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Wales Programme for Improvement – Year 6 Implementation Guidance

Chapter 2 – The Audit of the Improvement Plan (including the Performance Indicator and Performance Measurement Audits)

Status of this report

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The Wales Audit Office staff with a query relating to the Wales Programme for Improvement should contact Bernadette Daley at Cathedral Road, Cardiff on 029 2032 0661.

Appointed auditors should contact their in-house audit technical support team in the first instance, who, if necessary, will then contact Bernadette in accordance with the technical support protocol.

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Overview

1. This guidance sets out the framework for the audit of:
 - the 2007/2008 Performance Indicators (PIs);
 - local authorities' performance measurement arrangements; and
 - the 2008 statutory Improvement Plan (IP).
2. The guidance recognises that the Performance Measurement Framework (PMF) introduced in 2005/2006 is maturing and that the Welsh Assembly Government's (the Assembly Government) revised Wales Programme for Improvement (WPI) guidance set out in Circular 28/2005 is now well established.
3. Auditors should note in particular the ongoing development of the PMF resulting in further changes to the definitions of some PIs since 2006/2007 which may impact on the consistency of some data – [Appendix 1](#) summarises where changes have occurred and refers auditors to the Data Unit's [website](#) for more detailed guidance.
4. In 2007, Ffynnon – the new performance management software package – was rolled out across local government. It is a web-hosted system funded by the Assembly Government. All unitary and national park authorities can access Ffynnon though its use is not mandated and authorities do not have to use it. Several authorities may decide to continue with existing systems (mainly Corvu, Performance Accelerator and PBViews). Those authorities that have committed to Ffynnon are at various stages of populating it with their strategic planning frameworks, including PIs. Auditors will need to explore:
 - Whether/how authorities intend to use the system to measure and manage performance;
 - Whether and when authorities might be prepared to give auditors local access to the system.
5. We are discussing, with the Assembly Government and the Data Unit, the implications of Ffynnon for the PI audit in 2009 and beyond. In practical terms, we could continue with the existing arrangements; authorities would submit their data through Ffynnon and the Data Unit would download the information into the data collection forms for submission to the WAO in the normal way. However, we will be taking the opportunity to review the audit approach and methodology to determine whether Ffynnon will allow us to introduce efficiencies by streamlining the arrangements. Any changes will depend on several factors including the extent to which authorities have populated and are using Ffynnon as well as the arrangements for those authorities using alternative systems. Further information will follow in due course.

Performance Measurement Review

6. The Assembly Government's Review of Performance Measurement in Wales led to fundamental changes to the framework. The National Assembly for Wales Performance Indicator (NAWPI) data sets were replaced by new PIs developed as part of the Review. Performance indicators now fall into one of the four indicator sets described in Exhibit 1.

Exhibit 1 – PI Sets

National Strategic Indicators (NSIs)	Twenty-two statutory PIs most of which are based on the previous indicators or data returns and will continue to be reported in IPs. They will also be subject to audit on a risk-assessed basis.
Core Set Indicators (CSIs)	A limited number (52) of core indicators were introduced for 2005/2006, increased to 109 in 2006/2007. Further developments in 2007/2008 have seen refinements to a number of definitions as well as the deletion/replacement of some indicators and the introduction of new ones. The history of each PI is described at Appendix 1. Local authorities must collect and submit the CSI data to the Data Unit but have the flexibility to select which ones they use and report locally. These indicators will not be routinely audited unless: <ul style="list-style-type: none"> • there is a clear risk based on an authority's arrangements; or • auditors are asked to do so by the authority.
Shared outcome indicators	Work on developing the PMF has identified a number of areas in which performance is not the sole responsibility of local authorities but for which measuring outcomes across Wales is important (e.g. improving health, reducing crime). Appropriate indicators for measuring shared outcomes will feature in the development of cross-sector local service boards and local delivery agreements.
Standardised survey questions	The Data Unit offers advice and guidance on survey development including standardised questions.
Local PIs/Management Information	These indicators will continue to be set individually by local authorities.

7. During the year, the Wales Audit Office will continue to work with authorities on the robustness of performance measurement systems and in further developing balanced sets.

Welsh Assembly Government Circular 28/2005

8. In December 2005, the Assembly Government issued revised WPI guidance in Circular 28/2005 which supersedes that contained in Circular 18/2002. Specifically in the context of this chapter, the revised framework:
- places an increased emphasis on using performance information within authorities to secure continuous improvement and to engage with the public and stakeholders; and
 - incorporates new arrangements for the development and publication of IPs.

The Improvement Plan

9. Under the Local Government Act 1999 (the Act), each local and national park authority is required to prepare and publish a Best Value Performance Plan (BVPP) with an assessment of its performance. The Plan must also set out the authority's position in relation to its statutory duty 'to make arrangements to secure continuous improvement to the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness'. The Assembly Government's Circular 18/2002 replaced the BVPP with a statutory IP.
10. Circular 28/2005 gives local authorities more flexibility in their arrangements for publishing WPI-related information. Authorities should now make information available at two stages, recognising the wide range of audiences involved in the accountability framework and acknowledging that a single IP cannot incorporate all relevant information in an appropriate and timely way.
11. **Stage 1** coincides with the conclusion of the annual business planning cycle. Circular 28/2005 notes that this should be made available at or near the start of the business year (i.e. April or May). The information to be made available would normally comprise:
 - A summary of the most recent Joint Risk Assessment which has informed business planning.
 - A summary of actions which will be delivered in the current reporting year.
 - Performance targets for the current reporting year.
 - Details of where and how to obtain further information.

There is no requirement to publish a formal report at this stage, the emphasis being on making information available.
12. **Stage 2** coincides with the availability of final, audited, performance data, likely to be in the third quarter of the reporting year, which will enable authorities to report retrospectively on performance as well as their key risks and challenges. This document constitutes the statutory IP under Section 6 of the Act. Authorities are responsible for:
 - the preparation of their improvement plan and for the information and assessments set out within it;
 - establishing appropriate performance management and internal control systems from which information and assessments contained within plans are derived; and
 - ensuring that they have the capacity and capability needed to manage change and improvement.
13. The form and content of statutory IPs are prescribed in Section 6 of the Act and in Circular 28/2005. They must contain:
 - A summary of the authority's long-term strategic objectives.
 - A commentary on performance in the previous reporting year, highlighting progress towards key objectives and the extent to which key risks have been addressed. This must be supported by out-turn performance information including:

- audited data for all national strategic indicators with current and future targets; and
 - data for other indicators that illustrate progress towards key objectives and/or alleviation of key risks.
 - A summary of the key improvement issues, drawing on the most recent risk assessment.
 - Full details of where to obtain further information.
14. Section 6 of the Act requires authorities to publish their IPs and, under the terms of the revised Assembly Government guidance, the statutory publication deadline is **31 October 2008**. However, authorities are free to publish at any point before that date if the information is available and the plan has been approved.
15. Auditors will want to satisfy themselves that, in combination, the information made available at stages 1 and 2 presents a coherent and balanced picture of performance and priorities for improvement. They will comment on this in the Annual Letter (AL).
16. Reports on the IP audit will be included in the AL and must be sent to the Wales Audit Office and authorities by **30 November 2008**. If the AL is not ready for issue by that date, auditors will issue the certificate outlining their opinion separately by the end November deadline.

Improvement agreements

17. Policy agreements between individual local authorities and the Assembly Government set out what each authority aimed to achieve as its key contributions towards shared strategic priorities, over a three year period. Performance indicators related to the agreements were incorporated within the NSIs and were treated as high risk for PI audit purposes.
18. The last round of policy agreements came to an end in March 2007 without replacement. Discussions are ongoing about the development of Improvement Agreements (IAs) which will allow the Welsh Assembly Government to pay an Improvement Agreement Grant (IAG) over an initial period of two years starting in 2008/2009. The Agreements are expected to encompass activities aligned with the four strategic objectives in 'One Wales' and will require local authorities to focus their improvement activity around two outcomes per strategic objective where change and progress is most required. Whilst the detailed arrangements for developing and reviewing IAs are not yet in place, auditors should note that:
- During the summer 2008 the Wales Audit Office will be reviewing the content of IAs to ensure that they are aligned with authorities' improvement activities and that the sources of evidence selected are appropriate and capable of informing robust judgements on progress. It is likely that authorities will be expected to include IAs in their 2008/2009 improvement plans. We will issue further guidance on any additional audit requirements when we have completed work on the assessment methodology.
 - Payment of IAG will be made for progress towards outcome targets set against individual performance indicators and other measures of improvement. The payment made to an individual authority will be proportionate to their demonstrating that outcomes are being delivered. The

underlying methodology for these arrangements is currently being finalised but is likely to impact on the audit of the 2008/2009 PIs in 2009 and will be covered in next year's implementation guidance.

National Statistics Code of Practice

- 19.** The Code of Practice establishes a set of principles and standards governing the collection, publication and use of statistics to maintain their quality and integrity and public confidence in them. Release arrangements are expected to be open and pre-announced. The Code is supported by 12 protocols describing how the principles and standards are to be implemented in practice.
- 20.** The Wales Audit Office receives local authorities' National Strategic performance information purely for the purposes of the Improvement Plan audit. The PI risk assessment templates for each authority include (pre-audit) comparative data for all 22 authorities to support auditors' judgements on the consistency and comparability of individual PIs. That comparative information is subject to a pre-release protocol with the Data Unit and is not to be used for any purpose other than the PI audit until after the official publication date in October 2008. Any proposals to use comparative data for purposes outside the Improvement Plan audit (eg, to inform audit and inspection work) must be cleared in advance with the Data Unit via [Bernadette Daley](#).
- 21.** The Core Set Indicators – which are not subject to statutory audit – will be shared with the Wales Audit Office and other inspectorates as appropriate in August, after they have been validated and signed-off by authorities. Those indicators are also subject to the pre-release protocol and, similarly, must not be used without prior agreement.

The 2007/2008 Performance Indicator Audit

Data collection, distribution and support

Project Plan

22. [Appendix 2](#) sets out the Project Plan for the collection, audit and reporting of the 2007/2008 PIs which is broadly in line with that for 2007. There is one data collection exercise covering the NSIs and CSIs.
23. Deadlines for authorities to complete the forms and return them to the Data Unit are:
 - 16 May for the NSIs; and
 - 13 June for the CSIs.
24. Following receipt of the completed forms, the Data Unit will send the NSI data to the Wales Audit Office to distribute to external auditors. For the three authorities whose data will be available through Ffynnon, the Data Unit will download the information into the data collection forms for submission to the Wales Audit Office in the normal way. The PIRATs for these authorities will remind auditors to check the data before beginning the audit.
25. Guidance on undertaking the audit, including the quality assurance arrangements, is set out in paragraphs 31 to 68.
26. Auditors must provide feedback on the outcome of the audit to the authority. Auditors must also return the updated PIRAT and the Auditors' Report and Schedule ([Appendix 6](#)) to the Wales Audit Office no later than **21 July 2008**. All returns should be made electronically to [Melanie Williams](#) copied to [Kate Febry](#). Comparative data will be available from the Data Unit on 15 August.
27. For those authorities publishing their IPs before audited data is due to be returned to the Wales Audit Office, auditors will need to:
 - agree locally the timescales for delivering the audit; and
 - remind authorities of the timescales for returning the data to the Data Unit with which they still need to comply.
28. Where authorities are publishing their IPs before the availability of comparative data, relationship managers may wish to comment on the appropriateness of this in the Annual Letter.

Help and support

29. Queries on PI definitions should be checked against the [guidance](#) on the Data Unit's website. If you need any further help or clarification, check the Data Unit's [Frequently Asked Questions](#) page in the first instance or contact the helpline (telephone: 029 2090 9558; e-mail: pienquiries@dataunitwales.gov.uk).
30. As in previous years, the Wales Audit Office will provide guidance and updates to appointed auditors as appropriate. Please contact [Melanie Williams](#) or [Kate Febry](#) at the Wales Audit Office if you have any queries on the PI audit.

The audit of performance indicators

31. Full guidance on PIs, including definitions, can be found on the Data Unit's [website](#).

National strategic indicators 2007/2008

32. The 22 NSIs which apply for 2007/2008 are set out in the Local Government (Best Value PIs) (Wales) Order 2005 (Welsh Statutory Instrument 2005 No. 665) of the National Assembly of Wales (the National Assembly). This was made on 8 March 2005 and is supported by [definitions](#) issued by the Data Unit.
33. Local authorities are under a legal duty to collect and report on all of these indicators, as audited out-turn data in 2008/2009 statutory IPs (although no such indicators currently apply to national park authorities).
34. The 2007/2008 NSI definitions are listed in [Appendix 1](#) which also indicates the history of individual PIs since 2005/2006. Full guidance is available from the Data Unit [website](#).
35. The NSIs are subject to external audit on a risk-assessed basis. Authorities are required to submit out-turn data for audit purposes. There may be circumstances in which some authorities provide estimated data. The appointed auditor will need to come to a view on the reasons for this and report on it on the PI schedule and in the AL.
36. Auditors are required to complete the risk assessment of performance information (PIRAT) to direct the audit of PIs to the high and medium-risk indicators. When completing the risk assessment auditors may consider the following factors:
- the results of the analytical review in the PIRAT;
 - whether the indicator is new or a previously existing indicator with a revised definition;
 - the results of quality-assurance checks on authorities' data recording systems;
 - Cumulative Audit and Inspection Knowledge and Experience (CAIKE); and
 - politically sensitive PIs.
37. Three authorities have accepted the option to submit their 2007/2008 data in Ffynnon. The Data Unit will download the data into the Excel data collection returns and submit them to the Wales Audit Office in the normal way. Client managers of the three authorities concerned have been notified separately and the PIRATs for those authorities will include a note reminding auditors that they may want to confirm the accuracy and completeness of the data before proceeding with the risk assessment and audit.
38. In selecting individual PIs to audit, auditors may wish to consider applying the criteria in Exhibit 2.

Exhibit 2: Criteria for auditing PIs

For:	Apply these criteria:
<p>The NSIs where there has been a significant change in the authority's out-turn.</p> <p>Any PI that auditors have reason to question from their risk analysis of the system used to collect the data, or the way in which the data has been used to produce the indicator.</p>	<ul style="list-style-type: none"> • Have the correct definitions been used? • Has the data for the year been collected? • Is there an audit trail, supporting documentation or other physical evidence? • Is the out-turn information consistent with source documents such as final accounts, RO forms or CIPFA returns etc? • Has the information in the source documents been derived from the authority's underlying records (which will normally be in the form of a listing or extract from the relevant database)? • Has the out-turn information been calculated correctly?

39. Where the wrong definitions have been used, auditors should note the error, the impact on performance reporting and the measures in place to address them.
40. The NSI Audit Overall Testing Schedule in [Appendix 4](#) provides further guidance on assessing the risk level of PIs, including the accuracy of performance information and the results of Internal Audit (IA) work undertaken on PIs. It also provides a checklist for completing the risk assessment.
41. On completion of the risk assessment and selection of the PIs for audit, the updated PIRAT must be sent to [Melanie Williams](#) (copied to [Kate Febry](#)) for consistency checking by 20 June.
42. [Appendix 5](#) is the suggested programme for the NSI audit. It provides a methodology incorporating the above criteria for risk assessing and selecting indicators for review. Suppliers may wish to use this selection and/or testing methodology, which involves:
- the identification and evaluation of the controls in the system designed to collect the data as per the definition;
 - compliance testing of these controls to provide assurance that the system is collecting and analysing the required data; and
 - where an indicator is assessed as being high risk testing the data in the system on a sample basis.

National strategic indicators for Waste Management

43. WasteDataFlow (WDF) is a web based system for municipal waste data reporting by UK local authorities to government. The aim is to gradually replace the various and often repetitive waste questionnaires issued to local authorities by

government, departments, agencies, institutions and organisations with one essential data set. WDF is designed to:

- allow faster and more accurate data collection of municipal waste statistics, more regularly and efficiently;
 - enhance local data management for reporting and strategic planning purposes;
 - offer streamlined access to performance benchmarking with other authorities.
44. Further information is available from the [website](#).
45. The Auditor General for Wales' (the Auditor General) Communication 21-2007 explained that WDF is the nationally accepted means by which local authorities' performance in recycling, composting and treating municipal waste is verified. The Auditor General acceded to the Assembly Government's request that appointed auditors no longer audit the two Waste Management NSIs but should instead place reliance on the work of WDF in relation to NS15 and NS16 in line with Paragraph 53 of the Code of Audit and Inspection Practice. These arrangements are in line with those agreed between the Department for Environment, Food and Rural Affairs (DEFRA) and the Audit Commission in England.
46. The audit of the 2006/2007 PIs was the first year in which these new arrangements applied and we have reviewed them with the Assembly Government and Environment Agency. The arrangements for the 2007/2008 data collection of NS15 and NS16 are:
- Authorities submit their data via WDF within one month of the end of each quarterly period.
 - During the course of the following month the Environment Agency validates the data and resolves any errors.
 - Validated data is returned to the authorities and sent to the WLGA for comment.
 - Final quarterly data is issued to authorities approximately six weeks after their reporting deadline.
47. WDF will submit 2007/2008 outturn data to the LGDU by 2 June and will liaise with the Data Unit on any subsequent amendments agreed with authorities. By 10 July, WDF will provide the WAO with a letter of representation for each local authority that confirms the audited data and describes the audit process. Those letters will be issued to auditors by 14 July.
48. Auditors should note that WDF does not, at the data collection and verification stage:
- review authorities' data collection and validation arrangements or check the data against primary documentation. However, two officers from Environment Agency Wales conduct audits later in the year and are happy to share their findings if auditors would find that helpful (Contact [Andy Barbati](#) or [Dafydd Hill](#) at the Environment Agency);
 - undertake detailed checks against the PI definitions, though the system is set up to support reporting in line with those definitions.

If auditors have any concerns about either of these aspects in respect of their authorities they will need to consider whether additional checks are required. In arriving at a decision, auditors are advised to discuss their concerns with the WDF team in the first instance – roles and contact details are at appendix 8. The Landfill Allowance Officers may be able to resolve the issues without the need for further work or, alternatively, address them via their own audit arrangements.

National strategic indicators and core set indicators for delayed transfers of care

49. The Data Unit has highlighted concerns about auditors' expectations of local authorities in respect of supporting evidence for their returns against:
- national strategic indicators SCA/001 – the rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over; and
 - core set indicators SCA/011 – the percentage of delayed transfers of care due to:
 - healthcare reasons;
 - social care reasons; and
 - other reasons.
50. The data required for these PIs can either be collected locally or gathered centrally from NHS Wales' Health of Wales Information Service (HOWIS). There are issues about the accuracy of the HOWIS data in respect of these PIs which we will pursue centrally with the Assembly Government. In the meantime, auditors will need to take account of the following:
- For the **social care** element – authorities should use data that they can evidence given that they provide the source data for HOWIS.
 - For the **healthcare** element – data is provided to HOWIS by NHS Trusts and local authorities are not usually in a position to evidence the robustness of the information, despite local discussions to agree the data. If, following the risk assessment, auditors decide to audit this indicator, they should adopt a pragmatic approach and the wording of any qualification will need to be precise in referring to the healthcare element of the PI.

Core set indicators 2007/2008

51. The 2007/2008 CSI definitions are also listed at [Appendix 1](#). Guidance and definitions are available from the Data Unit [website](#).
52. Circular 28/2005 and a letter from the Minister for Finance, Local Government and Public Services to local authorities dated 30 March 2006 reflect an expectation that local authorities will:
- participate fully in the arrangements for the ownership, development, upgrading and updating of the CSIs; and
 - use the data appropriately to account for and explain their activities to citizens and partners, and engage them in the evaluation of progress and the setting of priorities.

They also set out the requirement for all local authorities to collect all the core set PIs. Nevertheless, not all local authorities submit all the CSI data. There is a variety of reasons for this, including:

- the inclusion of new indicators for which authorities do not have in place appropriate data collection and validation arrangements and for which the cost is prohibitive; or
- authorities deciding not to collect data which they do not find useful.

53. However, the Assembly Government guidance emphasises the importance of comparability across Wales and over time. It insists that no authority can participate fully in the WPI by acting in isolation, and that doing so would normally constitute a material risk.

54. Consequently, whilst it is for individual authorities to decide which of the CSIs they use to report on and explain performance where they have not collected one or more CSIs, auditors should comment in the AL on:

- which indicators have not been collected and why; and
- whether the authority is putting/has put in place arrangements to collect them in future years.

Auditors will need to take a view on the extent of any risk associated with a failure to meet the requirement to collect and submit all the CSI data.

55. When considering which of the CSIs and local PIs authorities intend to include and report on locally, auditors must be aware of the need to retain time series trend data on performance information in order to demonstrate continuous improvement.

56. There is no statutory requirement to audit the CSIs although there are circumstances in which auditors may choose to do so, for example:

- if any authority asks for these indicators to be audited; and
- if auditors are concerned about the robustness of the systems in place for collection and validation of the indicators.

57. The Wales Audit Office is aware of concerns with the accuracy of some of the data collected as part of the core set and with the consistency with which definitions are being applied by different authorities. We are reviewing the 2006/2007 data returns to identify the nature and scope of any anomalies and will incorporate the 2007/2008 data into that review when it becomes available.

58. We have already highlighted issues with the base data used to calculate the sickness absence figures for 2006/2007 – these were described in last year’s audit guide which highlighted examples of:

- the full-time employees figure being larger than the headcount figure;
- the number of full-time employees being proportionately lower than expected in comparison to headcount;
- the full-time employees and headcount figures being the same.

59. The Data Unit is aware of these anomalies and will address them through its data validation exercise for the 2007/2008 dataset. However, appointed auditors will need to consider, in the context of the robustness of the local authority’s data collection and validation arrangements, whether more detailed work is needed in respect of these indicators and any others that use this base data.

60. We are not prescribing an ‘ideal’ sample size for any audit of the CSIs. Auditors will need to use their judgement about the breadth and depth of the audit based on authorities’ performance measurement arrangements (paragraphs 70 to 81 below). However, auditors will need to consider whether, if authorities are intending to include CSIs in their improvement plans (and particularly in the public summary), a more detailed examination of their collection and validation arrangements is warranted in line with the criteria at exhibit 2. The CSI data collection and verification timetable may limit the scope for detailed work during the formal audit in June and July but work can be undertaken as part of the periodic updating of the Joint Risk Assessment (JRA).
61. There are no separate reporting arrangements for any audit of the CSIs but, in addition to informing the JRA, they will be commented on in the AL as part of the performance measurement audit.
62. The CSI data will be available from the Data Unit on 15 August and the Data Unit has agreed to share these with the Wales Audit Office and appointed auditors.

Quality assurance

63. The Wales Audit Office will undertake a quality-assurance check at the risk assessment stage and on the completed audits. You must return the PIRAT to [Melanie Williams](#) copied to [Kate Febry](#):
- by 20 June for consistency checking of the NSIs selected for audit; and
 - by 21 July together with the Auditor’s Report and Schedule (Appendix 6).
- Any amended PIs **must** be supported by the revised base data.

Reporting on PIs

64. The audit of the NSIs will inform the:
- Eventual publication of out-turn data by the authorities and the Data Unit.
 - Auditor’s report on the Improvement Plan which will be incorporated into the AL.
 - Qualitative assessment of the council's approach to WPI and continuous improvement by the Relationship Manager.
65. Where auditors find any significant errors in the NSIs, they should, with the agreement of the authority, correct the value reported in the PIRAT and ensure that the correct base data is also recorded for the Data Unit. Where there are such misstatements they should be included in the calculations as set out in the following section (certificate recommendations – paragraphs 64 to 68).
66. Where the authority refuses to amend an inaccurate NSI, the auditor should record the issue and the details on the Schedule to the Auditor’s Report to the Wales Audit Office ([Appendix 6](#)). Auditors should return the Auditor’s Report and Schedule along with the completed PIRAT (showing clearly amended and qualified PIs) to [Melanie Williams](#) copied to [Kate Febry](#) at the Wales Audit Office.
67. Where the PI is incorrect but the correct value of the PI cannot be calculated, for example, where there are system errors or the authority has not retained the

correct records, the auditor should record these issues and details, including qualification, on the PIRAT and the schedule.

Certificate recommendations because of PIs

68. Auditors should consider making recommendations in the audit certificate on the IP, to be reported in the AL, where:
- more than 10 per cent of NSIs are omitted;
 - more than 10 per cent of NSIs are materially misstated (see Paragraph 66);
 - PIs have been omitted or are inaccurate, where there may be, in the opinion of the auditor, intent to conceal poor performance.
69. Breaching these levels should not automatically lead to recommendation(s) in the audit certificate. The levels are indicative of the point at which auditors may wish to consider the possibility. Auditors may exercise their discretion where there are very few PIs to be reported in total, where the inaccuracy is not material to the overall understanding of the performance of the authority.
70. Auditors may find the following guidance helpful in defining when a PI is materially misstated. In general terms, where an auditor concludes that a PI, as reported in the IP, is misstated by more than 15 per cent, the misstatement may be considered material. We suggest for consistency that the misstatement is calculated thus:
- | | | |
|---------------------|---|--|
| Reported PI | = | 80 per cent |
| Correct value of PI | = | 90 per cent |
| Error value | = | 10 per cent |
| Misstatement | = | 12.5 per cent (10/80) of the original reported value |
- Leading to a conclusion that the PI is not materially misstated because it is below 15 per cent.
71. However, for some PIs this 15 per cent threshold may be inappropriate such as those with very small numbers or percentages. Judgements on materiality relate to whether the misstatement affects a reader's understanding of the authority's performance against that PI. Auditors may wish to introduce a lower materiality threshold for other PIs depending on local risk factors.
72. Auditors may wish to report the outcome of the PI audit to the authority as soon as work is completed provided it is made clear that the report or memo is not the statutory report on the IP. Auditors may copy their report (Appendix 6) to the authority to support any verbal feedback given.

Performance indicators for 2008/2009

73. Further developments in the PMF mean that for 2008/2009, a number of the 2007/2008 NSIs and CSIs have been amended or deleted following consultation and further consideration by the PMF reference groups and Programme Board. The revised [guidance](#) is available on the Data Unit's website. This is expected to be the final significant amendment to the data sets with the exception of ongoing work to review and refine those covering social care and education.

The Performance Measurement Audit

Authorities' internal verification arrangements

74. Good performance management is crucial if authorities are to deliver improvements to services, and performance measurement and target setting are part of that. Clearly this needs the support of robust systems for collecting, recording, monitoring and producing performance information. This in turn relies on sound internal quality-assurance processes.
75. Given the new emphasis on service arrangements for the collection and use of performance information resulting from the Performance Measurement Review, it is increasingly important to consider corporate and service level arrangements.
76. Auditors have to consider these arrangements, and the checklist at [Appendix 3](#) (part 1) sets out some of the key elements of a 'good practice' quality assurance process. It can be completed at both a corporate and/or a service level, depending on the arrangements in place at each authority. Auditors may wish to ask authorities to complete the checklist as a self-assessment tool but will still need to satisfy themselves that the internal verification arrangements are robust.
77. Once completed, the checklist should be returned to [Bernadette Daley](#) as evidence of the robustness of authorities' systems. Conclusions must be risk-based and agreed as part of the joint risk assessment. They must also be reported in the Annual Letter as part of the report on the IP.

Authorities' balanced indicator sets

78. Circular 28/2005 places greater emphasis on using and reporting performance information to:
 - provide an accurate, consistent and comparable means of measuring past performance, balanced across all areas and services;
 - support the development of measurable targets for improvement; and
 - allow performance to be communicated effectively to all key stakeholders and facilitate their involvement in determining improvement priorities.
79. In addition to reporting performance against the NSIs, authorities are expected to use the CSIs and other data appropriately 'to account for and explain their activities to citizens and partners, and to engage them in the evaluation of progress and the setting of priorities'. Local authorities have a duty to use such information in a value-added way.
80. Circular 28/2005 emphasises that effective improvement depends on the use of performance information that provides an accurate, consistent and comparable means of measuring past performance, balanced across all areas and services for which a local authority is responsible. During the development of the Performance Measurement Framework, there was broad agreement that each core set should be divided into four domains as a reasonable way of developing a balanced set to be used at all levels within authorities as well as being reported publicly.

81. Authorities' balanced sets should, therefore, cover the following perspectives, although they do not have to use these titles for the domains:
 - use of resources;
 - access to services;
 - service quality/delivery; and
 - strategic/policy outcomes.
82. In assessing authorities' arrangements for performance measurement, auditors will focus on how indicators are used to account for and explain performance, with a clear emphasis on moving away from simply reporting lists of indicators.
83. In that respect, auditors should consider:
 - Whether authorities have developed balanced sets of indicators to support performance reporting – if not, what is missing?
 - How authorities are planning to use and report their balanced sets.
 - The robustness of the arrangements for collecting, verifying and reporting performance information.
 - Whether performance measurement is an integral part of performance management.
84. In drawing conclusions on authorities' performance measurement arrangements, auditors will wish to take into account the checklist in [Appendix 3 \(part 2\)](#). Auditors may wish to ask authorities to complete the checklist as a self-assessment tool but will still need to satisfy themselves that the selection, use and reporting arrangements for performance information are robust.
85. Once completed, the checklist should be returned to [Bernadette Daley](#) as evidence of the robustness of authorities' current arrangements. Conclusions must be risk-based and agreed as part of the Joint Risk Assessment which, in line with Chapter 1 of the WPI implementation guidance, should be updated periodically during the year. They must also be reported in the AL as part of the report on the IP.

The 2007/2008 audit of the Improvement Plan

86. The Code of Audit and Inspection Practice defines appointed auditors' 'statutory responsibility to satisfy themselves that audited bodies have put in place proper arrangements to secure economy, efficiency and effectiveness in their use of resources. In meeting this responsibility auditors should review and, where appropriate, examine evidence that is relevant to the audited body's performance management and financial management arrangements and report on these arrangements. Appointed auditors of specified local authorities also have a responsibility to consider, and report on, the audited body's compliance with statutory requirements in respect of the preparation and publication of its Improvement Plan.

The Stage 1 information

87. Paragraph 11 of this guidance details the information that should be made available in Stage 1 of the reporting process. Authorities are not required to publish a formal report at Stage 1 – the emphasis in the Assembly Government's guidance is for information to be made available at the most appropriate time during the reporting year. In practice, authorities have responded to this element of the guidance in a variety of ways from publishing formal reports to, for example, uploading service plans to their external websites. Auditors need to judge whether, in combination, the information made available at stages 1 and 2 presents a coherent and balanced picture of performance and priorities for improvement.
88. In assessing the Stage 1 information, auditors will need to confirm that the outcomes of authorities' business planning and annual assessment processes have been disseminated widely internally and to key external partners. In practice, this means that auditors will need to make judgements on:
- The appropriateness of the Stage 1 information. Is it in line with the scope set out in Paragraph 11 of this guidance? If not, why, and are there omissions which mean that the authority is presenting an unbalanced picture of performance and priorities for improvement?
 - The accessibility of the Stage 1 information. Auditors will need to bear in mind that, for their statutory IPs, authorities are required to signpost information made available in the first stage of reporting. That information must, therefore, be accessible to a wide audience. Auditors will need to judge whether, for example, making full business plans available is appropriate, rather than the summary suggested in Paragraph 11 of this guidance.

The outcome of these deliberations will be reported in the AL.

The Stage 2 Improvement Plan and Summary

89. Circular 28/2005 provides authorities with the flexibility to choose how they communicate and account for performance. Authorities can:

- publish IPs that cover a longer period than one year, provided they are updated annually;
 - publish at any point before the statutory deadline of 31 October 2008 provided that the information published is reliable;
 - use any title or brand, provided that the plan discharges the statutory duty; and
 - include the content of the IP in any other document such as a corporate plan.
90. This increased flexibility is expected to ensure that authorities' planning processes are fully integrated and places on them a responsibility to communicate effectively with the public.
91. The IP is not a compendium of information, and shorter is better than longer. We would expect that IPs would:
- summarise key risks and actions;
 - signpost where further detailed information can be obtained;
 - present, fairly, summaries of an authority's performance position and actions for improvement;
 - indicate how an authority has responded to citizens/users/stakeholders needs and priorities; and
 - include corporate strengths and weaknesses as well as each major service category and cross-cutting themes.
92. The IP should be a strategic plan for improvement to be used throughout the year. It should not be prepared as a year-end compliance exercise for regulators. It should be owned by the whole organisation and must be approved by the full council before publication.

Equalities and sustainability

93. In the WPI context equalities and sustainability are seen as 'key ingredients in effective and efficient performance.....on all levels.....from service delivery to strategic planning and community leadership'. Authorities are expected to reflect these aspects in their annual assessments and their IPs. Auditors are expected to comment on whether the equalities and sustainability aspects of performance have been addressed appropriately in IPs.
94. In the absence of mechanisms to support authorities' assessments in these areas we have encouraged auditors to be pragmatic in their judgements. However, the Welsh Local Government Association (WLGA):
- Has developed an Equality Improvement Framework that replaces the Equality Standard. Using a self-assessment approach, authorities can measure their position against three levels of attainment – 'improving', 'achieving' and 'leading'.
 - Is developing a Sustainable Development Framework to help authorities integrate sustainability considerations into their corporate functions and services. An advisory paper – 'Sustainable Development in the Wales Programme for Improvement' is already available and is supported by a range of other guidance and information including specific modules covering

engagement and communication, procurement and facilities and property management. Ongoing development of the Framework is covering specific services – waste management, housing, education, transport, construction and regeneration.

95. Chapter 1 of this implementation guidance – the Joint Risk Assessment – sets out our expectation that local regulatory teams will explore whether/how authorities are intending to use the new Frameworks to inform their annual assessments and agree on how the assessment outcomes are to be reflected in the JRA. Whilst there is no requirement to report on the equalities and sustainability aspects of performance there is an expectation that authorities will address them “*appropriately within improvement plans*”. As a minimum, we expect this to include:
- The authority’s aims and objectives in respect of these aspects of performance and their contribution to strategic aims;
 - The authority’s approach – whether / how equalities and sustainability are assessed (e.g. are the assessments organised around themes, services or user groups) and reflected in the JRA.
96. The emphasis should not be on complying with the guidance but rather on explaining why equalities and sustainability are important, their relevance to services and the implications for communities. Authorities approaches to assessments are variable (if they are being undertaken at all) and the critical first step is to challenge the annual assessment process that supports the JRA and reporting through the IP.

Efficiency gains

97. Auditors should note that, as part of the improvement planning cycle (and as required in Circular 28/2005), authorities are expected to:
- set specific annual targets for efficiency gains;
 - assess jointly with their regulators any risks to their ability to make efficiency gains, and to put in place suitable measures for managing them; and
 - report and comment in their IPs on the progress made in achieving their targets and managing the risks.
98. The Assembly guidance is clear that efficiency gains planned and reported as part of the WPI process ‘must consist of genuine and sustainable changes to business practices which either yield cash savings or allow more or better services to be provided for the same resource input. Cuts in budgets, including budgets allocated to schools or other third parties, do not of themselves represent efficiency gains, and should not be counted as such.’ The Assembly Government has issued additional guidance under the Making the Connections umbrella.
99. At present, there is no mandated requirement to audit declared efficiency gains for either 2007/2008 or 2008/2009. However, auditors may wish to review an authority’s arrangements or follow up earlier findings as part of their risk-based audit work. Any reservations on the way in which authorities are reporting efficiency gains should be recorded in the Annual Letter.

Public Summary of the Improvement Plan

100. Circular 28/2005 requires authorities to produce a public summary of the IP no later than one month after the full plan. It can be included in any other publication such as an authority-issued newsletter.
101. Whilst the detailed content of the summary is for each authority to decide, it should be fair and balanced and provide a general readership with:
- an overview of the authority's priorities and objectives;
 - a summary of how far they have been met in the past year;
 - a summary of improvement action planned or undertaken in the current year; and
 - details of how to obtain further information, how to provide any comments on performance and how to influence the planning and delivery of services.

Auditing the Improvement Plan

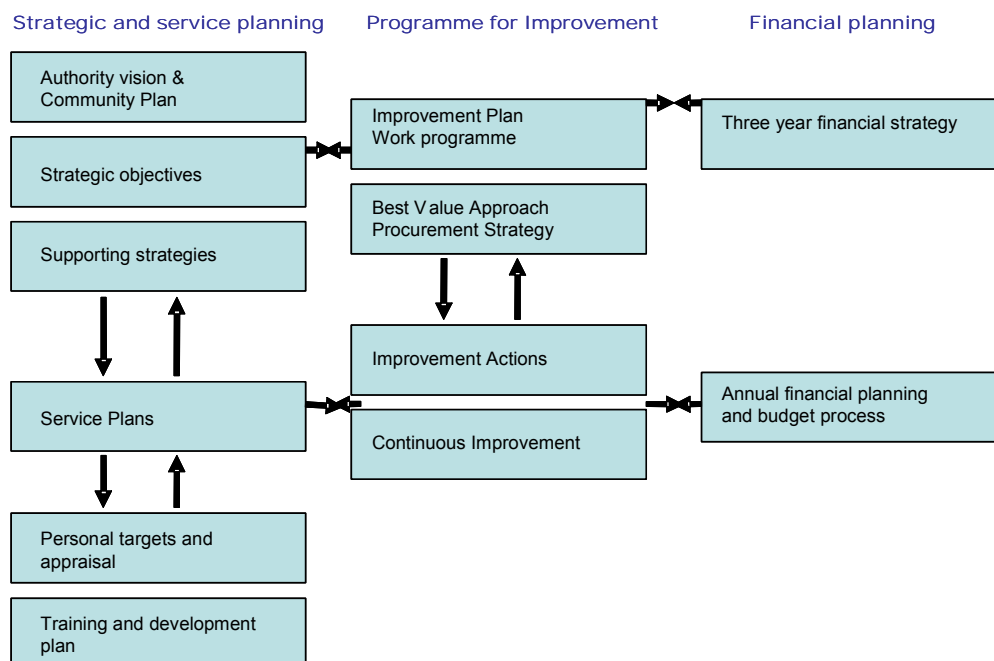
102. The focus of WPI is improving outcomes for citizens and customers. Therefore, the focus of the IP should be to report how well the authority has achieved this objective over the previous year, and the actions it intends to take over the coming year and beyond to drive improvement. Therefore, auditors' work will continue to focus on the authority's capacity for improvement – are the targets and actions for improvement based on reliable evidence, are they appropriate and are they realistic? Wherever possible, auditors are required to take a pragmatic 'substance over form' approach.
103. Auditors are required, under Section 8 of the Act, to carry out an audit of the statutory IP, to certify that they have done so, and to:
- report whether they believe that the IP has been prepared and published in accordance with the statutory requirements set out in Section 6 of the Act and in statutory guidance;
 - recommend, where appropriate:
 - how the plan should be amended so as to accord with statutory requirements;
 - procedures to be followed by the authority in relation to the plan;
 - whether the Wales Audit Office should carry out a Best Value Inspection of the authority under Section 10 of the Act; and
 - whether the Assembly should give a direction under Section 15 of the Act.
104. In line with Circular 28/2005 the audit will also:
- Comment on the overall level of improvement attained.
 - reflect the outcomes of the PI and performance measurement audits;
 - review and comment on the robustness of the joint risk assessment;
 - assess the authority's success in engaging with partners and citizens in setting priorities and accounting for performance;
 - note any failure to reflect regulatory and inspection work; and
 - comment on any variance in the regulators' and the authority's view of risk.

105. The IP Audit Checklist in [Appendix 7](#) is designed to help auditors judge whether plans meet the statutory requirements of the Act and the guidance. The checklist is not intended as a replacement for considering the Act, guidance and statutory instruments, which auditors must still do.
106. Where authorities publish their statutory IPs on or near the 31 October deadline, auditors may need to form their judgements on the basis of the draft plan. In this case, they should note that they have done so in the AL and may need to comment further in the 2009 AL if necessary.
107. Authorities should reflect audited performance data and the regulators' views of risk in the IP Summary. We will not audit the Summary separately but as it provides evidence of the degree of public engagement, auditors will wish to review it after publication. If the IP is published on 31 October, it is likely that the Summary will not be published until 30 November which is the deadline for the AL. In that case, we expect auditors to consider the draft Summary in relation to public engagement.
108. The outcomes of the IP audit will be reported in the AL which will be subject to the Wales Audit Office's internal quality assurance procedures.

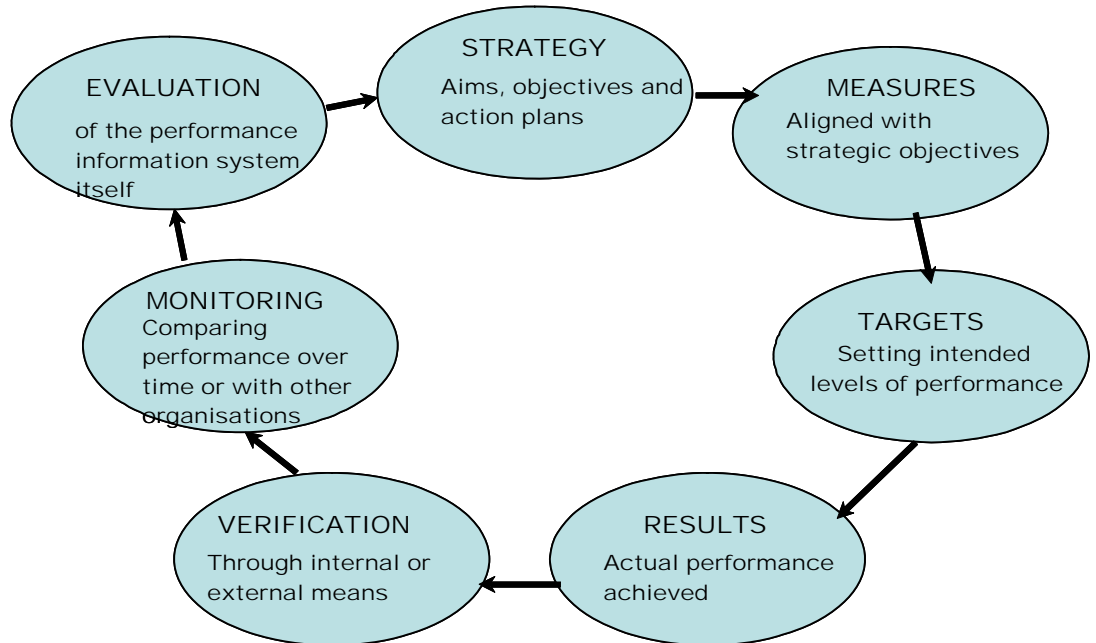
Conclusion

109. The Assembly Government's Guidance emphasises that WPI provides a broad context within which local authorities should operate rather than an extra set of processes that operate in isolation. As such, it is part of the broader framework of governance, accountability and improvement. This points to the need for the improvement planning cycle to be integrated with authorities' existing practices, including service plans and individual objectives. This aligns with the model illustrated in Exhibit 3.

Exhibit 3 – Performance Management Model



110. In essence the improvement plan should be the strategic working document that enables the authority, stakeholders and other readers to identify relationships between corporate and service objectives, performance and targets and to assess whether local services are improving or not, or have the capacity to improve.
111. The operation of the Performance Management Framework depends on the continued successful implementation of the components of performance measurement. Performance measurement is the process of ensuring that an authority pursues strategies that lead to the achievement of overall goals and objectives. Exhibit 4 illustrates these components and their sequence.

Exhibit 4 – Performance Measurement Framework**Performance Management and monitoring using Performance Measurement**

Appendix 1

List of all performance indicators for 2007/2008

Section 1 – National Strategic Indicators

NSI reference	Part	Statutory number	Indicator	PI history
Education				
EDU/001	-	NS9	Percentage of pupil attendance in secondary schools.	Introduced in 2005/2006. Definition amended/clarified for 2006/2007. Definition amended/clarified again for 2007/2008 – check Data Unit website.
EDU/002	ai	NS10	The number of all pupils (including those in local authority care) in any local authority maintained learning setting, who attain the age of 16 during the school year and leave full-time education, training or work-based learning without an approved external qualification.	
EDU/002	bi	NS10	The percentage of all pupils (including those in local authority care) in any local authority maintained learning setting, who attain the age of 16 during the school year and leave full-time education, training or work-based learning without an approved external qualification.	
EDU/002	a ii	NS10	The number of pupils in local authority care in any local authority maintained learning setting, who attain the age of 16 during the school year and leave full-time education, training or work-based learning without an approved external qualification.	
EDU/002	b ii	NS10	The percentage of pupils in local authority care in any local authority maintained learning setting, who attain the age of 16 during the school year and leave full-time education, training or work-based learning without an approved external qualification.	

NSI reference	Part	Statutory number	Indicator	PI history
Education (continued)				
EDU/003	-	NS11	The percentage of pupils eligible for assessment at the end of Key Stage 2, in schools maintained by the local authority, achieving the Core Subject Indicator, as determined by Teacher Assessment.	Introduced in 2005/2006. Definition amended/ clarified for 2007/2008 – check Data Unit website
EDU/004	-	NS12	The percentage of pupils eligible for assessment at the end of Key Stage 3, in schools maintained by the local authority, achieving the Core Subject Indicator, as determined by Teacher Assessment.	Introduced in 2005/2006. Definition amended/ clarified for 2007/2008 – check Data Unit website.
EDU/006	ai	NS14	The number of pupils eligible for assessment, in schools maintained by the local authority, receiving a Teacher Assessment in Welsh (first language) at the end of Key Stage 2.	Introduced in 2005/2006. Definition amended/ clarified for 2007/2008 – check Data Unit website.
EDU/006	bi	NS14	The percentage of pupils eligible for assessment, in schools maintained by the local authority, receiving a Teacher Assessment in Welsh (first language) at the end of Key Stage 2.	
EDU/006	a ii	NS14	The number of pupils eligible for assessment, in schools maintained by the local authority, receiving a Teacher Assessment in Welsh (first language) at the end of Key Stage 3.	
EDU/006	b ii	NS14	The percentage of pupils eligible for assessment, in schools maintained by the local authority, receiving a Teacher Assessment in Welsh (first language) at the end of Key Stage 3.	
EDU/011	-	NS13	The average external qualifications point score for 16 year olds, in learning settings maintained by the local authority.	Introduced in 2005/2006. Reference number changed (from EDU/005) in 2006/2007. Unchanged for 2007/2008.
Social care – adults’ services				
SCA/001	-	NS1	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over.	Introduced in 2005/2006. Unchanged for 2006/2007 and 2007/2008.

NSI reference	Part	Statutory number	Indicator	PI history
Social care – adults’ services (continued)				
SCA/002	a	NS2	The rate of older people (aged 65 or over) helped to live at home per 1,000 population aged 65 or over.	Introduced in 2005/2006. Definition amended/clarified for 2005/2006. Definition amended/clarified again for 2007/2008 - check Data Unit website.
SCA/002	b	NS2	The rate of older people (aged 65 or over) whom the authority supports in care homes per 1,000 population aged 65 or over.	
Social Care – children’s services				
SCC/001	a	NS3	The percentage of first placements of looked after children during the year that began with a care plan in place.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website
SCC/001	b	NS3	For those children looked after whose second review (due at four months) was due in the year, the percentage with a plan for permanence at the due date.	
SCC/002	-	NS4	The percentage of children looked after at 31 March who have experienced one or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.	Introduced in 2005/2006. Definition amended/clarified for 2006/2007. Definition amended/clarified again for 2007/2008 – check Data Unit website.
Housing – homelessness and housing advice				
HHA/001	a	NS5	The number of homeless families with children who have used bed and breakfast accommodation during the year, except in emergencies.	Introduced in 2005/2006. Definition amended/clarified for 2006/2007. Definition amended/clarified again for 2007/2008 – check Data Unit website.
HHA/001	b	NS5	The average number of days all homeless households spend in temporary accommodation.	

NSI reference	Part	Statutory number	Indicator	PI history
Housing – homelessness and housing advice (continued)				
HHA/002	-	NS6	The average number of working days between homeless presentation and discharge of duty for households found to be statutorily homeless.	Introduced in 2005/2006. Definition amended/clarified for 2006/2007. Definition amended/clarified again for 2007/2008 – check Data Unit website.
Housing – private sector renewal				
PSR/001	-	NS7	The percentage of unfit private sector dwellings made fit, closed or demolished through direct action by the local authority.	Introduced in 2005/2006 and unchanged for 2006/2007 and 2007/2008.
Housing – Supporting People				
SPP/001	i	NS8	The average number of units of housing-related support, per 1,000 head of population – floating support.	Introduced in 2005/2006. Definition amended/clarified for 2006/2007. Unchanged for 2007/2008.
	ii		The average number of units of housing-related support, per 1,000 head of population – direct access.	
	iii		The average number of units of housing-related support, per 1,000 head of population – temporary accommodation.	
	iv		The average number of units of housing-related support, per 1,000 head of population – permanent accommodation.	Introduced in 2005/2006. Definition amended/clarified for 2006/2007. Unchanged for 2007/2008.
	v		The average number of units of housing-related support, per 1,000 head of population – sheltered accommodation for older people.	
	vi		The average number of units of housing-related support, per 1,000 head of population – community alarm services.	

NSI reference	Part	Statutory number	Indicator	PI history
Waste management				
WMT/001	ai	NS15	The total tonnage of municipal waste reused and/or recycled.	Introduced in 2005/2006. Definition amended/ clarified for 2006/2007. Unchanged for 2007/2008.
WMT/001	bi	NS15	The percentage of municipal waste reused and/or recycled.	
WMT/001	a ii	NS15	The total tonnage of municipal waste composted or treated biologically in another way.	
WMT/001	b ii	NS15	The percentage of municipal waste composted or treated biologically in another way.	
WMT/002	a	NS16	The total tonnage of bio-degradable municipal waste sent to landfill.	Introduced in 2005/2006. Definition amended/ clarified for 2006/2007. Unchanged for 2007/2008.
WMT/002	b	NS16	The percentage of bio-degradable municipal waste sent to landfill.	
Transport and highways				
THS/010	a	NS17	Condition of principal (A) roads.	NEW – replaces THS/001 (NS17) originally introduced in 2005/2006.
THS/010	b	NS17	Condition of non-principal/classified roads.	
Public protection				
PPN/001	ai	NS18	The number of high-risk businesses liable to a programmed inspection or alternative enforcement activity during the year for trading standards.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/ clarified for 2007/2008 – check Data Unit website.
PPN/001	a ii	NS18	The number of high-risk businesses liable to a programmed inspection or alternative enforcement activity during the year for food hygiene.	
PPN/001	a iii	NS18	The number of high-risk businesses liable to a programmed inspection or alternative enforcement activity during the year for animal health.	

NSI Reference	Part	Statutory number	Indicator	PI history
Public protection (continued)				
PPN/001	aiv	NS18	The number of high-risk businesses liable to a programmed inspection or alternative enforcement activity during the year for health and safety.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website
PPN/001	bi	NS18	The percentage of these high risk businesses that were liable to a programmed inspection or alternative inspection activity that were inspected/subject to alternative enforcement activity, for trading standards.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website
PPN/001	bii	NS18	The percentage of these high risk businesses that were liable to a programmed inspection or alternative inspection activity that were inspected/subject to alternative enforcement activity, for food hygiene.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website
PPN/001	biii	NS18	The percentage of these high risk businesses that were liable to a programmed inspection or alternative inspection activity that were inspected/subject to alternative enforcement – activity, for animal health.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website

NSI Reference	Part	Statutory number	Indicator	PI history
Public protection (continued)				
PPN/001	biv	NS18	The percentage of these high risk businesses that were liable to a programmed inspection or alternative inspection activity that were inspected/subject to alternative enforcement activity, for health and safety.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website
Energy efficiency				
EEF/001	a	NS19	Percentage change in carbon-dioxide emissions in the non domestic public stock.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website
EEF/001	b	NS19	Percentage change in energy use and carbon-dioxide emissions in the housing stock.	
Housing benefit and council tax benefit				
BNF/001	a	NS20	Housing Benefit security: the number of claimants visited, per 1,000 caseload.	Introduced in 2005/2006 and unchanged since.
BNF/001	b	NS20	Housing Benefit security: the number of fraud investigators employed per 1,000 caseload.	
BNF/001	c	NS20	Housing Benefit security: the number of fraud investigations per 1,000 caseload.	
BNF/001	d	NS20	Housing Benefit security: the number of prosecutions and sanctions per 1,000 caseload.	
BNF/002	a	NS21	Speed of processing: average time for processing new claims.	Introduced in 2005/2006 and unchanged since.
BNF/002	b	NS21	Speed of processing: average time for processing notification of changes of circumstances.	
BNF/003	a	NS22	Accuracy of processing: the percentage of cases for which the calculation of the amount of benefit due was correct on the basis of the information available for the decision for a sample of cases checked post decision.	Introduced in 2005/2006 and unchanged since.
BNF/003	b	NS22	Accuracy of processing: the percentage of Housing Benefit overpayments recovered.	

Section 2 – Core set indicators

CSI Reference	Part	Indicator	PI history
Corporate health – human resources			
CHR/001		The percentage of employees (including teachers and school-based staff) who leave the employment of the local authority, whether on a voluntary or involuntary basis.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
CHR/002	-	The number of working days/ shifts per Full Time Equivalent (FTE) local authority employee lost due to sickness absence.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
CHR/003	-	The number of ill-health retirements as a percentage of the local authority's workforce.	Introduced in 2005/2006 and unchanged for 2006/2007. DELETED for 2007/2008
CHR/004	-	The percentage of local authority employees from minority ethnic communities.	Introduced in 2005/2006 and unchanged since.
CHR/005	-	The percentage of local authority employees declaring that they are disabled under the terms of the Disability Discrimination Act 1995.	Introduced in 2005/2006 and unchanged since.
Corporate health – financial health			
CFH/003	-	The percentage increase in the county/county borough band D council tax.	Introduced in 2005/2006 and unchanged in 2006/2007. DELETED for 2007/2008
CFH/006	-	The percentage of undisputed invoices which were paid within 30 days.	Introduced in 2005/2006 and unchanged since

CSI Reference	Part	Indicator	PI history
Corporate health – financial health (continued)			
CFH/007	-	The percentage of council tax due for the financial year which was received by the authority.	Introduced in 2005/2006 and definition amended for 2006/2007. Unchanged for 2007/2008
CFH/008	-	The percentage of non-domestic rates due for the financial year which was received by the authority.	Introduced in 2005/2006 and definition amended for 2006/2007. Unchanged for 2007/2008
CFH/009	-	The amount of total debts outstanding, that are older than three months, as a percentage of the total sundry debt raised in the year.	Introduced in 2006/2007. DELETED for 2007/2008
CFH/010	-	The cost of servicing unsupported borrowing as a percentage of the total amount of council tax required for the year.	Introduced in 2006/2007. DELETED for 2007/2008
CFH/011	-	Level of general fund reserves a) earmarked, b) unallocated and c) both earmarked and unallocated, as a percentage of the annual budget requirement.	Introduced in 2006/2007. DELETED for 2007/2008
Corporate health – asset management			
CAM/001	ai	The percentage of the gross internal area of the local authority's buildings in condition category A (good).	NEW
CAM/001	aii	The percentage of the gross internal area of the local authority's buildings in condition category B (satisfactory).	NEW
CAM/001	aiii	The percentage of the gross internal area of the local authority's buildings in condition category C (poor).	NEW
CAM/001	aiv	The percentage of the gross internal area of the local authority's buildings in condition category D (bad).	NEW
CAM/001	bi	The percentage of the total value of required maintenance for the local authority's buildings assigned to works of priority level 1 (urgent works).	NEW
CAM/001	bii	The percentage of the total value of required maintenance for the local authority's buildings assigned to works of priority level 2 (essential work).	NEW

CSI Reference	Part	Indicator	PI history
Corporate health – asset management (continued)			
CAM/001	biii	The percentage of the total value of required maintenance for the local authority’s buildings assigned to works of priority level 3 (desirable work).	NEW
CAM/002	a	The cost of energy use in all operational buildings per m ² of gross internal area (GIA).	NEW
CAM/002	b	The cost of energy use in all operational buildings per m ² of gross internal area (GIA).	NEW
Education			
EDU/007	-	Percentage of pupil attendance in primary schools.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
EDU/008	a	The number of pupils permanently excluded during the year per 1,000 pupils from primary schools.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
EDU/008	b	The number of pupils permanently excluded during the year per 1,000 pupils from secondary schools.	
EDU/009	a	The average number of school days that permanently excluded pupils did not receive an offer of full-time appropriate education provision during the year.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
EDU/009	b	The average number of school days that permanently excluded pupils did not receive an offer of part-time appropriate education provision during the year.	
EDU/010	a	The percentage of school days lost due to fixed-term exclusions during the year, in primary schools.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
EDU/010	b	The percentage of school days lost due to fixed-term exclusions during the year in secondary schools.	

CSI reference	Part	Indicator	PI history
Education (continued)			
EDU/012	-	The percentage of Key Stage 2 primary school classes with more than 30 pupils.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
EDU/013	-	The number of pupils per teacher in primary schools maintained by the local authority.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
EDU/014	-	The number of pupils per teacher in secondary schools maintained by the local authority.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
Social care – adults’ services			
SCA/003	a	The percentage of clients who are supported in the community during the year, who are aged 18-64.	Introduced in 2005/2006. Guidance amended for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/003	b	The percentage of clients who are supported in the community during the year, who are aged 65+.	
SCA/004	-	The percentage of enquiries that trigger an assessment.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/005	-	The average number of working days between initial enquiry and completion of the care plan.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.

CSI reference	Part	Indicator	PI history
Social care – adults’ services (continued)			
SCA/006	-	The average number of working days taken from completion of the care plan to provision and/or installation of aids/equipment.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/007	-	The percentage of clients with a care plan at 31 March whose care plans should have been reviewed that were reviewed during the year.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/008	a	The number of adult protection referrals received during the year per 1,000 population aged 18+.	Introduced in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/008	bi	Of the adult protection referrals completed during the year, the percentage that lead to an adult protection investigation.	
SCA/008	bii	Of the adult protection referrals completed during the year, the percentage that were admitted or approved.	
SCA/008	biii	Of the adult protection referrals completed during the year, the percentage where the client or their property is no longer at risk.	
SCA/009	-	The rate per 1,000 adults (aged 18+) receiving a service in the community who receive a direct payment.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/010	-	The rate per 1,000 adult clients assessed during the year who are provided with assistive technology as part of a package of care.	New in 2006/2007. Unchanged for 2007/2008.
SCA/011	a	The percentage of delayed transfers of care due to healthcare reasons.	New in 2006/2007. DELETED FOR 2007/2008
SCA/011	b	The percentage of delayed transfers of care due to social care reasons.	
SCA/011	c	The percentage of delayed transfers of care due to other reasons.	

CSI reference	Part	Indicator	PI history
Social care – adults’ services (continued)			
SCA/012	a	The percentage of carers of adult service users identified during the year who were offered an assessment.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/012	b	The percentage of carers of adult service users identified during the year who had an assessment.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/012	c	The percentage of carers of adult service users identified during the year who had an assessment which was an assessment in their own right.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/012	d	The percentage of carers of adult service users identified during the year who were assessed who were provided with a service.	
SCA/012	e	The percentage of carers of adult service users identified during the year who are awaiting assessment.	
SCA/013	a	The number of WTE staff in post, per 10,000 population aged 18+, who are registered social workers for adults.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCA/013	b	The number of WTE staff in post, per 10,000 population aged 18+, who are occupational therapists employed or funded by Social Services.	
SCA/013	c	The number of WTE staff in post, per 10,000 population aged 18+, who are other staff undertaking assessments, care management and review activities employed or funded by Social Services.	
Social care – children’s services			
SCC/004	-	The percentage of children looked after on 31 March who have had three or more placements during the year.	Introduced in 2005/2006 and unchanged since.
SCC/006	-	The percentage of referrals during the year on which a decision was made within one working day.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.

CSI reference	Part	Indicator	PI history
Social care – children’s services (continued)			
SCC/007	a	The percentage of referrals during the year that were allocated to a social worker for initial assessment.	New in 2006/2007.
SCC/007	b	The percentage of referrals during the year that were allocated to someone other than a social worker for initial assessment.	Definition amended/clarified in 2007/2008 – check Data Unit website.
SCC/007	c	The percentage of referrals during the year that did not proceed to allocation for initial assessment.	New for 2007/2008
SCC/008	a	The percentage of initial assessments carried out within seven working days.	New in 2006/2007.
SCC/008	b	The average time taken to complete initial assessments that took longer than seven working days to complete.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/009	a	The percentage of required core assessments carried out within 35 working days.	New in 2006/2007.
SCC/009	b	The average time taken to complete those required core assessments that took longer than 35 days.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/010	a	The percentage of referrals that are re-referrals within 12 months.	New in 2006/2007.
SCC/010	b	The percentage of referrals during the year where the child had been on the CPR or who had been looked after during the previous 12-month period.	Unchanged for 2007/2008.
SCC/011	a	The percentage of initial assessments that took place during the year where there is evidence that the child has been seen by the Social Worker.	New in 2006/2007.
SCC/011	b	The percentage of initial assessments that took place during the year where there is evidence that the child has been seen alone by the Social Worker.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/012	a	The percentage of initial assessments taking place during the year where ethnicity is recorded.	New in 2006/2007.
SCC/012	b	The percentage of initial assessments taking place during the year where religion is recorded.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/012	c	The percentage of initial assessments taking place during the year where first language choice is recorded.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/012	d	The percentage of initial assessments taking place during the year where the preferred communication method is recorded (where the child relies on means other than spoken language).	

CSI reference	Part	Indicator	PI history
Social care – children’s services (continued)			
SCC/013	ai	The percentage of open cases of children on the child protection register with an allocated social worker.	New in 2006/2007.
SCC/013	aii	The percentage of open cases of children looked after with an allocated social worker.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/013	aiii	The percentage of open cases of children in need with an allocated social worker.	
SCC/013	bi	The percentage of open cases of children on the child protection register allocated to someone other than a social worker.	
SCC/013	bii	The percentage of open cases of children looked after allocated to someone other than a social worker.	
SCC/013	biii	The percentage of open cases of children in need allocated to someone other than a social worker.	
SCC/014	-	The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion.	New in 2006/2007. Unchanged for 2007/2008.
SCC/015	-	The percentage of initial core group meetings due in the year which were held within 10 working days of the initial child protection conference.	New in 2006/2007. Unchanged for 2007/2008.
SCC/016	-	The percentage of reviews of child-in-need plans carried out in accordance with the statutory timetable.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/017	-	The percentage of children on the child protection register whose cases were reviewed within statutory timescales.	New in 2006/2007. DELETED AND REPLACED BY SCC/034 FOR 2007/2008
SCC/018	-	The percentage of health assessments for looked after children due in the year that have been undertaken.	New in 2006/2007. DELETED AND REPLACED BY SCC/038 FOR 2007/2008
SCC/019	-	The percentage of children looked after at 31 March who were registered with a provider of general medical services at that date.	New in 2006/2007. Unchanged for 2007/2008.

CSI reference	Part	Indicator	PI history
Social care – children’s services (continued)			
SCC/020	-	The percentage of looked after children who have had their teeth checked by a dentist during the year.	New in 2006/2007. Unchanged for 2007/2008.
SCC/021	-	The percentage of looked after children reviews carried out within statutory timescales during the year.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/022	a	The percentage attendance of looked after pupils whilst in care in primary schools.	New in 2006/2007.
SCC/022	b	The percentage attendance of looked after pupils whilst in care in secondary schools.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/023	a	The percentage of children looked after who were permanently excluded from school in the year 1 April – 31 March.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/023	b	The average number of days spent out of school on fixed term exclusions for children looked after who were excluded in the year 1 April – 31 March.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/024	-	The percentage of children looked after during the year with a Personal Education Plan within 20 school days of entering care or joining a new school in the year ending 31 March.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/025	-	The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations.	New in 2006/2007. Unchanged for 2007/2008.
SCC/026	ai	The gross weekly expenditure per looked after child in foster care – local authority own provision.	New in 2006/2007.
SCC/026	aii	The gross weekly expenditure per looked after child in foster care – externally purchased provision.	Unchanged for 2007/2008.
SCC/026	bi	The gross weekly expenditure per looked after child in children’s homes excluding secure accommodation – local authority own provision.	

CSI reference	Part	Indicator	PI history
Social care – children’s services (continued)			
SCC/026	bii	The gross weekly expenditure per looked after child in children’s homes excluding secure accommodation – externally purchased provision.	
SCC/026	c	The gross weekly expenditure per looked after child in secure accommodation.	
SCC/027	-	The percentage of looked after children placed at a distance less than 20 miles from their home address at 31 March.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/028	-	The percentage of children looked after who had a fully completed and updated Assessment and Progress Record at their third review.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit guidance.
SCC/029	a	The percentage of eligible, relevant and former relevant children that have pathway plans as required.	New in 2006/2007.
SCC/029	b	The percentage of eligible, relevant and former relevant children that have been allocated a personal advisor.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/030	a	The percentage of young carers known to Social Services who were assessed.	New in 2006/2007.
SCC/030	b	The percentage of young carers known to Social Services who were provided with a service.	Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/031	-	The percentage of children and young people with disabilities receiving services who are receiving direct payments at 31 March.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/032	a	The percentage of children who had been looked after continuously for at least four years at 31 March and had been in their foster placement for at least two years for children aged four to five years.	New in 2006/2007.
SCC/032	b	The percentage of children who had been looked after continuously for at least four years at 31 March and had been in their foster placement for at least two years for children aged six to 10 years.	Definition amended/clarified for 2007/2008 – check Data Unit website.

CSI reference	Part	Indicator	PI history
Social care – children’s services (continued)			
SCC/032	c	The percentage of children who had been looked after continuously for at least four years at 31 March and had been in their foster placement for at least two years for children aged 11 years and over.	
SCC/033	a	The percentage of young people formerly looked after with whom the authority is in contact at the age of 19.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
SCC/033	b	The percentage of young people formerly looked after with whom the authority is in contact, who are known to be in suitable, non-emergency accommodation at the age of 19.	
SCC/033	c	The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19.	
SCC/034		The percentage of child protection reviews carried out within statutory timescales during the year.	NEW FOR 2007/2008 – REPLACES SCC/017
SCC/035		The percentage of looked after children eligible for assessment at the end of Key Stage 2 achieving the CSI, as determined by Teacher Assessment.	NEW FOR 2007/2008
SCC/036		The percentage of looked after children eligible for assessment at the end of Key Stage 3 achieving the CSI, as determined by Teacher Assessment.	NEW FOR 2007/2008
SCC/037		The average external qualifications point score for 16 year old looked after children, in any local authority maintained learning setting.	NEW FOR 2007/2008
SCC/038		The percentage of health assessments for looked after children due in the year that have been undertaken.	NEW – REPLACES SCC/018
Housing – homelessness and housing advice			
HHA/004	-	The amount of Council Fund resources spent on Bed and Breakfast accommodation during the year as a percentage of the total Council Fund resources allocated to the homelessness and housing advice services budget.	Introduced in 2005/2006 and amended for 2006/2007. DELETED AND REPLACED BY HHA/012 FOR 2007/2008
HHA/007	a	The total number of homeless households having used Bed and Breakfast accommodation.	Introduced in 2005/2006 and unchanged since.
HHA/007	b	The total number of homeless households having used all other forms of temporary accommodation.	

CSI reference	Part	Indicator	PI history
Housing – homelessness and housing advice (continued)			
HHA/008	a	The percentage of homeless presentations accepted as statutorily homeless.	Merged with HHA/005 in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
HHA/008	b	The percentage of homeless presentations decided within 33 working days.	
HHA/009	-	The percentage of local authority decisions on homeless presentations that were upheld following a review.	New in 2006/2007. DELETED FOR 2007/2008
HHA/010	-	The percentage of final offers of accommodation intended to discharge the Section 193 duty that were successfully appealed.	New in 2006/2007. DELETED FOR 2007/2008
HHA/011	-	The percentage of households accepted as statutorily homeless during the year to whom a full homelessness duty has been discharged by the same local authority within the last two years.	New in 2006/2007. Unchanged for 2007/2008.
HHA/012		The amount of the Council Fund resources spent on Bed and Breakfast accommodation during the year as a percentage of the total Council Fund resources spent on the homelessness and housing advice services	NEW FOR 2007/2008 – REPLACES HHA/004
HHA/013		The percentage of all potentially homeless households for whom homelessness was prevented for at least six months	NEW FOR 2007/2008
Housing – landlord services			
HLS/006	a	The total amount of rent collected during the financial year from current and former tenants as a percentage of the total rent collectable for the financial year, in permanent accommodation.	New in 2006/2007 Definition amended/clarified for 2007/2008 – check Data Unit website
HLS/006	b	The total amount of rent collected during the financial year from current and former tenants as a percentage of the total rent collectable for the financial year, in temporary accommodation	
HLS/007	ai	The total amount of rent arrears owed by current and former tenants in permanent accommodation as a percentage of the total rent collectable for the financial year,	New in 2006/2007 (replaced HLS/001) DELETED FOR 2007/2008 – REPLACED BY HLS/012
HLS/007	aii	The total amount of rent arrears owed by current and former tenants in temporary accommodation as a percentage of the total rent collectable for the financial year	

CSI reference	Part	Indicator	PI history
Housing – landlord services (continued)			
HLS/007	bi	The total amount of rent arrears owed by former tenants in permanent accommodation which were written off as unrecoverable during the financial year as a percentage of the total rent collectable for the financial year	New in 2006/2007 (replaced HLS/001)
HLS/007	bii	The total amount of rent arrears owed by former tenants in temporary accommodation which were written off as unrecoverable during the financial year as a percentage of the total rent collectable for the financial year.	DELETED FOR 2007/2008 – REPLACED BY HLS/012
HLS/008	a	The total amount of rent lost due to lettable units of accommodation being empty as a percentage of the total rent debit for the financial year, for permanent accommodation.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
HLS/008	b	The total amount of rent lost due to lettable units of accommodation being empty as a percentage of the total rent debit for the financial year, for temporary accommodation.	
HLS/009	a	The average number of calendar days taken to let lettable units of accommodation during the financial year, for permanent accommodation.	New in 2006/2007 – replaced HLS/002.
HLS/009	b	The average number of calendar days taken to let lettable units of accommodation during the financial year, for temporary accommodation.	Definition amended/clarified for 2007/2008 – check Data Unit website.
HLS/010	a	The average number of calendar days taken to complete emergency repairs.	New in 2006/2007.
HLS/010	b	The average number of calendar days taken to complete urgent repairs.	Definition amended/clarified for 2007/2008 – check Data Unit website.
HLS/010	c	The average number of calendar days taken to complete non-urgent repairs.	
HLS/011	-	The percentage of secure lettings made between 24 and 12 months ago that are still in existence.	New
HLS/011		The percentage of permanent lettings made between 24 and 12 months ago that are still in existence	New in 2006/2007. DELETED FOR 2007/2008
HLS/012	ai	The total amount of rent arrears owed by current tenants in permanent accommodation as a percentage of the total rent collectable for the financial year	NEW FOR 2007/2008 – REPLACES HLS/007
HLS/012	a ii	The total amount of rent arrears owed by current tenants in temporary accommodation as a percentage of the total rent collectable for the financial year	
HLS/012	bi	The total amount of rent arrears owed by former tenants in permanent accommodation as a percentage of the total rent collectable for the financial year	

CSI reference	Part	Indicator	PI history
Housing – landlord services (continued)			
HLS/012	bii	The total amount of rent arrears owed by former tenants in temporary accommodation as a percentage of the total rent collectable for the financial year.	NEW FOR 2007/2008 – REPLACES HLS/007
HLS/012	ci	The total amount of rent arrears owed by former tenants in permanent accommodation which were written off as unrecoverable during the financial year as a percentage of the total rent collectable for the financial year.	
HLS/012	cii	The total amount of rent arrears owed by former tenants in temporary accommodation which were written off as unrecoverable during the financial year as a percentage of the total rent collectable for the financial year.	
Housing – Private sector renewal			
PSR/002	-	The average number of calendar days taken to deliver a Disabled Facilities Grant.	Introduced in 2005/2006. Unchanged in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
PSR/003	-	The average number of calendar days taken to deliver an adaptation for a local authority tenant where the Disabled Facilities Grant process is not used.	Reinstated and replaced PSR/005 in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
PSR/004	-	The percentage of private sector dwellings that had been vacant for more than six months at 1 April that were returned to occupation during the year through direct action by the local authority.	Introduced in 2005/2006 and unchanged since.
PSR/006	-	The average number of calendar days taken to deliver low cost adaptation works in private dwellings where the Disabled Facilities Grant process is not used.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
Housing – Supporting People			
SPP/004	-	The number of units of housing-related support commissioned during the year, per 1,000 population.	New – replaced SPP/002 in 2006/2007. DELETED FOR 2007/2008

CSI reference	Part	Indicator	PI history
Housing – supporting people			
SPP/005	a	The number of weeks that housing-related support services are void as a percentage of the maximum potential support capacity for the year – floating support.	New in 2006/2007. DELETED FOR 2007/2008
SPP/005	b	The number of weeks that housing-related support services are void as a percentage of the maximum potential support capacity for the year – direct access.	
SPP/005	c	The number of weeks that housing-related support services are void as a percentage of the maximum potential support capacity for the year – temporary accommodation.	
SPP/005	d	The number of weeks that housing-related support services are void as a percentage of the maximum potential support capacity for the year – permanent accommodation.	
SPP/005	e	The number of weeks that housing-related support services are void as a percentage of the maximum potential support capacity for the year – sheltered accommodation for older people.	
SPP/006	a	The gross commissioned cost of the housing-related support services per unit per annum of housing-related support – floating support.	New in 2006/2007. DELETED FOR 2007/2008
SPP/006	b	The gross commissioned cost of the housing-related support services per unit per annum of housing-related support – direct access.	
SPP/006	c	The gross commissioned cost of the housing-related support services per unit per annum of housing-related support – temporary accommodation.	
SPP/006	d	The gross commissioned cost of the housing-related support services per unit per annum of housing-related support – permanent accommodation.	
SPP/006	e	The gross commissioned cost of the housing-related support services per unit per annum of housing-related support – community alarm services.	
SPP/006	f	The gross commissioned cost of the housing-related support services per unit per annum of housing-related support – sheltered accommodation for older people.	
SPP/007		The gross commissioned cost of housing related support per service user per annum	New in 2006/2007. DELETED FOR 2007/2008

CSI reference	Part	Indicator	PI history
Housing – Supporting People			
SPP/008		The percentage of service users in sustainable accommodation 12 months after leaving a housing related support service (N.B to be reported from April 2008).	NEW FOR 2007/2008 – REPORTED FROM APRIL 2008
Environment and transport – waste management			
WMT/003	a	The total tonnage of incinerator residues (bottom ash), construction and demolition wastes (including rubble), abandoned vehicles and beach cleansing wastes recycled by the local authority.	Introduced in 2005/2006 and unchanged for 2006/2007. DELETED FOR 2007/2008
WMT/003	b	The percentage of incinerator residues (bottom ash), construction and demolition wastes (including rubble), abandoned vehicles and beach cleansing wastes recycled by the local authority.	
WMT/004	a	The total tonnage of municipal wastes sent to landfill.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
WMT/004	b	The percentage of municipal wastes sent to landfill.	
WMT/005	a	The total tonnage of municipal waste used to recover heat and power.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
WMT/005	b	The percentage of municipal waste used to recover heat and power.	
WMT/006	-	The percentage of households served by a kerbside collection of two or more recyclables.	New in 2006/2007. Unchanged for 2007/2008.
WMT/007	-	The percentage of municipal waste received at a household-waste amenity site that is reused, recycled or composted.	New in 2006/2007. Unchanged for 2007/2008.

CSI reference	Part	Indicator	PI history
Environment and transport – Street Scene			
STS/001	-	The percentage of highways and relevant land inspected of a high or acceptable standard of cleanliness.	Introduced in 2005/2006 and unchanged for 2006/2007. Replaced for 2007/2008 by STS/005
STS/002	-	The percentage of abandoned vehicles removed within 24 hours of expiry of the relevant notice period.	New in 2006/2007. DELETED FOR 2007/2008
STS/003	-	The percentage of reported fly tipping incidents on relevant land cleared within five working days.	New in 2006/2007. Definition amended/clarified for 2007/2008. Check Data Unit website.
STS/004	-	The net cost of cleaning highways and relevant land per 1,000 population.	New in 2006/2007. DELETED FOR 2007/2008
STS/005	a	The Cleanliness Index	New for 2007/2008 – replaces STS/001.
STS/005	b	The percentage of highways and relevant land inspected of a high or acceptable standard of cleanliness	
Environment and transport – transport and highways			
THS/002	-	Annual highway-related claims expenditure as a percentage of the annual structural maintenance expenditure.	Introduced in 2005/2006 and amended for 2006/2007. Unchanged for 2007/2008.
THS/003	-	The percentage of the annual structural maintenance expenditure that was spent on planned structural maintenance.	Introduced in 2005/2006 and unchanged since.

CSI reference	Part	Indicator	PI history
Environment and transport – transport and highways (continued)			
THS/004	-	The percentage of the local authority-maintained road network subject to precautionary salting during the year.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
THS/007	-	The percentage of adults aged 60+ who hold a concessionary travel pass.	Introduced in 2005/2006 and unchanged since.
THS/008	-	The percentage of total length of footpaths and other rights of way which are easy to use by members of the public.	Introduced in 2005/2006 and unchanged for 2006/2007. DELETED FOR 2007/2008 – REPLACED BY CMT/001
THS/009	-	The average number of calendar days taken to repair street-lamp failures during the year.	New in 2006/2007 – replaced THS/005. Unchanged for 2007/2008.
Environment and transport – Countryside Management			
CMT/001	-	The percentage of total length of rights of way which are easy to use by members of the public.	NEW FOR 2007/2008 – REPLACES THS/008
Planning and regulatory services – planning			
PLA/002	-	The percentage of applications for development determined during the year that were approved.	Introduced in 2005/2006 and unchanged since.
PLA/003	ai	The number of appeals that were determined during the year in relation to planning application decisions.	Introduced in 2005/2006 and unchanged for 2006/2007. Definition amended/clarified for 2007/2008. Check Data Unit website.

CSI reference	Part	Indicator	PI history
Planning and regulatory services – planning (continued)			
PLA/003	bi	The percentage of these determined appeals that upheld the authority’s decision, in relation to planning application decisions.	Introduced in 2005/2006 and unchanged for 2006/2007.
PLA/003	aii	The number of appeals that were determined during the year in relation to enforcement notices.	Definition amended/clarified for 2007/2008. Check Data Unit website.
PLA/003	bii	The percentage of these determined appeals that upheld the authority’s decision, in relation to enforcement notices.	
PLA/004	a	The percentage of major planning applications determined during the year within 13 weeks.	Introduced in 2005/2006 and unchanged since.
PLA/004	b	The percentage of minor planning applications determined during the year within eight weeks.	
PLA/004	c	The percentage of householder planning applications determined during the year within eight weeks.	
PLA/004	d	The percentage of all other planning applications determined during the year within eight weeks.	
PLA/005	-	The percentage of enforcement complaints resolved during the year within 12 weeks of receipt.	Introduced in 2005/2006 and unchanged since.
PLA/006	-	The number of new affordable housing units provided during the year as a percentage of all new housing units provided during the year.	New for 2006/2007. Definition amended/clarified for 2007/2008. Check Data Unit website.
PLA/007	-	The number of new housing units provided during the year on previously developed land as a percentage of all new housing units provided during the year.	New in 2006/2007. Unchanged for 2007/2008.
Planning and Regulatory Services – building control			
BCT/004	-	Percentage of Building control ‘full plan’ applications checked within 15 working days during the year.	New in 2006/2007. Unchanged for 2007/2008.
BCT/007		The percentage of ‘full plan’ applications approved first time.	New in 2006/2007. Unchanged for 2007/2008.

CSI reference	Part	Indicator	PI history
Planning and regulatory services – public protection			
PPN/004	-	The percentage of all eligible food premises with a valid food hygiene award.	New in 2006/2007 – replaced PPN/003. Definition amended/clarified for 2007/2008. Check Data Unit website.
PPN/005	ai	The percentage of new businesses identified during the year which were subject to an inspection for trading standards.	New in 2006/2007. Definition amended/clarified for 2007/2008. Check Data Unit website.
PPN/005	a ii	The percentage of new businesses identified during the year which were subject to an inspection for food hygiene.	
PPN/005	a iii	The percentage of new businesses identified during the year which were subject to an inspection for animal health.	
PPN/005	a iv	The percentage of new businesses identified during the year which were subject to an inspection for health and safety.	
PPN/005	bi	The percentage of new businesses identified during the year which submitted a self-assessment questionnaire, for trading standards.	
PPN/005	b ii	The percentage of new businesses identified during the year which submitted a self-assessment questionnaire, for food hygiene.	
PPN/005	b iii	The percentage of new businesses identified during the year which submitted a self-assessment questionnaire, for animal health.	
PPN/005	b iv	The percentage of new businesses identified during the year which submitted a self-assessment questionnaire, for health and safety.	
PPN/006	ai	The number of medium risk businesses liable to a programmed inspection or alternative enforcement activity during the year for trading standards.	
PPN/006	a ii	The number of medium risk businesses liable to a programmed inspection or alternative enforcement activity during the year for animal health.	

CSI reference	Part	Indicator	PI history
Planning and regulatory services – public protection (continued)			
PPN/006	bi	The percentage of these medium-risk businesses that were liable to a programmed inspection or alternative inspection activity that were inspected/subject to alternative enforcement activity, for trading standards.	New in 2006/2007. DELETED FOR 2007/2008
PPN/006	bii	The percentage of these medium-risk businesses that were liable to a programmed inspection or alternative inspection activity that were inspected/subject to alternative enforcement activity, for animal health.	
PPN/007	ai	The number of significant breaches detected per business liable to a programmed inspection or Alternative Enforcement Activity per year for trading standards.	New in 2006/2007. Definition amended/clarified for 2007/2008 – check Data Unit website.
PPN/007	aïi	The number of significant breaches detected per business liable to a programmed inspection or Alternative Enforcement Activity per year for animal health.	
PPN/007	i	The percentage of significant breaches that were rectified by intervention for trading standards.	
PPN/007	ii	The percentage of significant breaches that were rectified by intervention for animal health.	
Leisure and culture – sport and recreation			
LCS/001	a	The number of visits to indoor-sports facilities during the year per 1,000 population.	New in 2006/2007. Definition amended/clarified for 2007/2008.
LCS/001	b	The number of visits to outdoor-sports facilities during the year per 1,000 population.	
Leisure and culture – libraries			
LCL/001	-	The number of people using public library services during the year per 1,000 population.	New in 2006/2007. Definition amended/clarified for 2007/2008.
LCL/002	a	The number of publicly accessible computers per 10,000 population.	
LCL/002	b	The percentage of available computer hours in use.	New in 2006/2007. Definition amended/clarified for 2007/2008.
LCL/002	e	The percentage of libraries that offer customers access to computer services through the medium of Welsh.	
LCL/003		The percentage of library material requests supplied within seven working days.	New in 2006/2007. Definition amended/clarified for 2007/2008.
LCL/003	b	The percentage of library material requests supplied within 15 working days.	

Appendix 2

Outline Project Plan – Collection, Audit and Reporting (2007/2008 performance indicators)**Produced by the Data Unit – Wales and the Wales Audit Office**

Local authority action	Data Unit action	Wales Audit Office action	Due date
	Develop, test and distribute NSI and core-set data collection forms.		31 March 2008
		Develop WPI year 6 Implementation Guidance.	31 March 2008
Collect and validate NSI performance information. Gather supporting evidence. Submit NSI base data to the Data Unit.			16 May 2008
	Pass NSI data to regulators.		30 May 2008
		Populate PIRAT with base data and issue to auditors.	6 June 2008

Local authority action	Data Unit action	Wales Audit Office action	Due date
Collect and validate core set performance information. Submit CSI data to the Data Unit.			13 June 2008
		Submit the PIRAT for consistency checking of PIs identified for testing.	20 June 2008
		Letters of representation on waste management data passed to auditors	14 July 2008
		Audited NSI data returned to Wales Audit Office by auditors.	21 July 2008
	Send core-set data to authorities for preliminary sign-off.		4 July 2008
		Pass audited NSI data to Data Unit.	24 July 2008
	Send audited NSI data to authorities for sign-off.		25 July 2008
Sign off audited NSI and Core Set data and return to the Data Unit.			29 July 2008
	Share NSI and core set data with local authorities.		15 August 2008
Deadline for publishing IPs.	Local authority Data published on Data Unit website.		By 31 October 2008

Appendix 3

Performance Measurement Audit Checklist for XXXXXXX Council/National Park Authority

Part 1: authorities' verification processes – checklist

- 1 Good performance management is crucial if authorities are to deliver improvements to services. Clearly this needs the support of robust systems for collecting, recording, monitoring and producing performance information. This in turn relies on authorities having sound quality assurance or verification and validation processes.
- 2 The following checklist sets out some of the key elements of a 'good practice' quality-assurance process. It can be completed at both a corporate and/or a service level, depending on the arrangements in place at each authority.
- 3 Conclusions in each area should be adequately evidenced.

Key aspects of a quality-assurance process		In place (low risk)	Partial (medium risk)	Absent (high risk)	Comments	W/P ref
1	Formal co-ordination arrangements have been established to oversee the production of performance information. (This should be at both a corporate and service level.)					

Key aspects of a quality-assurance process	In place (low risk)	Partial (medium risk)	Absent (high risk)	Comments	W/P ref
2 The co-ordinator(s) formally report(s) on the outcome of the quality assurance process to, for example, a management team and/or members.					
3 Formal guidance has been developed and issued to all officers involved in the collection, monitoring and production of PIs. Areas that might be covered include: <ul style="list-style-type: none"> • directions on calculating statutory PIs; • protocols for estimating PIs for the IP; • guidance on developing and reporting balanced sets of PIs; and • the retention of adequate supporting evidence. 					
4 Formal guidance has been developed and issued to all officers involved in the target-setting process. Areas that might be covered include: <ul style="list-style-type: none"> • protocols on target-setting; • details of targets that have been nationally set; and • details of targets set in other statutory plans. 					

Key aspects of a quality-assurance process		In place (low risk)	Partial (medium risk)	Absent (high risk)	Comments	W/P ref
5	Standard proformas are being used to collect and record data on PIs and targets.					
6	Arrangements are working well in each service area and corporately.					
7	The Authority's processes include the use of analytical review techniques to identify: <ul style="list-style-type: none"> • possible errors in the collation of PIs; • the potential for improvements in estimation procedures; • the 'realism' of targets and the accuracy of reported performance; and • significant and/or unexpected variances (to be identified and resolved). 					
8	The Authority tests a sample of PIs to ensure that: <ul style="list-style-type: none"> • they are calculated in accordance with relevant guidance; • estimation procedures are reasonable; and • sufficient supporting documentation is available to support their compilation. 					

Key aspects of a quality-assurance process		In place (low risk)	Partial (medium risk)	Absent (high risk)	Comments	W/P ref
8	Where sample testing has identified significant problems, testing has been expanded to gain sufficient assurance on the overall reliability of performance data and supporting systems. This might usefully be carried out by IA.					
9	For the group of indicators being considered what is the level of risk for political sensitivity? Consider, for example, risk linked to the Government's agenda, service-review inspections and corporate objectives.					
10	For the group of indicators being considered, what level of risk is there based on our previous audit knowledge? Consider, for example, previous Best Value PI and NAWPI audits, management arrangements work, and audit planning risk assessments.					
11	Arrangements are in place to consider the implications of the introduction of pan-Wales Performance Management Software or the electronic collection of data.					

Key aspects of a quality-assurance process		In place (low risk)	Partial (medium risk)	Absent (high risk)	Comments	W/P ref
12	<p>A timetable exists for the routine production of data for:</p> <ul style="list-style-type: none"> • performance management information and reports; • the IP; and • Policy Agreement Indicators. <p>The timetable includes key milestones to ensure timely production.</p>					
13	<p>Have all the CSIs been submitted to the DATA UNIT?</p> <p>If not, why not, and what plans does the council have to ensure they do this next year?</p>					

Part 2: balanced indicators checklist

Key aspects of a quality-assurance process		In place (low risk)	Partial (medium risk)	Absent (high risk)	Comments	W/P ref
1	Has the authority selected a range of core set and local indicators as part of its balanced set which it will use, and on which it will report?					
2	Does the balanced set support judgements on:					
	<ul style="list-style-type: none"> How the authority uses its resources to support improvement? 					
	<ul style="list-style-type: none"> Whether people most in need of public services are receiving them? 					
	<ul style="list-style-type: none"> Whether services are being delivered quickly enough and to the required quality? 					
	<ul style="list-style-type: none"> Whether strategic objectives are being delivered and critical success factors identified (including through use of policy agreement indicators)? 					
2	Does the balanced set reflect the authority's priorities for improvement?					
3	Are there gaps in performance information?					
4	Has performance information been refined in response to test 1 above?					

Key aspects of a quality-assurance process		In place (low risk)	Partial (medium risk)	Absent (high risk)	Comments	W/P ref
5	How and where is performance information being reported?					
6	Is there evidence of clear accountability arrangements?					
7	Have there been changes to: <ul style="list-style-type: none"> • Systems • Staff responsible for PIs that might impact on data collection and / or verification?					
8	Have relevant officers in service/corporate areas: <ul style="list-style-type: none"> • Agreed the targets? • Accepted responsibility for the indicators? 					
9	Is there evidence that the Corporate Management Team and members have expressed a view on: <ul style="list-style-type: none"> • The quality of the data received? • The quantity of data received? • The frequency of reporting? 					
10	Are service managers and members confident that they have access to all relevant information to improve services?					
11	Is management information produced in an efficient way?					
12	Does the system facilitate access to additional information/analysis if required?					

Key aspects of a quality-assurance process		In place (low risk)	Partial (medium risk)	Absent (high risk)	Comments	W/P ref
13	Has the authority maintained trend data (eg, has it continued to collect NAWPIs)?					
14	Is there evidence of how underperformance is addressed?					

This checklist should be fed into and agreed as part of the joint risk assessment and reported in the AL. A copy of the completed checklist should be sent to [Bernadette Daley](#).

Appendix 4

National strategic indicators: Audit Overall Testing Schedule

Key tasks	Conclusions/comments	WP Ref	Initials	Reviewed
Agree previous years' out-turn data quoted in the IP to the DATA UNIT-produced databases (where the definition is unchanged).				
Agree 2007/2008 data quoted in the IP to the entries in the PIRAT for 2007/2008 data (where included in the previous IP).				
Agree 2007/2008 targets quoted in the IP to the entries in the PIRAT for 2007/2008 targets (where included in the previous IP).				
Input the 2008/2009 target data for NSIs from the IP into PIRAT (if the IP is available).				
Use PIRAT to identify any missing statutory indicators or targets and discuss with AM/authority.				
Complete the overall risk assessment using PIRAT, the quality-assurance checklist, CAIKE and politically sensitive factors.				
Record risk assessments on PIRAT and the summarised job sheets accordingly.				
Consider whether IA work on individual indicators affects the overall risk assessment from PIRAT. Determine the residual risk.				
Agree final summarised job sheets and risk assessments with AM.				

Key tasks	Conclusions/comments	WP Ref	Initials	Reviewed
Testing strategy – IP data				
If low risk – no further work required				
Consider outcome of audit tests with AM. If there is a high level of errors and uncertainties you may need to revisit the risk assessments and test additional indicators.				
Testing strategy – targets				
If low risk – no further work required.				
Consider outcome of test with AM. If there is a high level of errors and uncertainties you may need to revisit the risk assessments and test additional indicators.				

Appendix 5

National strategic indicators: suggested audit programme

NSI Number	
NSI Value	

Planning		Satisfactory Yes/No/N/A	Auditor	WP ref
Test				
1	Have we carried out a risk assessment for the PI? (Note 1)			
Low risk				
2	Are the variances in the Analytical Review in line with expectations given our knowledge of the Authority/this PI? (Note 2)			
Medium risk				
3	Have we carried out test 2?			
4	Has the PI been recorded and calculated correctly? (Note 3)			
5	Has the correct definition been used in the calculation? (Note 4)			
6	Is the PI derived from a system, and formal records of the authority? (Note 5)			
7	Given the results from tests 3-6 is our initial risk assessment still valid? (Note 6)			
High risk				
8	Have we carried out tests 3-6? (Note 7)			
9	Are the controls in the 'system' DESIGNED adequately to record ALL relevant data accurately? (Note 8)			
9a	Have we documented the controls in the system?			
9b	Are the parameters in the 'system' to capture data set according to the PI definition? (Note 9)			
9c	Have we evaluated the controls for their adequacy?			

Planning		Satisfactory Yes/No/N/A	Auditor	WP ref
Test				
High risk (continued)				
10	<p>Does our compliance testing of the controls in the system confirm that (Note 10):</p> <ul style="list-style-type: none"> • the controls are operating as designed? • the parameters for capturing records are accurately applied? • the system output is valid for the PI? 			
Targets (applicable only where targets were set in the previous IP)				
1	Consider the analytical review of the data for 2007/2008 and the 2008/2009 targets and identify for testing those variances that are + or -15 per cent and any other ones where the variance is a lower value but the variation is considered significant.			
2	Agree the figure and calculation to supporting documentation.			
3	Assess and comment on the reasonableness of the target ie, is it challenging but achievable?			
4	Have any national priorities and targets been taken into account when setting the target?			
5	Has any corporate guidance for target setting been properly applied (see Quality Assurance Checklist)?			

Standard National Strategic Indicator Audit Conclusion

Auditor

I have carried out the tests specified in this audit methodology, and the results of testing and any matters arising have been summarised, discussed with the Audit Manager and cleared. In my opinion for this PI:

PI number
 Original value
 Amended value
 Amendment agreed with

There is evidence that the final PI value is fairly stated.*

There is evidence that the final PI value is significantly misstated.*

The system in place for this PI is satisfactory.*

The system in place for this PI is unsatisfactory.*

Auditor: Date:

*Delete as appropriate

Audit Manager

I have reviewed the working papers and am satisfied that the PI audit tests have been completed satisfactorily, that all matters arising have been dealt with appropriately and the review notes cleared. I agree with the auditor's conclusion above.

Audit Manager: Date:

Action Checklist

If there is evidence the original PI value is fairly stated no further action is required.
If the original PI has been amended, and there is evidence that the amended PI is fairly stated, the report to the Wales Audit Office should highlight the amended PI value.
If there is evidence the original PI value is significantly misstated and there has been no recalculation the report to the Wales Audit Office should place a reservation on the PI as being significantly misstated.
If the original PI has been amended, and there is evidence that the amended PI is still significantly misstated, the report to the Wales Audit Office should place a reservation on the PI as significantly misstated.
If the outcome from any of tests 6, 9 or 10 is unsatisfactory, and the conclusion is that the system is unsatisfactory, the report to the Wales Audit Office should place a reservation on the PI as significantly misstated.
Amendments to original PIs, significantly misstated PIs and system inadequacies should be summarised and reported to the authority in the AL.

PI Audit Methodology – Notes for completion

Note 1

Audit work needs to be directed according to the risk of the PI being misstated.

Factors that should be taken into account in the risk assessment include:

- The variances from year to year, and between targeted and actual performance flowing from an Analytical Review of the PIs. (A higher variance may indicate a higher risk that the PI has been misstated.)
- Whether the PI is within the nationally known high-risk NSIs.
- Whether the PI is new (ie, we have little or no cumulative knowledge) or has changed since last year (ie, our cumulative knowledge may not be relevant).
- Our cumulative knowledge of the PI from previous audits (may indicate problems, which increase the risk, or satisfactory arrangements that reduce it.)
- Our assessment of the local authority's quality-assurance arrangements for PIs. (Poor quality-assurance arrangements will increase the risk of misstated PIs, whereas good quality-assurance arrangements that we have already reviewed will reduce the risk.)
- The general political sensitivity of the indicator at either the national or the local level.

Note 2

For all PIs, audit work should confirm that any significant variances are in line with expectations. Evidence should be provided where possible to confirm this. The definition of 'significant' will depend on the PI in question. The Wales Audit Office suggests +/-15 per cent. If the local authority has robust quality-assurance arrangements you might expect the validation of year-on-year variances to be supplied by these arrangements.

Note 3

Simple errors may occur where the PI has been calculated incorrectly or where the values have been recorded incorrectly between working papers and the published IP.

This test should simply confirm that the arithmetic calculation of the PI is correct and that the values in the PI itself, and the denominator and numerator in the calculation, have been recorded accurately. Denominator and numerator information should be available via the completed DATA UNIT data request at each authority.

Note 4

The PI definitions are set out in the guidance on the DATA UNIT's website.

These definitions require the PI to be calculated in a certain way, and this test should simply confirm that the calculation has been correctly performed.

Note 5

Audit work should confirm that the LA has derived the figures in the PI calculation from their own formal records, and that they have a recognised 'system' to derive these records.

In practice this test will require you to trace the information in the numerator/denominator or the PI value itself, to prints from the 'system'.

Note 6

Having carried out tests 2, 4, 5 and 6 you should review whether you have sufficient evidence to reach a conclusion on the accuracy of the reported PI. For medium-risk PIs where all four tests have satisfactory results you should be able to conclude that there is evidence that the reported PI is fairly stated. However, where any of the tests are unsatisfactory, you may wish to carry out further work in order to reach a conclusion.

For example, where testing identifies that the PI has not been derived from the authority's formal records, and the authority cannot provide records to substantiate the PI, further testing would be superfluous, and your conclusion would be that the reported PI is significantly misstated and cannot be quantified by the authority.

The PI may have been recalculated – for example where a simple recording or calculation error has occurred – but you may decide that the problems already encountered increase the risk that the recalculated PI is still significantly misstated. In such a case you should reapply tests 3 to 6 on the new PI value and also carry out the high risk tests 9 and 10, in order to conclude on the accuracy of the PI.

Note 7

For high risk PIs auditors should complete the medium-risk tests 3 to 6 as well as the detailed testing in tests 9 and 10.

Note 8

Audit work should confirm that the PI has been calculated using the correct definition (as per the guidance). Performance Indicators with a high risk of error require greater assurance than those with lower risks. A majority of PIs involve large populations of equal weight; therefore for substantive testing to provide the required assurance will require a very large sample size, and an accordingly large amount of time.

More appropriate to this type of audit is compliance testing of the controls in the system to provide assurance that the system is collecting and analysing data in line with the PI definition. The first stage in this is to understand the system being used. To do this you need to identify and evaluate the controls in the system that are designed to collect the data per the correct definition.

This evaluation will enable you to conclude on the adequacy of the design of the controls in the system. In this case 'adequacy' refers to the ability to collect data according to the definition of the PI.

Note 9

A key part of many of the PI systems will be the parameters set up in the system. These will, for example, determine the start and end dates in a process. For example, in the system to identify the percentage of looked after children whose second review (due at four months) was due in the year, and who had a plan for permanence at the due date, there needs to be a time when the clock starts ticking and a time when it stops. The LA will have controls in place to determine when they count the process as starting, and your audit work should enable you to conclude that this is reasonable and conforms to the PI definition.

Note 10

You will need to confirm that the controls are actually operating as designed, and to confirm that the system is processing the data according to the parameters in the definition. This will be provided by ensuring that the controls comply with the definition (ie, compliance testing).

Your compliance testing should enable you to conclude that:

- the controls are operating as designed;
- the parameters for capturing records are accurately applied; and
- the controls should ensure the system output producing the PI is in accordance with the PI definition.

Note 11

The audit conclusions should be reported on the standard audit conclusion schedule. Where your audit work highlights problems with the original PI value, the amended PI value or with the system in place to calculate the PI, then these issues should be reported to the Wales Audit Office.

Appendix 6

Auditors' report to the Wales Audit Office on the national strategic indicators

To the Wales Audit Office

I/We have audited the 2007/2008 outturn NSIs for

_____ (name of Authority)

in accordance with the requirements of the Code of Audit and Inspection Practice and having regard to the supplementary guidance issued by the Wales Audit Office, including this Auditor Briefing:

- the authority has put in place adequate systems to produce all the 2007/2008 NSIs subject to any reservation(s) in the attached Schedule 1 below; and
- no matters have come to my attention that could lead me to believe that the indicators listed in the attached audited PIRAT, are other than fairly stated subject to the reservation in the attached Schedule 1.

Auditor: Date:

Name:		Firm and Location: Region and Patch:	
Date:		Tel no:	
		E-mail: (Please ensure this address is given)	

Person to whom queries should be addressed, if different from above

Name: Please print		E-mail: Please ensure this address is given	
Tel no:		Fax no:	

According to the authority, is the data on the signed paper copy and the electronic copy the same except where the paper copy has a handwritten alteration – yes/no?

Please ensure that you have e-mailed the return as well as sending the signed paper return of the performance indicator data to us.

Schedule 1 to the Auditors' Report to the Wales Audit Office on the National Strategic Indicators

Authority:

The following NSIs are those referred to in the attached Auditor's report to the Wales Audit Office on the indicators as contained in the authority's 2008 IP.

The following indicators are subject to reservations in respect of reporting failures:

NSI	Description	2007/2008 data per PIRAT	Reservation

Appendix 7

Audit of the Improvement Plan Checklist

Requirement	Relevant Assembly Government Guidance (Circular 28/2005)	Yes/No	Comments and observations	X/ref to IP
<i>What information was made available for Stage 1 reporting?</i>				
1. Contents				
1a	Is there a summary of the joint risk assessment conducted in the previous reporting year?	Paragraph 7.10, bullet point 1		
1b	Is there a summary of action and/or business plans agreed for delivery in the current reporting year?	Paragraph 7.10, bullet point 2		
1c	Does it include targets for delivery in the current year (including targets for efficiency gains)?	Paragraph 7.10, bullet point 3		
1d	Are there details of where and how to obtain further and more detailed information?	Paragraph 7.10, bullet point 4		
1e	In combination, does the Stage 1 and Stage 2 information provide a coherent and balanced picture of performance and improvement priorities?			

Requirement	Relevant Assembly Government Guidance (Circular 28/2005)	Yes/No	Comments and observations	X/ref to IP
<i>What information was made available for Stage 1 reporting?(continued)</i>				
2. Availability				
2a	Was the information made available on conclusion of the business planning and annual assessment processes?	Paragraph 7.10		
2b	Is the information available throughout the authority and have staff been made aware of it?	Paragraph 7.10		
2c	Has the authority identified its key external partners and have they been made aware that the information is available?	Paragraph 7.10		
<i>Has the authority produced a statutory Improvement Plan?</i>				
3. Contents				
3a	Is there a summary of the authority's long-term strategic objectives taken from the community strategy or other relevant sources?	Paragraph 7.12, bullet point 1		

Requirement	Relevant Assembly Government Guidance (Circular 28/2005)	Yes/No	Comments and observations	X/ref to IP
<i>Has the authority produced a statutory IP? (continued)</i>				
3. Contents				
3b Is there a commentary on performance in the previous reporting year highlighting progress towards key objectives, and the extent to which key risks have been addressed (including in respect of efficiency gains)?	Paragraph 7.12, bullet point 2 (efficiency gains – paragraph 1.11)			
3c Is the commentary on performance supported by audited data for all NSIs together with current and future years' targets (including targets for efficiency gains)?	Paragraph 7.12, bullet point 2(i) (efficiency gains – paragraph 1.11)			
3d Is the commentary on performance supported by data for the balanced set indicators which illustrate progress towards the authority's key objectives and/or alleviation of key risks?	Paragraph 7.12, bullet point 2(iii)			

Requirement	Relevant Assembly Government Guidance (circular 28/2005)	Yes/No	Comments and observations	X/ref to IP
<i>Has the authority produced a statutory IP? (continued)</i>				
3. Contents				
3e Is there a summary of the key issues for improvement to be delivered in future years, drawing on the current or most recent Joint Risk Assessment?	Paragraph 7.12, bullet point 3			
3f Are there full details of where to obtain further information, including business plans, the AL and other regulation/inspection reports?	Paragraph 7.12, bullet point 4			
3g Where information is published on the internet, are there hyperlinks to allow ready access?	Paragraph 7.12, bullet point 4			

Requirement	Relevant Assembly Government Guidance (circular 28/2005)	Yes/No	Comments and observations	X/ref to IP
Has the authority produced a statutory IP? (continued)				
4. Equality and sustainability				
4a	<p>Have equalities and sustainability been addressed appropriately?</p> <ul style="list-style-type: none"> Does it set out the authority's aims and objectives in respect of these aspects of performance and their contribution to strategic aims? Does it set out the authority's approach – whether / how equalities and sustainability are assessed (e.g. are the assessments organised around themes, services or user groups) and reflected in the JRA. 	Paragraph 1.18		
5. Communication and engagement				
5a	Has the plan been approved by full Council before publication?	Paragraph 7.13		
5b	Has the IP been published by 31 October?	Paragraph 7.14		

Requirement	Relevant Assembly Government Guidance	Yes/No	Comments and observations	X/ref to IP
<i>Has the authority produced a statutory IP? (continued)</i>				
5. Communication and engagement				
5c	Has the full range of information in the plan been published in a way that allows it to be readily obtained?	Paragraph 7.15		
5d	Has the plan been published in line with the authority's Welsh Language Scheme?	Paragraph 7.16		
5e	Has the authority published a summary of its IP (no later than a month after the main plan)?	Paragraph 7.17		
5f	Is the summary of the IP fair and balanced?	Paragraph 7.18		
6. Additional comments				
6a	Does performance information demonstrate that services are improving?	Paragraph 8.7, bullet point 1		
6b	Has the authority agreed a joint risk assessment with all its regulators?	Paragraph 8.7, bullet point 3		
6c	Are there any areas of disagreement about the level of risk?	Paragraph 8.8		

Requirement	Relevant Assembly Government Guidance	Yes/No	Comments and observations	X/ref to IP
<i>Has the authority produced a statutory IP? (continued)</i>				
6. Additional comments				
6d	Does the authority have robust internal mechanisms to support its risk assessment?	Paragraph 8.7, bullet point 3		
6e	Does the authority recognise the need to engage with partners and citizens in setting priorities and accounting for performance?	Paragraph 8.7, bullet point 5		
6f	Are the results of regulatory and inspection work reflected in the IP?	Paragraph 8.8		

Appendix 8

WasteDataFlow Contact Details

Name	Organisation	Role	e-mail	Telephone
Abigail Tanner (nee Foster)	Welsh Assembly Government: Waste Strategy Branch	Waste Policy Officer (municipal waste): <ul style="list-style-type: none"> • Municipal waste data • WDF development • Landfill Allowance Scheme (LAS) 	abigail.foster@environment- agency.gov.uk	029 2046 6059
Sarah Roberts	Welsh Assembly Government: Waste Strategy Branch	Assistant Waste Policy Officer: <ul style="list-style-type: none"> • WDF development • Municipal waste data management and reporting 	sarah.roberts@environment- agency .gov.uk	029 2046 8893
Alex Ross	Environment Agency Wales Data and Monitoring team	Monitoring and data specialist: <ul style="list-style-type: none"> • Validating WDF returns • WDF development 	alex.ross@environment- agency.gov.uk	029 2046 6435

Name	Organisation	Role	e-mail	Telephone
Andy Barbati	Environment Agency Wales Waste Data and Compliance team	Landfill Allowance Officer: <ul style="list-style-type: none"> • Audit of waste management site returns for LAS • Audit of local authority returns for LAS • Production of audit reports 	andy.barbati@environment-agency.gov.uk	029 2024 5315
Dafydd Hill	Environment Agency Wales Waste Data and Compliance team	Landfill Allowance Officer: <ul style="list-style-type: none"> • Audit of waste management site returns for LAS • Audit of local authority returns for LAS • Production of audit reports 	dafydd.hill@environment-agency.gov.uk	029 2024 5103



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