division. Likewise, the 3-D Virtual Reality software package was purchased and developed and allows the Division to offer this service to all customers. It should be noted that relevant training is included in any evaluation of new software or equipment.

Equipment is constantly evaluated to ensure the Division can deliver the most cost effective service and new products are tested and benchmarked with other uses wherever possible. All measuring equipment is checked for calibration on an annual basis.

- The Division regularly evaluates the type of equipment used and the manner in which it is used to ensure value for money. Recent examples of this are, reduction in landline telephones, choice of mobile phones, discontinued use of pagers, purchase of digital camera, purchase of Powerpoint projector.
- The Division is only responsible for the assets indicated previously and procurement is carried out after demonstration and price quotation. This will also include an assessment of after sales service and training requirements for staff.
- The Division's Management Team oversees the asset management of equipment and introduce new initiatives as required. Proposals from staff are always considered and evaluated prior to any purchase. All purchases of new equipment are considered in relation to the Division's overall revenue budget and the budgets available for purchasing equipment.

Self-assessment template 6	
Features	Assessment
82. The service has a systematic approach to matching its asset base to what is required to deliver its objectives.	A B <u>C</u> D E  Covering: some / half / most / <u>all key assets</u>
83. The service has a systematic approach to managing the following key assets to achieve value for money and continuous improvement:	
• Infrastructure	A B C D E (corporately managed) <u>N/A</u>
• Land	A B C D E (corporately managed) <u>N/A</u>
• Property	A B C D E (corporately managed) <u>N/A</u>
• Vehicles, plant, equipment	A B C <u>D</u> E (equipment only)
• ICT	A B C <u>D</u> E
• Materials/supplies	A B C <u>D</u> E
• Knowledge and intellectual capital	A B C <u>D</u> E
84. The service has a systematic approach to procurement that delivers value for money.	A B C D <u>E</u>
85. Senior management monitor asset management.	A B <u>C</u> D E

**Improvement actions**

Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issues identified under this criterion.

**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 most of its submission.

Documentary evidence was checked in relation to template prompts 84 & 85 and overall was found to be satisfactory.

The following non-documentary evidence was used: None

Additional comments on evidence base: None

<p><b>Auditor notes</b></p>	<p><b>Summarise any key areas for concern based on your findings for this criterion. These may relate to the service’s self assessment, the evidence base, or the improvement actions</b></p>	
<p>Areas of concern</p>	<p>Justification for inclusion</p>	
Empty space for Auditor notes	Empty space for Justification for inclusion	

**Auditor: Do you have any other comments (in addition to those above) in relation to this criterion for discussion with service managers?**

**Innovation and Successful Practice**

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

- **Employee Surveys** - Bi-annual Employee Surveys are carried out on a corporate basis by the Council, however, it was considered important to have a more regular feedback on staff perceptions re the effectiveness of the Division and its working practices. The Division therefore introduced an Annual Employee Survey, based on the corporate Survey, and this is analysed annually and the actions identified form part of the Division's Annual Action Plan.
- **Mobile Phone Review** - As a cost-saving exercise the use of all mobile phones and pagers were reviewed which resulted in the withdrawal of all pagers at a considerable saving to the Division.
- **Relocation of Land Lines** - All staff previously had access to a dedicated extension line. By the introduction of shared extensions this was reduced by approximately 50% and resulted in a considerable saving for the Division.
- **3-D Virtual Reality Modelling** - The Division has developed its 3-D Virtual Reality Modeling Package which is now in a form where this service is offered to all customers and elected members. The Presentation Package is an ideal model for creating awareness and understanding of projects to staff, elected members and the public.

This development won a COSLA Bronze Merit Award 2000.

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**SOURCES OF EVIDENCE**

- 1. IT REVIEW.**
- 2. EQUIPMENT CALIBRATION.**
- 3. VALUE FOR MONEY REVIEWS OF PROCURMENT OF MOBILE PHONES, PAGERS AND THE USE OF LANDLINES.**

## 7.0 WE HAVE SOUND FINANCIAL CONTROL AND REPORTING

- Financial control is essential to the effective operation of the Division and the production of a balanced Revenue budget each financial year. As no central support income is allocated to the Division it is necessary to ensure expenditure is matched by income. New software, Timemaster, has recently been purchased to assist in this task.

Monthly income and expenditure reports are considered by the core managers to ensure budget targets are being achieved and to make necessary adjustments when this is identified as necessary.

- Recent consecutive financial reports are included with this submission. Monthly reports are reported to the core management team and the annual report is reported to Elected Members.

Self-assessment template 7	
Features	Assessment
86. There is a systematic approach to monitoring and controlling the service's overall financial position.	A B C <b><u>D</u></b> E  Covering: some / half / most / <b><u>all areas of activity</u></b>  Over those which the Division has control.
Based on the financial monitoring reports submitted please complete the remainder of the template.	
87. Reports show:	
a) expenditure and, where relevant, income, to date.	No / qualified no / qualified yes / <b><u>yes</u></b>
b) variance against projected spend/ income to date using, where appropriate, budget profiling.	No / qualified no / <b><u>qualified yes</u></b> / yes
c) projected outturn (expenditure and, where relevant, income).	No / qualified no / qualified yes / <b><u>yes</u></b>
88. There is an accruals basis for reporting.	No / qualified no / qualified yes / <b><u>yes</u></b>
89. Reports highlight major variances (both under and over spends) to direct attention to where action may be required.	No / qualified no / <b><u>qualified yes</u></b> / yes
90. Reports are designed to enable the reader to make a clear judgement about the service's financial performance.	No / qualified no / <b><u>qualified yes</u></b> / yes
91. Variances result in documented and agreed actions at appropriate management level.	No / qualified no / <b><u>qualified yes</u></b> / yes
92. Monitoring takes place to ensure that the agreed actions are effective.	No / qualified no / <b><u>qualified yes</u></b> / yes

**Improvement actions**

Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issues identified under this criterion.

- New software purchased to assist in management of resources and financial reporting (Timemaster). This will assist in the production of regular financial monitor reports.
- New database being processed.

**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 most of its submission.

Documentary evidence was checked in relation to template prompts 86, 87, 88, 89 & 90 and overall was found to be satisfactory.

The following non-documentary evidence was used: None

Additional comments on evidence base: None

Auditor notes	Summarise any key areas for concern based on your findings for this criterion. These may relate to the service’s self assessment, the evidence base, or the improvement actions.	
Areas of concern		Justification for inclusion

**Auditor: Do you have any other comments (in addition to those above) in relation to this criterion for discussion with service managers?**

***Innovation and Successful Practice***

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

**SOURCES OF EVIDENCE**

- 1. MONTHLY INCOME/EXPENDITURE REPORT**
- 2. ANNUAL BUDGET REPORT.**

## 8.0 WE ACTIVELY SUPPORT CONTINUOUS IMPROVEMENT

- Since carrying out the Best Value reviews for the service, the Division is conscious that Continuous Improvement is an integral process of providing a continued Best Value Service and for improving Customer Satisfaction.
- The Service has Performance Indicators and targets built into its annual Service Plan and now 3-year Service Plan. These are monitored monthly and reviewed annually. Industry standard Key Performance Indicators have now been introduced to all major projects to ensure continuous improvement on a per project basis. Monthly Performance Indicators are available.
- The introduction of European Foundation for Quality Management (EFQM) into the Continuous Improvement process has proved to be a successful way of identifying and actioning areas for improvement. The annual Action Plan and targets have been met and resulted in an improved EFQM Score (1998/99 - 578; 1999/00 - 642) and an improved Customer satisfaction rating (1997/98 – 6.0; 1998/99 – 7.09; 1999/00 – 7.68).

The introduction of the IIP initiative, we feel, will assist in the development and improved service output from staff and the Action Plan to develop this initiative is monitored by a staff Steering Group.

- The Division instigated the formation of the Scottish Best Value Working Group and the compilation of Benchmarking data. It is also a member of the National Benchmarking Group, Scottish Enterprise Private Sector Benchmarking Group and the Midlothian Construction Services Benchmarking Group. The information from these groups is invaluable for comparison purposes and to select 'Best in Class' for processing benchmarking. Information and Minutes are available.

The Division is a member of the Movement for Innovation (M4I) which identifies examples of Best Practice and uses these as demonstration projects. The Division has one of only 31 Case Studies completed and can access other demonstration projects as examples of Best in Class. Case Study and Minutes available.

The City Architectural Services Officer also meets with the equivalent officers in neighbouring Authorities to share good practice, identify new initiatives and jointly solve common problems.

Process benchmarking takes place with other Authorities with a view to introducing new procedures and learning from Best Practice in other Authorities.

- Good practice, when identified, is shared across the service and the information communicated to all staff through written communication and followed up at team meetings. New initiatives are normally the subject of a presentation and follow-up training eg., Partnering, 3-D modelling.
- Proposals /...

- Proposals for improvements in working procedures, equipment and service provision are always welcome from staff. They have the opportunity to forward their proposals at team meetings or to the Management Team or EFQM Continuous Improvement Group or directly to the City Architectural Services Officer. These proposals are always considered and evaluated and any member of staff can join these meetings and speak to their relevant proposal. If it is agreed to proceed with these proposals full support is provided by Team Leaders and by the City Architectural Services Officer to the Corporate Management Team, if this is required. All proposals must be considered within the current revenue budget allowances, if there should be any cost implication. Examples of staff proposals include purchase of digital camera, Powerpoint projector, 3-D Virtual Reality software, chilled drinking water for Tayside House.
- All customers and contractors are surveyed annually to assess their satisfaction with the service provided and this survey is followed by personal interviews with the City Architectural Services Officer to fully identify areas for improvement and new service requirements.

Staff receive an annual employee survey to give them the opportunity to record their level of satisfaction with general working conditions and management procedures.

All survey results are forwarded to the EFQM Group to identify relevant action which is included in the annual Action Plan.

Partnering in construction contracts has been identified by Sir John Egan in his report to Government on 'Rethinking Construction' as an initiative that should be actively supported by all in the construction industry and especially the Public Sector which is identified as the largest client. The Architectural Services Division of Dundee City Council has been to the forefront in introducing this initiative to Local Authorities throughout the U.K. It is an ideal process to ensure joint working and cooperation between Clients, Contractors, Sub-Contractors, Suppliers and Consultants and has increased Client satisfaction (Target 7/10; Actual 9/10 – NGFL Project)).

- An example of successful Partnering was the installation of the Government's National Grid for Learning initiative which was introduced to all Primary and Secondary Schools. This project gained the COSLA Best Team Award 2000. Details are available.

Customer and Employee surveys have indicated a year-on-year improvement in satisfaction and details are available.

- The Architectural Services Division fully supports Continuous Improvement, however realistic targets must be set and measurable outcomes must be identified. Continuous Improvement must be measured by Customer satisfaction and cannot be a subjective measurement by the service involved. Improvements must provide a benefit to the customer through a more cost effective and efficient service.

Self-assessment template 8	
Features	Assessment
93. The service has a systematic approach for developing appropriate indicators to manage its performance.	A B C D <u>E</u> Covering: some / half / most / <u>all main areas of performance</u>
94. The service has identified and reviewed its key processes that enable it to deliver customer- centred value for money services.	The service has identified: none / some/ half / <u>most</u> / all key processes It has reviewed: none / some / <u>most</u> / all of those processes
95. The service has a systematic approach for making links with other organisations it believes it can learn from.	A B C <u>D</u> E
96. Links have been established with:	<u>Similar services</u> / <u>other council services</u> / voluntary sector / <u>private sector</u> (select all that apply)
97. The service chooses organisations because they are known to demonstrate good practice	No / qualified no / <u>qualified yes</u> / yes
98. The service's approach to learning from other organisations includes comparing:	
a) <u>how</u> things are done	No / qualified no / <u>qualified yes</u> / yes
b) <u>actual performance</u>	No / qualified no / <u>qualified yes</u> / yes  This work takes place: only within Best Value reviews / <u>more generally</u>
99. The service can show clear positive results from learning from others.	No / qualified no / <u>qualified yes</u> / yes
100. The service has a systematic approach to enable staff to share knowledge about effective practice.	A B C <u>D</u> E Covering: some / half / most / <u>all staff</u>
101. The service ensures that its staff are kept up to date in terms of knowledge about good practice in their field.	A B C D <u>E</u> Covering: some / half / most / <u>all staff</u>

<p>102. The service has a systematic approach to giving staff the opportunity and skills needed to review and improve their own area of activity (outwith Best Value reviews).</p>	<p>A B C D <b><u>E</u></b></p> <p>Covering: some / half / most / <b><u>all staff</u></b></p> <p>This activity takes place: only within the context of Best Value reviews / <b><u>more generally</u></b></p>
<p>103. The service systematically uses feedback from customers to improve services.</p>	<p>A B C D <b><u>E</u></b></p> <p>Covering: some / half / <b><u>most</u></b> / all activities</p>
<p>104. The service systematically works with partner organisations to achieve continuous improvement.</p>	<p>A B C D <b><u>E</u></b></p> <p>Covering: some / half / <b><u>most</u></b> / all partners</p>
<p>105. The service systematically works with key suppliers to achieve continuous improvement.</p>	<p>A B <b><u>C</u></b> D E</p> <p>Covering some / half / <b><u>most</u></b> / all key suppliers</p>

### ***Improvement actions***

Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issues identified under this criterion.

- Process Benchmarking is now being introduced in some key areas.
- Process Mapping. (Three areas identified)
- Word Processing Review.

<b>Evidence</b>
<p>The auditor should summarise here her/his assessment of the adequacy of the evidence that was available to support the submission and audit evaluation.</p> <p>The service <u>identified</u> evidence to support most of its submission.</p> <p>Documentary evidence was checked in relation to template prompts 94, 95, 96, 97, 98, 102, 103, 104 &amp; 105 and overall was found to be satisfactory.</p> <p>The following non-documentary evidence was used: None</p> <p>Additional comments on evidence base: None</p>

Auditor notes	Summarise any key areas for concern based on your findings for this criterion. These may relate to the service’s self assessment, the evidence base, or the improvement actions.	
Areas of concern	Justification for inclusion	



1. **PERFORMANCE INDICATORS.**
2. **EFQM CONTINUOUS IMPROVEMENT MINUTES AND ACTION PLAN.**
3. **CUSTOMER SURVEY ANALYSIS AND INTERVIEWS.**
4. **IIP ACTION PLAN.**
5. **BENCHMARKING INFORMATION.**
6. **MOVEMENT FOR INNOVATION (M4I) MINUTES.**
7. **CONTRACTORS SURVEY ANALYSIS AND INTERVIEWS.**
8. **ANNUAL EMPLOYEE SURVEY.**
9. **PARTNERING RESULTS (NGFL).**
10. **JOINT AUTHORITY MEETINGS.**
11. **PROCESS MAPPING**
12. **EMPLOYEE DEVELOPMENT**

## **9.0 WE MONITOR AND CONTROL OUR OVERALL PERFORMANCE**

Performance monitoring is carried out through Customer, Contractor and Employee surveys and follow-up interviews. These are monitored on an ongoing basis through Performance Indicators and set targets.

- Template 9A submitted.
- Two consecutive performance monitoring reports to members are attached.
- Two consecutive performance monitoring reports to managers are attached.

## Template 9A: Main indicators used to monitor and control performance

Service area: Architectural Services Division

Description of indicator	Ac	Age	Tr	Co	Ta	Mo
Customer Results						
Number of Complaints	N	1	1M	N	L	1
Project Predictability - Time	Y	1	1M	Y	Na	1
- Cost	Y	1	1M	Y	Na	1
Annual Survey	N	12	12M	N	L	12
People Results						
Introduction of IIP	Y			Y	Na	36
Employee Survey	Y	12	12M	Y	L	12
Training and Development Review	N	6	12M	N	L	6
Financial Results						
Reduce Overheads	N	1	1M	N	L	1
Monthly Income/Expenditure	N	1	1M	N	L	1
Business Results						
ISO:9001	Y	6	6M	Y	Na	6
EFQM Action Plan	N	1	12M	Y	L	1
Contractor Survey	N	12	12M	N	L	12
Project Performance Indicators	N	1	1M	Y	Na	1
ISO: 14001	Y				Na	
Sustainable Construction Audits	N	1	1M	N	L	1
Please add further rows as necessary						

<b>Self-assessment template 9</b>	
<b>Features</b>	<b>Assessment</b>
106. The service uses indicators that cover all key aspects of performance and all major areas of activity.	No / qualified no / qualified yes / <b><u>yes</u></b>  For: some / half / most / <b><u>all main areas of activity</u></b>
107. The information:	
a) is accurate	no / some yes/ <b><u>most yes</u></b> / all yes
b) is up to date	no/ some yes/ most yes/ <b><u>all yes</u></b>
c) includes trends where relevant	no/ some yes/ most yes/ <b><u>all yes</u></b>
d) includes comparators where relevant	no/ some yes/ most yes/ <b><u>all yes</u></b>
e) uses targets where relevant	no/ some yes/ most yes/ <b><u>all yes</u></b>
f) is monitored regularly.	no/ some yes/ most yes/ <b><u>all yes</u></b>
108. Senior management has a systematic approach to monitoring and controlling the service's performance (including taking action to address areas of concern and monitoring improvement).	A B <b><u>C</u></b> D E  Covers: some / half / most / <b><u>all aspects of the service</u></b>
109. There is a systematic approach to keeping members informed of the service's performance.	A B C <b><u>D</u></b> E
Please assess the monitoring reports on the following features.	
110. The reports for <i>managers</i> show clearly whether the service:	
a) is meeting its strategic and operational objectives and targets.	No / qualified no / <b><u>qualified yes</u></b> / yes
b) is meeting users' and community needs.	No / qualified no / <b><u>qualified yes</u></b> / yes
c) has sound financial performance.	No / qualified no / <b><u>qualified yes</u></b> / yes

d) is managing its assets well	No / qualified no / <b><u>qualified yes</u></b> / yes
e) is managing its people well.	No / qualified no / <b><u>qualified yes</u></b> / yes
f) is achieving continuous improvement.	No / qualified no / <b><u>qualified yes</u></b> / yes  For: some / half / most / <b><u>all activities</u></b>
111. The reports for <i>managers</i> clearly identify areas of success, supported by data and analysis.	No / qualified no / <b><u>qualified yes</u></b> / yes
112. The reports for <i>managers</i> clearly identify areas where performance is poor, supported by data and analysis.	No / qualified no / <b><u>qualified yes</u></b> / yes
113. The reports for <i>members</i> show clearly whether the service:	
a) is meeting its strategic and operational objectives and targets.	No / qualified no / qualified yes / <b><u>yes</u></b>
b) is meeting users' and community needs.	No / qualified no / qualified yes / <b><u>yes</u></b>
c) has sound financial performance.	No / qualified no / qualified yes / <b><u>yes</u></b>
d) is managing its assets well	No / qualified no / qualified yes / <b><u>yes</u></b>
e) is managing its people well.	No / qualified no / qualified yes / <b><u>yes</u></b>
f) is achieving continuous improvement.	No / qualified no / qualified yes / <b><u>yes</u></b>  For: some / half / most / <b><u>all activities</u></b>
114. The reports for <i>members</i> clearly identify areas of success, supported by data and analysis.	No / qualified no / qualified yes / <b><u>yes</u></b>
115. The reports for <i>members</i> clearly identify areas where performance is poor, supported by data and analysis.	No / qualified no / <b><u>qualified yes</u></b> / yes

**Improvement actions**

Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issues identified under this criterion.

- More co-ordinated approach to collating all Performance Indicators and Results.
- Review of Project Targets against Project outcome costs – new system for reporting to Group Leaders for evaluation.
- Introduction of Key Performance Indicators for Sustainable Construction to Contracts.

**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 all of its submission.

Documentary evidence was checked in relation to template prompts 106 – 115 (inclusive) and overall was found to be satisfactory.

The following non-documentary evidence was used: None

Additional comments on evidence base: None

<b>Auditor notes</b>	<b>Summarise any key areas for concern based on your findings for this criterion. These may relate to the service’s self assessment, the evidence base, or the improvement actions.</b>	
<b>Areas of concern</b>	<b>Justification for inclusion</b>	

**Auditor: Do you have any other comments (in addition to those above) in relation to this criterion for discussion with service managers?**

**Innovations and Successful Practice**

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

- Introduction of Industry Standard Key Performance Indicators – see Criterion 2, Page 57.

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## **SOURCES OF EVIDENCE**

- 1. CUSTOMER SURVEYS AND FOLLOW-UP INTERVIEWS**
- 2. CONTRACTOR SURVEYS AND FOLLOW-UP INTERVIEWS**
- 3. EMPLOYEE SURVEYS**
- 4. MONTHLY PERFORMANCE INDICATORS**
- 5. PROJECT PERFORMANCE INDICATORS**

## 10.0 WE HAVE AN EFFECTIVE APPROACH TO PUBLIC PERFORMANCE REPORTING

- All stakeholders are periodically provided with a Service/Division Profile which clearly details the services provided by the Division. It provides information on staffing levels and examples of previous work undertaken. This is available.

Review meetings with clients give an opportunity to update them on new initiatives and for them to identify any changes in service that they may require.

Performance indicators are reported monthly to management and annually to Committee.

Results of Customer, Contractor and Employee Surveys are reported back to stakeholders. Changes in service, corrective action and improvement initiatives are agreed with stakeholders at follow-up interviews.

Best Value reviews are reported to Committee and Stakeholders.

- As most of the Architectural Services Division's customers are internally based it has little contact with the community in general other than through its direct customers. It does, however, address matters that are of community interest and concern on an ongoing basis.
  - All projects are reported to the Police Architectural Service Liaison Officer in order to ensure community safety is designed into these projects and agrees with the guidelines promoted by the Police.
  - The Division has a trained Disability Issues Auditor (the only trained Auditor in Scotland) and with her expertise and training of staff all projects are addressed to include sympathetic design for the needs of users with disabilities.
  - Sustainable Construction, Environmental matters and Agenda 21 are now important issues for all Councils and the Community world wide. It was considered necessary, therefore, to address these matters on an ongoing basis and each major project is subject to a sustainable audit. This includes a sustainable construction audit on the use of materials, energy consumption and the fabric of the building and a sustainable 'use' audit to ensure value for money and the sustained use of the building prior to spending any public money. Customers and elected members were provided with information on these matters and consulted prior to the implementation of this initiative.
  - Examples of Profile, Committee Reports, Information provided to Customers and Contractors, Sustainable Construction Report and Pro-Forma for Sustainable Audits, are attached.
- The measures described above are indicative of the procedures carried out across the service of the Architectural Services Division.

Self-assessment template 10	
Features	Assessment
116. The service has systematically identified key stakeholders for PPRg.	A B C <u>D</u> E
Information about service provision.	
117. The service has a systematic approach to providing <i>service users</i> with information (where relevant) on: <ul style="list-style-type: none"> <li>a) what they can expect from the service</li> <li>b) eligibility criteria</li> <li>c) how, when and where to access the service</li> <li>d) charges</li> <li>e) service standards and targets.</li> </ul>	A B C <u>D</u> E  Covering: some / half / <b>most</b> / all service users  For: some / half / <b>most</b> / all activities
Approach to PPRg	
118. The service has a systematic approach for identifying and using the best means of communicating its PPRg information to its stakeholders.	A B C <u>D</u> E
119. The service has systematically addressed equality issues (such as access, inclusion and diversity) in providing information about its activities.	A B C D <u>E</u>
Information on performance	
120. The service provides information to the public that shows how well it is:	
a) meeting its key objectives (as set out in relevant strategy / service plans) (see criterion 4)	no / qualified no / <b>qualified yes</b> / yes
b) meeting user and stakeholder needs (see criterion 2)	no / qualified no / <b>qualified yes</b> / yes
c) achieving cost control, efficiency savings and value for money (see Criteria 5, 6, 7 and 9)	no / qualified no / <b>qualified yes</b> / yes

d) pursuing continuous improvement (see Criteria 3 and 8).	no / qualified no / <b><u>qualified yes</u></b> / yes  (where only some of the services activities are covered in the information, report a 'qualified yes' and list the main activities where information is missing)
121. The information is presented to the public in a concise and understandable way.	no / qualified no / <b><u>qualified yes</u></b> / yes
122. Use is made of trend information where relevant to show the public how performance is changing.	not at all / sometimes / <b><u>often</u></b> / always
123. Use is made of comparative information where relevant to show the public how the service compares to others.	not at all / sometimes / <b><u>often</u></b> / always
124. Targets for performance and improvement are set and made public where relevant.	not at all / sometimes / often/ <b><u>always</u></b>
125. The service reports back on whether it met previous targets for performance and improvement.	not at all / sometimes / often/ <b><u>always</u></b>
126. The service reports back on what it has learnt from consultation exercises and how it will use those findings.	not at all / <b><u>sometimes</u></b> / often/ always
127. The key results of Best Value reviews and continuous improvement work are reported.	not at all / sometimes / often/ <b><u>always</u></b>

**Improvement actions**

Managers completing the self-assessment: please summarise here any improvement actions that you intend to take to address any of the issues identified under this criterion.

- More information on Performance Indicators to be provided to Stakeholders, if requested.
- Consider Reporting EFQM Action Plan to Stakeholders.
- More co-ordinated approach to collating all Performance Indicators and Results.

**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 most of its submission.

Documentary evidence was checked in relation to template prompts 116, 117, 118, 119, 120, 121, 126 & 127 and overall was found to be satisfactory.

The following non-documentary evidence was used: None

Additional comments on evidence base: None

Auditor notes	Summarise any key areas for concern based on your findings for this criterion. These may relate to the service's self assessment, the evidence base, or the improvement actions.	
Areas of concern		Justification for inclusion



**SOURCES OF EVIDENCE**

1. **ARCHITECTURAL SERVICES DIVISION PROFILE**
2. **MINUTES OF REVIEW MEETINGS WITH CUSTOMERS**
3. **SUSTAINABLE CONSTRUCTION PRO-FORMA**
4. **BREEAM AUDIT**
5. **DISABILITY AUDIT PRO-FORMA**
6. **PERFORMANCE INDICATORS**
7. **BEST VALUE REVIEWS**
8. **CUSTOMER, CONTRACTOR AND EMPLOYEE SURVEYS**
9. **REPORTS TO THE POLICE ARCHITECTURAL SERVICES LIASION OFFICER REGARDING COMMUNITY SAFETY**

## **11.0 SUMMARY AND ASSESSMENT OF PLANNED IMPROVEMENTS**

- Annex A completed and attached.
- Completed Self-assessment template.

Self-assessment template 11	
Features	Assessment
128. The improvement actions address the main areas of concern identified through the PMP Audit.	No / qualified no / <b>qualified yes</b> / yes
129. The service has a systematic approach to prioritising its improvement actions to address the most important areas of concern.	A B C <b>D</b> E
130. The improvement actions are realistic.	<p><b>Yes</b> / No</p> <p>Auditor: based on your audit knowledge, is there anything to indicate that it is unlikely that the service will be able to implement all the actions it has identified in the timescales set out?</p> <p>Yes / <b>No</b></p>
For each of the planned improvements.	
131. The description of the planned improvement is sufficiently precise to enable a judgement to be made as to whether it has been achieved.	<b>Yes</b> /No
132. It is clear why the planned improvement has been chosen.	<b>Yes</b> /No
133. The improvement is clearly based on the service's review of its existing PMP framework.	<b>Yes</b> /No
134. It is clear which PMP criterion the improvement relates to.	<b>Yes</b> /No
135. There are clear statements about what the improvement is intended to achieve.	<b>Yes</b> /No
136. The improvement is intended to primarily benefit:	<p>1) The services received by the customer</p> <p>2) The management of the service</p> <p><b>3) A mix of the two</b></p>
137. The improvement has clear intermediate milestones detailed.	<b>Yes</b> /No

138. Each of these milestones indicates what will have been achieved and by when.	<u>Yes</u> /No
139. There are clear statements about how the service intends to measure the success of this action.	<u>Yes</u> /No
As auditor, I confirm this action can be audited next year.	<u>Yes</u> /No

## Annex A: List of improvement actions: Service level PMP Audit

Council: Dundee City Council

Service: Architectural Services Division

Contact:

John T P Porter, City Architectural Services Officer

1. Description of the planned improvement.	2. Why has this improvement been chosen and which PMP criteria does it relate to?	3. What is this improvement intended to achieve? This should be both specific and measurable.	4. What are the key project milestones for this improvement? These should detail both relevant actions and timescales.	5. How will you know whether the improvement has achieved what it was meant to?	6. In which of your plans (e.g. service plan) is this improvement detailed?
1. Continuation of the Introduction of Key Performance Indicators to Projects.	<ul style="list-style-type: none"> <li>▪ Chosen because industry standards are available for comparison.</li> <li>▪ Criteria 1,2,8, 9 and 10</li> </ul>	Increased customer satisfaction through predictability of time and cost and level of satisfaction with design team, Contractor and Product.	Project completion which is variable according to Contract period.	By completion of the Key Performance Indicator and comparison with Industry Standard.	Service Plan.
2. Improve EFQM process by introducing improvements identified by TNT Consultation.	<ul style="list-style-type: none"> <li>▪ Chosen to improve the method of addressing Continuous Improvement</li> <li>▪ Criterion 3 and 1.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Better understanding of EFQM process</li> <li>▪ Improved identification of areas for improvement and service.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual scoring process.</li> <li>▪ Improved results at next review in September 2001.</li> </ul>	Improved scores.	EFQM Action Plan.
3. Discuss sharing consultation information with other services and other Authorities.	<ul style="list-style-type: none"> <li>▪ To give better understanding of customers requirements.</li> <li>▪ Provide value for money.</li> <li>▪ Criterion 2.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To determine whether this would have any mutual benefits.</li> <li>▪ Share good practice ideas.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identification of new procedures which will benefit service delivery.</li> <li>▪ 12 Months</li> </ul>	When new processes are adopted and reviewed.	EFQM Action Plan ?
4. Discuss extending consultation exercises to Elected Members	<ul style="list-style-type: none"> <li>▪ Consultations at present focus on strategic issues and this could provide a useful forum for a two way exchange of views.</li> <li>▪ Would require agreement at corporate level</li> <li>▪ Criterion 2 and 3</li> </ul>	Increased customer satisfaction	<ul style="list-style-type: none"> <li>▪ Possible annual scoring process if carried out as a survey.</li> <li>▪ Improved results</li> <li>▪ 12 months if agreed at corporate level.</li> </ul>	Improved scores.	EFQM Action Plan ?

## Annex A: List of improvement actions: Service level PMP Audit (Contd)

1. Description of the planned improvement.	2. Why has this improvement been chosen and which PMP criteria does it relate to?	3. What is this improvement intended to achieve? This should be both specific and measurable.	4. What are the key project milestones for this improvement? These should detail both relevant actions and timescales.	5. How will you know whether the improvement has achieved what it was meant to?	6. In which of your plans (e.g. service plan) is this improvement detailed?
5. Improved collection of Key Performance Indicator information and feedback to Stakeholders.	<ul style="list-style-type: none"> <li>▪ Collating of information is time consuming at present.</li> <li>▪ Develop Database for collection and reporting</li> <li>▪ Criterion 4, 7, 9 and 10.</li> <li>▪ Corporate Policy to improve the development and training of employees.</li> <li>▪ Criterion 5 and 1.</li> </ul>	<p>Will achieve efficient collection of PI information and will allow analysis monitoring and feedback to be carried out regularly.</p> <ul style="list-style-type: none"> <li>▪ Improve the development of staff which should result in improved outputs and better customer satisfaction.</li> <li>▪ Annual Performance Indicators</li> </ul>	<ul style="list-style-type: none"> <li>▪ Full implementation of 'Timemaster' software and update from supplier.</li> <li>▪ January 2001</li> </ul>	Timeous production of Performance Indicators.	EFQM Action Plan.
6. Introduction of Investors in People initiative.	<ul style="list-style-type: none"> <li>▪ Corporate Policy to improve the development and training of employees.</li> <li>▪ Criterion 5 and 1.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improve the development of staff which should result in improved outputs and better customer satisfaction.</li> <li>▪ Annual Performance Indicators</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implementation of the IIP Action Plan.</li> <li>▪ Third party Assessment by April 2001.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Third Party Accreditation for IIP</li> <li>▪ Increased Customer satisfaction rating.</li> </ul>	Service Plan
7. Introduction of a pilot scheme for electronic tendering.	<ul style="list-style-type: none"> <li>▪ Achieve efficient tendering.</li> <li>▪ Criterion 1.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved tendering procedures by eliminating posting time and reducing paper documentation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establish availability of software and determine procedures.</li> <li>▪ August 2001.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tenders received via e-mail and reduction in paper documentation.</li> </ul>	
8. Review Pre and Post Training Evaluation and Documentation	<ul style="list-style-type: none"> <li>▪ Complaints that the current system was time consuming and ineffective.</li> <li>▪ Criterion 5.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To allow evaluation to be carried out more cost effectively.</li> <li>▪ Monitor number of evaluations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To ensure training and staff development are properly evaluated to ensure value for money.</li> <li>▪ March 2001.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Feedback from staff and managers.</li> <li>▪ Valid feedback in training and development.</li> </ul>	IIP Action Plan.
9. Include training as an Agenda item on all Group Meetings and Management Team Meetings.	<ul style="list-style-type: none"> <li>▪ To ensure that training and development is regularly discussed and improved.</li> <li>▪ Criterion 5.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To ensure all staff have the opportunity to participate in discussions on training.</li> <li>▪ To improve the identification of cost effective training.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Immediate inclusion of training on Agendas.</li> <li>▪ Improved take-up of training over the next 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff feedback.</li> <li>▪ Training performance indicator and training budget.</li> </ul>	IIP Action Plan.

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1. Description of the planned improvement.	2. Why has this improvement been chosen and which PMP criteria does it relate to?	3. What is this improvement intended to achieve? This should be both specific and measurable.	4. What are the key project milestones for this improvement? These should detail both relevant actions and timescales.	5. How will you know whether the improvement has achieved what it was meant to?	6. In which of your plans (e.g. service plan) is this improvement detailed?
10. Review Line Managers skills through independent review.	<ul style="list-style-type: none"> <li>▪ Identified as area of concern from Employee Survey.</li> <li>▪ Criterion 5.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improve Line Manager management skills.</li> <li>▪ Improve Employees rating of Managers skills.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify Management shortfalls and arrange appropriate training.</li> <li>▪ Within 6 months (May 2001)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Analysis of Annual Employee Survey.</li> </ul>	IIP Action Plan.
11. Evaluate Training Costs and benefits to the Division.	<ul style="list-style-type: none"> <li>• Lack of evidence to confirm training is value for money.</li> <li>• Criterion 5</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cost effective training.</li> <li>▪ Benefits to be compared with costs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post training evaluation will identify benefits to the Division or otherwise.</li> <li>▪ Annual analysis.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Through annual analysis and cost effective training selection.</li> </ul>	IIP Action Plan.
12. Identify possible forms of recognition.	<ul style="list-style-type: none"> <li>▪ Identified as area of concern in Employee Survey.</li> <li>▪ Criterion 5.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff satisfaction with recognition initiative.</li> <li>▪ Improve employee rating.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All forms of present and proposed recognition to be identified.</li> <li>▪ Proposed implementation Plan agreed with staff.</li> <li>▪ 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Analysis of Annual Employee Survey.</li> </ul>	IIP Action Plan.
13. Timemaster software purchased to assist in production of regular financial monitor reports.	<ul style="list-style-type: none"> <li>▪ Financial control and production of a balanced Revenue budget is essential.</li> <li>▪ Criterion 7</li> </ul>	<ul style="list-style-type: none"> <li>▪ Quicker access to financial information.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop to improve monthly income and expenditure reporting.</li> <li>▪ March 2001</li> </ul>	<ul style="list-style-type: none"> <li>▪ Predictability of cash flow</li> </ul>	Service Plan
14. Process Benchmarking for Minor Works.	<ul style="list-style-type: none"> <li>▪ Identification through Benchmarking that improvements should be considered.</li> <li>▪ Criterion 8.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The processing of minor projects is more cost effective.</li> <li>▪ Reduction in Fees.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Comparison with identified benchmarks.</li> <li>▪ Process Analysis</li> <li>▪ Implementation of new procedures (9 months)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Customer Survey rating</li> <li>▪ Level of fees on benchmark comparison.</li> </ul>	EFQM Action Plan.

## Annex A: List of improvement actions: Service level PMP Audit (Contd)

1. Description of the planned improvement.	2. Why has this improvement been chosen and which PMP criteria does it relate to?	3. What is this improvement intended to achieve? This should be both specific and measurable.	4. What are the key project milestones for this improvement? These should detail both relevant actions and timescales.	5. How will you know whether the improvement has achieved what it was meant to?	6. In which of your plans (e.g. service plan) is this improvement detailed?
15. Process Analysis of Filing system.	<ul style="list-style-type: none"> <li>▪ Three different systems at present.</li> <li>▪ Lack of filing space.</li> <li>▪ Criterion 8.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Common Filing system for the Division.</li> <li>▪ Additional space.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Principal Architect has formed Process Analysis Group to consider problem.</li> <li>▪ 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>▪ If common system developed.</li> <li>▪ Filing space is less critical.</li> </ul>	EFQM Action Plan.
16. Process benchmarking of word processing services.	<ul style="list-style-type: none"> <li>▪ Examine the role of WP operators and identify areas where service can be improved.</li> <li>▪ Criterion 8.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Better utilisation of staff.</li> <li>▪ Integration within teams.</li> <li>▪ Foster cross-skilling</li> </ul>	<ul style="list-style-type: none"> <li>▪ Work continues to be processed out on time.</li> <li>▪ WP staff have variety in their workload.</li> <li>▪ Non-technical assistance is available within teams</li> <li>▪ 6 months</li> </ul>	WP staff and the teams in which they are placed want to continue with the arrangement..	EFQM Action Plan
17. Identify system for producing prompt targets and outcome costs on regular basis to Team Leaders.	<ul style="list-style-type: none"> <li>▪ Chosen to provide Team Leaders with improved information for managing staff.</li> <li>▪ Criterion 9.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Will allow Team Leaders and Management Team to identify areas of concern and identify action to make improvements.</li> <li>▪ Number of projects not achieving target.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop Timemaster software with supplier to ensure relevant Reports can be produced.</li> <li>▪ 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monthly Reports to be available with Project analysis on target and outcome costs.</li> <li>▪ Target will be set to reduce number of defaults.</li> </ul>	EFQM Action Plan.
18. Introduce Project Key Performance Indicators for Sustainable Construction Issues.	<ul style="list-style-type: none"> <li>▪ To ensure Sustainable issues are being addressed.</li> <li>▪ Criterion 9.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Will achieve a measured outcome on the implementation of Sustainable Issues</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify Key Performance Indicators and provide targets on a per project basis.</li> <li>▪ Within 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Year on year improvement on Performance Indicators will be monitored.</li> </ul>	EFQM Action Plan.

**INFORMATION INCLUDED WITH SUBMISSION****(N.B. THIS INFORMATION IS ONLY INCLUDED WITH HARD COPY OF SUBMISSION)****Appendix**

<b>A.</b>	Service Plan (Department and Division)	Criteria 1 + 4
<b>B.</b>	Customer Survey and Analysis Documentation	Criteria 2 + 10
<b>C.</b>	Completed Best Value Reviews 1998/99 and 1999/2000	Criteria 3 + 10
<b>D.</b>	Consecutive Financial Monitoring Reports to Management and Elected Members	Criterion 7
<b>E.</b>	Consecutive Performance Monitoring Reports to Members	Criterion 9
<b>F.</b>	Consecutive Performance Monitoring Reports to Managers	Criterion 9
<b>G.</b>	Architectural Services Division Profile	Criterion 10
<b>H.</b>	Reports to Stakeholders on Survey Results and Analysis	Criterion 10
<b>I.</b>	Sustainable Construction Report to Corporate Management Team	Criterion 10
<b>J.</b>	Sustainable Audits Pro-Forma	Criterion 10
<b>K.</b>	Sustainable Construction Breeam Audit	Criterion 10
<b>L.</b>	EFQM/Continuous Improvement Action Plan	Criterion 11
<b>M.</b>	National Grid for Learning Initiative partnering project that Gained a COSLA Best Team Award 2000	Criterion 1
<b>N.</b>	EFQM Continuous Improvement Group minutes	Criterion 1
<b>O.</b>	Benchmarking service level information with other authorities and the private sector.	Criterion 2
<b>P.</b>	Project with individual Key Performance Indicators	Criterion 2
<b>Q.</b>	Example of Process Mapping used to identify and improve working arrangements.	Criterion 2
<b>R.</b>	Example of a completed Customer Survey form with details from follow-up consultation/interviews.	Criterion 2
<b>S.</b>	Submission to the Secretary of State in December 1997.	Criterion 3
<b>T.</b>	Joint Authority meeting minutes	Criterion 4
<b>U.</b>	Example of staff commendations	Criterion 5

<b>V.</b>	Investors in People action plan and stage of implementation.	Criterion 5
<b>W.</b>	Staff personal development plan portfolio	Criterion 6
<b>X.</b>	Evaluation of Mobile Phones, land lines telephones and pagers	Criterion 6
<b>Y.</b>	Annual budget report	Criterion 7
<b>Z.</b>	Movement for Innovation (M4I) – copy of the case study and Minutes	Criterion 8
<b>AA.</b>	Employee surveys and analysis	Criterion 9
<b>AB.</b>	Disability audit pro-forma	Criterion 10