

# Planning Review (Enforcement)

18 November 2021

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## Distribution

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## Important

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## Executive Summary

### 1. Introduction

- 1.1. Stroud District Council (the Council) is the area's local planning authority, whose duty it is to carry out specific planning functions. The Council's broader Development Management Service enables the discharge of this duty. One of the functions of the Development Management Service is planning enforcement. The Planning Enforcement Service is a discretionary service, where the Council investigates complaints about alleged breaches of planning control.
- 1.2. The National Planning Policy Framework advises local planning authorities to act in a proportionate way when responding to suspected breaches of planning control. The Framework states that enforcement can be important for maintaining public confidence in the planning system, but enforcement action is discretionary and must be proportionate. Detailed information about planning enforcement powers is given in the online Planning Practice Guidance on ensuring effective enforcement. For example, a local planning authority may decide not to take enforcement action if it believes that a development would have been granted planning permission, or may require retrospective planning permission to be obtained.
- 1.3. The Council has responsibility for taking appropriate enforcement action as necessary, in the public interest, within the Stroud District. The Council has an Enforcement Policy and Procedure which recognises that planning enforcement can be a complex and involved process with varying timescales. The aim of the policy is to ensure that the Council's approach is fair and reasonable, that interested parties are kept informed, and that any action is timely and proportionate. This being said, service provision has been adversely impacted by the imposed national (and local) restrictions across the UK in response to the Covid-19 pandemic.
- 1.4. The actions of the Planning Enforcement service are governed by the Town and Country Planning Acts, National Planning Policy Framework, Planning Practice Guidance, the Council's Constitution and the Planning Enforcement Policy and Procedure.
- 1.5. At the April 2021 Audit and Standards Committee Meeting, matters were raised concerning the Council's Planning Enforcement service by several Committee Members and other Members invited to attend and comment. The Audit & Standards Committee requested that Internal Audit undertake an objective and independent review into the Planning Enforcement service.

### 2. Audit Scope

- 2.1. This audit review has considered the following key service components (themes):
  - i. The development, review, and approval process for the Council's policy;
  - ii. Processes and systems designed to implement the policy and to ensure its application;
  - iii. Control systems designed to ensure and report on compliance with the processes;

- iv. Process and system changes implemented and planned to improve service delivery and outcomes, including the introduction of enhanced IT systems;
- v. Service 'management', operational activities and processes that assess, ensure, and confirm (including monitoring and reporting) that desired policy objectives are achieved (as detailed in section B of the approved Terms of Reference);
- vi. The Member oversight and engagement arrangements that monitor, support, and ensure the service has the required inputs to deliver the desired performance outcomes and deliver those outcomes; and
- vii. The service delivery arrangements during the Covid-19 pandemic in meeting the national and Council requirements to keep staff safe and the consequential impact on following the policy and procedure and delivering outcomes.

2.2. It should be noted that during the course of the review a number of areas have been considered where there are corporate arrangements that should apply, for example, project management, service planning, risk management. The corporate approach to these areas have been determined as being outside of the scope for this review. However, Internal Audit has considered how these have impacted on the enforcement service and how they may have better aided it. Recommendations have been made, but these need to be considered against the particular corporate arrangements and practices operating and planned.

### **3. Key Findings**

- 3.1. This internal audit has been undertaken through an information-gathering process that included:
- i. Interviews and discussions;
  - ii. The review and testing of processes, including systems and controls. The processes reviewed (and tested) included those in operation in the recent past, and those in current use. Any changes planned were also reviewed; and
  - iii. The review and testing of the key components of effective service delivery which allow for the attainment of the desired policy objectives.
- 3.2. Prior and during the audit period the service was in the process of a system review and change which included the implementation of 'Enterprise' the service's case management system. The findings in this report identifies how the service's planned development actions will enhance operational and management processes and makes recommendations where additional actions will be beneficial.

- 3.3. During the course of the Internal Audit fieldwork, it was apparent that the service was aware of the challenge it had and was experiencing in delivering the requirements of the Planning Enforcement Policy and Procedure. The service had developed an improvement plan, though improvements were identified over the course of our fieldwork. Following discussions with the Development Team Manager, this initial version of the improvement plan has been further developed into a comprehensive Business Improvement Plan. This Plan has been appended to this report as Appendix B.
- 3.4. The findings below identify the challenges the service faced, contributing factors, and include recommendations to address these (or link to the relevant action within the Business Improvement Plan):
- i. Procedures should be reviewed and clarified to ensure that Member oversight of the revised Council Planning Enforcement Policy and Procedure is sufficiently defined;
  - ii. The Enforcement Policy and Procedure requires review and revision to ensure that it contains clear guidance. This review should include establishing through consultation the enforcement aims and objectives, delivery requirements and measurements, and monitoring processes. The policy and procedure monitoring processes should ensure the service is effective and compliant with procedures, internal process, and any statutory requirements. This review and approval of the policy and procedure should be followed by further training on it being offered to Members and officers;
  - iii. There are a number of operating processes which require review, to ensure that they support the delivery of (and compliance with) the Enforcement Policy and Procedure. The current IT systems used (Uniform for case records and Idox for documents and evidence) is a key factor here. For example, Uniform is not a comprehensive case management system, it currently offers little in the way of management information (or oversight functionality) on case progress. There is little built-in functionality with regards to monitoring resource allocation, prompts and event triggers, record-keeping, or communications-monitoring. This has been identified by the service and features in the service's Business Improvement Plan (Appendix B). It is being addressed through the review of Uniform functionality and the adoption of Enterprise, the service's case management system;
  - iv. There are some gaps within the service's Business Improvement Plan with regards to assessing resource demand (as part of achieving key objectives and goals). It is therefore challenging to appraise how realistic Business Plan goals are. The service change being actioned is currently an "activity" to be undertaken alongside 'business as usual'. The change programme should be formally defined as a "project", which requires a resource demand assessment and, where appropriate, specific corporate project support;

- v. The service has struggled to ensure adequate resourcing; the Head of Development Management has advised Internal Audit that she is aware that this is not unique to Stroud, but is also reflected across many English Councils because of a recognised shortage of applicants with planning related skills. The service has not had a full establishment in 2020 and 2021. Recently the approach to resourcing has relied upon the availability of candidates within the 'agency' market. A comprehensive service delivery resourcing assessment is required that results in a business case for change, if so required, to address the resourcing challenges; and
- vi. The demands on the service have increased due to, in the service's view, the impact of the Covid-19 pandemic. There has been no formal assessment of the demand levels and the impact this has on service delivery and compliance with the Enforcement Policy and Procedure. Demand variances should be proactively monitored to ensure that undue pressure is not placed on the service. It would also be prudent to assess the demands exerted (on resources) by both direct and non-direct service activities to fully understand the direct service resource available.

#### **4. Conclusion**

- 4.1. The Planning Enforcement service has experienced resourcing and service demand challenges that have impacted on the delivery of the service. The Uniform IT system has not supported working practices and record keeping. The availability of automated performance management tools has not aided the supervision and management of the service. Although it is acknowledged that the Head of Service meets regularly with the Chair of Development Control Committee to discuss matters affecting the service, there is limited opportunity for wider members of the Committee to have appropriate strategic oversight.
- 4.2. Improvement actions are needed to address the service issues. The service had developed an initial improvement plan and has made progress towards implementing this. During the internal audit process, further improvement areas were identified, discussed, and subsequently included in the detailed Business Improvement Plan developed by the service (Appendix B).
- 4.3. In addition to the service's Business Improvement Plan Internal Audit has raised five High and eight Medium Priority recommendations. Once implemented and operating effectively, these recommendations will strengthen the current system of internal control, risk management, and improve monitoring and reporting. These recommendations can be found in full within Appendix A.
- 4.4. The implementation of the Business Improvement Plan and the Internal Audit recommendations offers the opportunity for the foundation and actions needed to deliver the objective and performance requirements of the revised Council Enforcement Policy and Procedure.
- 4.5. The effectiveness of service improvement is reliant on two key factors. These are the resources needed for the timely implementation of the service's Business Improvement Plan and Internal Audit's recommendations, and the resources to deliver 'business as usual' during this period. How the service is supported in delivering these is critical to its

success. The enforcement service improvement also needs to be considered in the context of potential wider impacts on the whole development management service.

- 4.6. Follow-up is required to provide assurance that the improvement planned has been delivered, is effective and has resulted in the desired outcomes. It is suggested the service provide a management update to an officer Member working group to include the Chair and Members of the Development Control Committee (DCC), which will then report back to the DCC and the Audit and Standards Committee, after six months. An Internal Audit assurance review be undertaken after twelve months.

## Appendix A – Action Plan and Management Responses

This section contains the findings for each audit objective along with any recommendations made by Internal Audit to strengthen the control environment. The recommendations are categorised as follows:

| Priority | Description   |
|----------|---|
| High     | Critical/Major risk exposure which materially impact on the assets, reputation, service delivery and objectives of the Council. |
| Medium   | Moderate risk exposure that impacts on the assets, reputation, service delivery and objectives of the Council.                  |

### 5. Theme 1: The development, review, and approval process for the Council’s policy.

- 5.1. The Council has an Enforcement Policy and Procedure that details how the Council will consider and action complaints in respect of planning enforcement matters. The policy and procedure states that this will be subject to an annual review. No records were made available to Internal Audit to demonstrate this requirement had been met, the last review is believed to have been undertaken in 2015 but the scope of that review and the process adopted is unknown. Internal Audit has been advised that in the period since 2015 planning enforcement legislation has not changed significantly and therefore the legislative parts of the policy and procedure may not have varied in the period. However, as a result of not undertaking any review, the opportunity to consider the key components of policy development and review have been missed. The regular review of the policy and procedure (by officers and Members) provides the opportunity to ensure that the service can meet the locally assessed service need, and that this is clearly defined, deliverable, and effectively monitored on an ongoing basis. The latter requires robust management mechanisms for oversight and ongoing testing to ensure compliance with the policy and procedure.
- 5.2. The service is aware the policy and procedure need review and updating, and this is proceeding, though sickness, staff shortages and the pandemic have delayed progress. The Business Improvement Plan Goal A (Appendix B) gives a revised development timeline of May 2022. As it is from the Enforcement Policy and Procedure that the processes stem, it may prove beneficial to bring the timeline for the completion of the review forward if possible. The service has confirmed the review will consider other authority’s policies to identify best practice. In addition, development will consider the relationship between scope, outcomes, demand, and inputs to offer assurance that the objectives and performance requirements can be delivered.
- 5.3. The review of the Council’s Planning Enforcement Policy and Procedure is an opportunity for procedures be reviewed and clarified to ensure that Member oversight of it, is sufficiently defined.



- 5.4. Internal Audit has reviewed a very early draft version of a revised policy and procedure and offered comment and observations for the service to consider, and has offered to provide comment on future draft versions.

| No.  | Recommendation  | Risks  | Agreed Action   |                                |
|------|---|--|---|--------------------------------|
| 1(M) | Procedures should be reviewed and clarified to ensure that Member oversight of the revised Council Planning Enforcement Policy and Procedure is sufficiently defined. | Members do not have oversight of the Enforcement Policy and Procedure objectives and its performance measures. | The revision of the Enforcement Policy and Procedure will define the arrangements for Member monitoring of its objectives and performance measures. |                                |
|      |   |  | Person Responsible  | Due Date                       |
|      |   |  | Strategic Director of Place and Head of Development Management  | 31 <sup>st</sup> December 2021 |

| No.  | Recommendation   | Risks   | Agreed Action  |   |
|------|--|---|--|---|
| 2(M) | <p>The review of the Enforcement Policy and Procedure is key to ensuring Members approve guidance that meets the Council’s needs, can be delivered, and can be monitored for effectiveness and compliance (with outcomes that can and will be measured).</p> <p>This review should be a collaborative process between Members and officers. A Policy and Procedure Development Programme has been developed (Business Improvement Goal A, Appendix B), which involves consultation with stakeholders. However, this process should be further defined – this represents an opportunity to proactively engage with Members and groups who may initiate complaints on a more regular basis, like Parish and Town Councils.</p> | <p>The policy and procedure review process does not maximise the learning opportunities from those who have recent experience of engaging with the service.</p> | <p>There is a plan to set up an informal Member group from Development Control Committee to discuss development management and enforcement performance management issues. This group, to be chaired by the Head of Development Management, will provide the Members oversight for the revised Enforcement Policy and Procedure. Consultation on the revised policy will be carried out in accordance with the Council’s Corporate Consultation Strategy. The method of adoption of the revised policy is dependent on the outcome of Recommendation 1. Resources available to progress this dependent on Recommendation 5.</p> |   |
|      |  |   | Person Responsible   | Due Date  |
|      |  |   | Development Team Manager   | Revised policy and procedures to DCC 31 <sup>st</sup> July 2022 |

**6. Theme 2: Processes and systems designed to implement policy and to ensure its application and the control systems designed to ensure and report on compliance with the processes.**

- 6.1. Internal Audit has reviewed the processes and systems operating to deliver the current Enforcement Policy and Procedure. As stated earlier, prior to the start of this Internal Audit the service had commenced a review of its processes and systems. This service-based review has led to the adoption of the ‘Enterprise’ case management system. This was progressing during our review and offered Internal Audit the opportunity to view the Uniform system, the way it is used, and to see the added benefits the Enterprise system can bring.
- 6.2. The service is aware the processes operating do not, in all instances, aid the effective delivery of, or support compliance with the Enforcement Policy and Procedure and the management of the service. Internal Audit undertook sample testing to review the current

processes to ensure all opportunities to improve both the process and controls are considered and actioned as part of the improvement work and the implementation of the Enterprise system. The following points summarise the key matters identified by the service, following Internal Audit's examination of the systems and processes, and from sample testing of records:

- i. The current system (Uniform) is not a case management system so offers very limited management information on work progress and does not support effective overview or performance monitoring;
- ii. The system is not used to record the priority assessment given to a case. As a result, performance information cannot be gained from the system on the progress of cases by priority;
- iii. The system offers the opportunity to use document templates to help ensure standardised wording where appropriate and the ability to add 'free text'. This is not currently used – documents are developed in Microsoft Word and email;
- iv. The system has limited embedded controls to trigger case review points or to ensure segregation where such control is appropriate, or at system defined approval points;
- v. The system does not facilitate the monitoring of case communications to aid management to ensure these occur in accordance with the requirements of the policy and procedure;
- vi. The system does not trigger the closure of cases when appropriate, leaving closed cases open on the system. For cases where a 'no harmful' breach is determined there is no system parameter set to prompt the closure of the case;
- vii. The operating process has one system holding the case details (Uniform) and another system (Idox) holding the supporting documentation and evidence linked to the case. The process and control arrangements do not ensure information held in the case detail system is supported by corresponding evidence in the document system. Case information can be held in Development Management shared IT drives and officer email records;
- viii. Although the system records the enforcement officer allocated to each case, the reporting system does not aid the effective overview and monitoring of staff resources and of case management by the enforcement officer;
- ix. System parameters do not prompt actions where required or report on them when completed, or not carried out. Communicating with complainants or tracking enforcement actions being examples; and
- x. The system does not include parameters that prompt periodic case review, where remedial actions have been agreed to ensure accurate enforcement records and to support accurate reporting to the complainant. For example, where a retrospective planning

application has been granted to ensure that; i) accurate enforcement records are in place and ii) the complainant is notified of the outcome.

- 6.3. In many instances, the system shortcoming is overcome by manual processes and 'work arounds', these being; personal case awareness, team discussions, system interrogation, manual record inspections and manual checks on cases. These processes can be inefficient, not always consistent, comprehensive or complete, and do not produce an effective evidenced management 'audit' trail.
- 6.4. The service has identified many of the operating processes that need development and improvement and these form part of the Business Improvement Plan Goals 2 and 3 see Appendix B.

**7. Theme 3: Process and system changes implemented and planned to improve service delivery and outcomes, including the introduction of enhanced IT systems.**

- 7.1. Elements of the processes that will change and be improved as a result of the implementation of the Enterprise system have been identified above and are further detailed in Business Improvement Plan Goal 3 see Appendix B.
- 7.2. The implementation of the Enterprise case management system offers the opportunity to provide effective processes, controls and performance management that have not been currently available. The Business Improvement Plan includes many of the system changes the IT enhancement will bring to improve delivery arrangements and management information in support of effective service management.
- 7.3. The Enterprise system is operational in other Development Service's areas, and there is confidence that implementation within the Enforcement Service will be a key factor in delivering improved operational effectiveness.
- 7.4. Internal Audit has reviewed the planned IT improvements and the impact these will have on the Enforcement Service's operating process, control arrangements and service management arrangements. The combination of the new IT platform, the automation of some processes, and action logging and enhanced controls should be a significant aid to the administrative, control and management, and service oversight arrangements. However, ensuring that the systems potential is maximised, and that it complies with the process, are essential to gaining the full benefits possible. These requirements and opportunities need effective service oversight, robust performance management and gaining and retaining the required resource levels (these are discussed in more detail in other sections of this report).

| No.  | Recommendation   | Risks   | Agreed Action   |                                |
|------|--|---|---|--------------------------------|
| 3(H) | The review and implementation of new IT processes represents an opportunity to ensure the efficiency and effectiveness of both processes and controls. Internal Audit should be invited to be a proactive consultee during the testing phase. This should involve Internal Audit reviewing and offering advice on the planned controls, particularly those that are embedded within the IT systems and that support performance management and the delivery of objectives. Audit plan days should be allocated for this within the current year and 2022-23. | A lack of effective processes and control could impair the achievement of the service to meet the Council's objectives. | Internal Audit will be invited to participate in the design and testing phase. Specifically, as part of Goal 3, Objective 3, Action 3 (scheduled for November 2021) and Goal 3 Objective 4 Action 5 (scheduled for December 2021) of the Business Improvement Plan. |                                |
|      |  |   | Person Responsible  | Due Date                       |
|      |  |   | Head of Development Management or Development Team Manager and Strategic Director of Resources  | 31 <sup>st</sup> December 2021 |

| No.  | Recommendation  | Risks  | Agreed Action  |   |
|------|---|--|--|---|
| 4(M) | The service should undertake a post-implementation review of the Enterprise system and associated processes. This will ensure that maximum benefit is being obtained and the desired level of case and performance management, control, and record-keeping is being obtained. Internal Audit should be invited to provide independent support to assist this specific review. | The service change programme fails to deliver its intended enhancements and therefore improved service effectiveness that supports the delivery of service performance requirements. | Internal Audit will be invited to participate in the review phase, specifically Goal 5, Objective 2, Action 3 (scheduled for February 2022) and Goal 5 Objective 3 Action 2 (which is dependent on the adoption of the revised Enforcement Policy and Procedure) of the Business Improvement Plan. Resources available to progress this dependent on Recommendation 5. |   |
|      |   |  | Person Responsible   | Due Date  |
|      |   |  | Development Team Manager   | 31 <sup>st</sup> July 2022, to coincide with Recommendation 2 |

7.5. There are a number of factors and challenges created by the current approach to implementing service change. These may be specific to this implementation or to the approach used by the Council. Given the increased demand and staffing challenges experienced by the Enforcement service, Internal Audit requested details of the structured and resourced project approach for implementing Enterprise and the associated review and change of processes. For example: funding, officer input, backfill (if needed), delivery plan with timescales and milestones. It is understood that arrangements to support service change initiatives are being planned as part of the wider corporate change processes. The Enforcement service needs to ensure it gains any additional support it needs to deliver its change programme and to deliver its 'business as usual' requirements. The Business Improvement Plan has named responsible officers and some target dates, but there are some gaps. In addition, there is no resource demand assessment in the Business Improvement Plan to provide assurance that it is realistic.

| No.  | Recommendation  | Risks   | Agreed Action  |                             |
|------|---|---|--|-----------------------------|
| 5(H) | <p>The service should consider its need for corporate support to deliver its change and improvement programme. Minor change may be able to occur alongside 'business as usual' activities, but change beyond this should be considered as a project in its own right. This project should have clear terms, delivery goals and outcomes, be resourced, be time-limited and have a delivery assurance process.</p> <p>It is Internal Audit's opinion that the Enforcement service's Business Improvement Plan is an activity that should be defined as a 'project' requiring a clear resource demand assessment and support as assessed pertinent.</p> | <p>Business change is not effective in delivery improvement, or delivering within desired time scales, or business change draws resource and impacts on 'business as usual' delivery.</p> | <p>The service agrees in principle with this recommendation and fully supports its implementation however, there is a lack of resource available to assist the service in delivering this piece of work as a project. Although requiring significant resources, the Business Improvement Plan as drafted is considered to be broadly achievable but only to the detriment of the business in other areas of the service. There is not a corporate project team to either manage or support the delivery of a project by the service. There is a structural, financial, and skill resource issue in implementing this recommendation.</p> <p>Discussion to be held with Strategic Director to establish resource and timescale. This recommendation is key to the delivery and success of most other recommendations.</p> |                             |
|      |   |   | Person Responsible   | Due Date                    |
|      |   |   | SLT (resource availability)<br>Strategic Director of Place and Head of Development Management  | 31 <sup>st</sup> March 2022 |

**8. Theme 4: Service ‘management’, operational activities and process that assess, ensure, and confirm (including monitoring and reporting) that desired policy objectives are achieved.**

Delegations, Approvals, and the Authorisation Processes

- 8.1. The Constitution and the policy and procedure detail the delegation process, which is applied. The review of the policy and procedure is the opportunity to ensure these are appropriate to need. Internal Audit has discussed automated control processes. Control parameters will be built within the IT systems to provide an electronic authorisation arrangement that ensures all delegations are correctly applied prior to a case progressing or concluding. This will also create a comprehensive management ‘audit’ trail. This action forms part of the Business Improvement Plan - Goal 3 – see Appendix B.

Awareness and Training in Enforcement Policy and Procedure

- 8.2. Training on the Development Management service is offered to all Members with specific training being offered to Members of the Development Control Committee. In both instances training includes planning enforcement.
- 8.3. The enforcement service is tasked with applying the policy and procedures that Members have determined as appropriate to deliver the planning enforcement objectives as set by the Council. Members have an important role in ensuring that the objectives of the policy are delivered. This may involve providing effective support to complainants from their Wards, supporting the enforcement services determinations or in providing challenge where it is felt appropriate to do so.
- 8.4. The development of a policy and procedure is an opportunity to review and set future awareness and training arrangements. There will be particular elements of policy and procedure where stakeholders and those making complaints should have clear understanding. The areas of priority setting, and therefore the resulting investigation process and potential actions, and the assessment of ‘harm’ and the implications of this assessment are key areas. The revised policy and procedure will be placed on the Council’s website. This is an opportunity for providing additional awareness through the availability of more information that may be beneficial to complainants helping them to better understand how the Council applies its enforcement policy and procedure. Parish and Town Councils are a source of a number of enforcement complaints each year. The offer of training or workshops may prove beneficial and would enhance relationships between the service and this tier of government.
- 8.5. A solution or partial solution to the resourcing challenge may be for the service to ‘train its own’. Current staff have moved into the service with limited experience of planning enforcement. The service has recognised the need to up-skill staff and to provide a professional training and development programme – Business Improvement Plan Goal 6 see Appendix B. In addition, the links between training on the application of the Enforcement Policy and Procedure, and the service processes, is key to supporting and ensuring service performance – Business Improvement Plan Goal 4. Training linked directly to service provision and compliance needs to form

part of a programme that tests effectiveness, is regularly refreshed, and ensure the consistent application of the policy, procedure, and process.

| No.                            | Recommendation   | Risks   | Agreed Action   |  |                    |          |                                |   |
|--------------------------------|--|---|---|--|--------------------|----------|--------------------------------|---|
| 6(M)                           | Officers should determine and agree the training and awareness arrangements required and provided to stakeholders, interested parties and staff. Determining and agreeing the delivery methods, frequency, scope, and funding. The effectiveness of the awareness and training arrangements should be periodically tested to ensure they remain appropriate and effective. | The policy and procedure awareness and understanding arrangements does not support constructive challenge of service determination or the management of service expectations. | <p>The intent of the recommendation is recognised. However, from the service's experience there is little value to detailed training to a wider audience as planning enforcement decisions are made on a case-by-case basis against planning merit. The objective is to provide clear understanding of the enforcement process, procedures, and scope and the service consider this is best met through the content of the revised Enforcement Policy and Procedure accompanying guidance on the website.</p> <p>Strengthen training on enforcement issues at annual mandatory Development Control Committee training. This is open to any Member to attend.</p> <p>Staff training programme spring 2022. Resources available to progress this dependent on Recommendation 5.</p> <table border="1" data-bbox="1487 1093 2148 1204"> <thead> <tr> <th data-bbox="1487 1093 1827 1131">Person Responsible</th> <th data-bbox="1827 1093 2148 1131">Due Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1487 1131 1827 1204">Head of Development Management</td> <td data-bbox="1827 1131 2148 1204">31<sup>st</sup> July 2022 (see Recommendation 2)</td> </tr> </tbody> </table> |  | Person Responsible | Due Date | Head of Development Management | 31 <sup>st</sup> July 2022 (see Recommendation 2) |
| Person Responsible             | Due Date   |   |   |  |                    |          |                                |   |
| Head of Development Management | 31 <sup>st</sup> July 2022 (see Recommendation 2)  |   |   |  |                    |          |                                |   |



Service Planning (Including Risk and Performance Management)

- 8.6. The corporate approach to service planning is outside of scope of this Internal Audit review. However, Internal Audit sought confirmation that the service planning process for the enforcement service included the key components of setting goals and targets, resourcing, performance management, risk management, monitoring of objectives and goals, budget setting and funding arrangements. These processes should identify service challenges and issues, stimulate debate leading to formal assessment, reporting and action where needed. The approval of the service plan should be confirmation that the inputs will deliver the required outputs and outcomes. It is understood the Council is in the process of reviewing its corporate approach to service planning. There is opportunity to inform the service planning process by assessing why for this service area service planning, risk management, and performance management has not identified the service challenges, and supported the service managers in securing corrective options and actions, to ensure the delivery of these.
- 8.7. The corporate processes should trigger short term solutions for formal consideration and approval and, if required, commence the investigation of longer terms options. Members should be actively involved though the corporate reporting arrangements for service planning and delivery, risk, and performance as these directly relate to outcomes and the delivery of Council policy and procedure objectives.
- 8.8. In reviewing and implementing a revised corporate service planning and delivery process the Council should consider and learn from why current corporate arrangements have not formally identified the challenges the Enforcement service was encountering. In addition, the outcomes from such corporate processes should rectify service matters, where Council policy, procedure, and performance requirements were struggling to be met. This could be seen as a weakness of the corporate performance management framework should a performance matter, be the stimulus for referral to the Audit and Standards Committee.

| No.  | Recommendation   | Risks  | Agreed Action  |                                |
|------|--|--|--|--------------------------------|
| 7(H) | Officers and Members should ensure the revised corporate approach to service planning (performance and risk management) provides assurance that policy objectives, performance requirements and risks are being effectively met and managed. Where there are service challenges these corporate and service-based processes should identify and lead to agreed rectification actions that are supported, delivered, and monitored. | The Council fails to identify and escalate service, performance and risk concern and therefore does not resolve these at the earliest opportunity. | The service considers this beyond their remit although fully support this recommendation. This matter shall be raised with the relevant Strategic Directors. |                                |
|      |  |  | Person Responsible   | Due Date                       |
|      |  |  | Strategic Director of Resources and Strategic Director of Place  | 31 <sup>st</sup> December 2021 |

### Resourcing, Recruitment, and Retention

- 8.9. During the process to establish the terms of reference for this review, the staffing challenges experienced by the service were strongly referenced by both officers and Members. The Head of Development management has advised Internal Audit that she is aware that the staffing challenge is not unique to Stroud, but is also reflected across many English Councils because of a recognised shortage of applicants with planning related skills. Internal Audit have sought to understand the resourcing and funding position in relation to securing and ensuring the delivery of the policy, procedure, and the associated process. There are a number of factors that impact on service resourcing; funding, staffing levels in relation to demand, staff recruitment and retention, communicating the resourcing challenges and actions to resolve.
- 8.10. The Head of Development Management has advised that service funding and resourcing has been challenging in recent years, and pre-pandemic the enforcement team consisted of:
- i. Senior Planning Enforcement Officer (1 FT (37 hours per week));
  - ii. Planning Enforcement Officers (2 PT, 22.5 hours and 20 hours per week); and
  - iii. Compliance Technician (1 FT).
- 8.11. During the pandemic the resource has been:
- i. Senior Planning Enforcement Officer (1 FT) but absent from 17 May 2021 returning 21st July 2021;
  - ii. Planning Enforcement Officer (1 PT works for 20 hours per week);
  - iii. Planning Enforcement Officer (1PT working 22.5 hours per week until 27<sup>th</sup> May 2021);
  - iv. Contract Planning Enforcement Officer (1 FT) - assigned to look after the backlog complaints who started on 10 May 2021, and stayed for the period to 30 July 2021. They were based outside the Stroud District, undertaking desktop assessments, engagements with landowners and property owners by phone and or email; and
  - v. Compliance Technician (1 FT)

- 8.12. Other resourcing matters to note: The resource now:
- i. Planning Enforcement Officer (PT vacant from 27 May 2021 to 6 September 2021) has now been made a fulltime role (FT 37 hours a week) with a new officer in role since 6th September 2021;
  - ii. Planning Enforcement Officer Contract Officer (FT (recent appointment) started on 31 August 2021, based outside Stroud)); and
  - iii. The service has been managed by the Development Team Manager; this post was vacant from the end of 2019 to September 2020.
- 8.13. Although there has been an awareness, Internal Audit has been advised that no formal assessment of the resourcing challenges encountered, the impact on the service, and the potential options that could be considered to resolve this. As a result, the resourcing has been based on the 'market availability' of contract enforcement officers, which may not have met specific service need. Since May 2021, Enforcement services has engaged agency staff, and those requiring planning enforcement training.
- 8.14. The management structure for the enforcement service was raised with the Development Team Manager and the Senior Enforcement Officer, as it differs from other sections within the direct service teams in the Development Service. The two other teams are headed by 'Principal' officers with the enforcement team being headed by a 'Senior'. This was not pursued as part of this review but should be examined in terms of salary structures within the Development Services team and possible links to recruitment.

| No.  | Recommendation  | Risks  | Agreed Action  |   |                    |          |
|--|---|--|--|---|--------------------|----------|
| 8(H)   | <p>The service should produce a comprehensive service delivery resourcing assessment, and a business case for change if needed. This should include a formal assessment of:</p> <ul style="list-style-type: none"> <li>i Resource to meet demand;</li> <li>ii Skills requirements (for each role);</li> <li>iii The market rate for the roles required (salaries and supplements);</li> <li>iv Staff availability;</li> <li>v Reasonableness of service costs (via market testing or benchmarking); and</li> <li>vi Alternative delivery models for service delivery (for example, shared service agreements with other local authorities).</li> </ul> <p>In addition, this assessment should also factor in the immediate challenges of implementing both IT and process changes. The medium-term impact of a revised policy and procedure and the long-term impact of more effective IT systems (and service demand forecasting) also require consideration.</p> <p>The outcome of this assessment should link to Business Improvement Plan Goal 6.</p> | <p>Service performance requirements are not met due to inadequate staff resources.</p> | <p>There is a clear need to review the resourcing of the planning enforcement function; at present additional resource is provided by agency staffing at considerable cost. However, the resourcing needs are directly related to the requirements of the Enforcement Policy and Procedure and may be influenced by any efficiencies gained through the introduction of Enterprise.</p> <p>A short term review of resourcing will be made in January 2022 before the current agency placement comes to an end (in February).</p> <p>A longer-term review of resourcing will be made in the summer of 2022 once the expectations of the revised Enforcement Policy and Procedure are identified and the Enterprise system has been embedded into the service's ways of working.</p> <p>Resources required to undertake a resourcing assessment should be included in the project resources as part of Recommendation 5.</p> |   |                    |          |
|  |   |  | <table border="1" style="width: 100%;"> <thead> <tr> <th data-bbox="1469 1142 1868 1182">Person Responsible</th> <th data-bbox="1868 1142 2148 1182">Due Date</th> </tr> </thead> </table>   |   | Person Responsible | Due Date |
|  |   |  | Person Responsible   | Due Date  |                    |          |
| <table border="1" style="width: 100%;"> <tbody> <tr> <td data-bbox="1469 1182 1868 1295">Head of Development Management</td> <td data-bbox="1868 1182 2148 1295">31<sup>st</sup> July 2022 if resources / support available</td> </tr> </tbody> </table> | Head of Development Management  | 31 <sup>st</sup> July 2022 if resources / support available                            | <table border="1" style="width: 100%;"> <tbody> <tr> <td data-bbox="1868 1182 2148 1295">31<sup>st</sup> July 2022 if resources / support available</td> </tr> </tbody> </table>   | 31 <sup>st</sup> July 2022 if resources / support available |                    |          |
| Head of Development Management   | 31 <sup>st</sup> July 2022 if resources / support available   |  |  |   |                    |          |
| 31 <sup>st</sup> July 2022 if resources / support available  |   |  |  |   |                    |          |

Service Demand

- 8.15. Internal Audit was made aware by officers and Members that in addition to the resourcing challenges, the service has experienced increased demand, particularly since the start of the pandemic. In order to be able to confirm demand levels, Internal Audit obtained complaint case details for recent years and this shows an increase year-on-year. The case numbers are as follows: 402 cases 2018/19, 496 cases 2019/20 and 604 cases 2020/21. The trend over these three years, shows a year-on-year increase in enforcement cases to investigate. In 2021/22 cases at the beginning of September, shows 533 cases, this indicates an expected further increase in cases for the current year. There has been an awareness by both Members and officers of the increase in demand, the pressures this has placed on delivery, and the challenges of resourcing the service. However, there has been no formal assessment and report to Members, on the impact increased demand has had on the delivery of the service and the options to meet this.
- 8.16. The service’s view is that increased demand is linked to the pandemic, with changes being made to premises and greater awareness of those changes being made. Demand levels, numbers and complexity need to be monitored over the coming months to determine future levels and trends and the impact this may have.

| No.                            | Recommendation  | Risks  | Agreed Action  |                    |          |                                |   |
|--------------------------------|---|--|--|--------------------|----------|--------------------------------|---|
| 9(M)                           | Changes in service demand should be monitored based on pre-determined tolerances which should trigger a formal process that assesses impact and determines, agrees, and approves actions to address these. In the instance of the Enforcement service this could mean officers and Members considering balancing demand to resource and the scope and requirements of the policy and procedure. | Service performance requirement are affected by increasing service demand. | <p>Monitoring of service demand against identified resource tolerances established as part of Recommendation 8. This information can be discussed with the proposed Development Management liaison group to allow for Member involvement.</p> <p>However, there is no provision in the Service Plan or budget for contingency should the tolerances be reached/ breached and the experience of the service is either using agency resource or to make do and mend.</p> <table border="1"> <thead> <tr> <th>Person Responsible</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>Head of Development Management</td> <td>31<sup>st</sup> January 2022 and ongoing</td> </tr> </tbody> </table> | Person Responsible | Due Date | Head of Development Management | 31 <sup>st</sup> January 2022 and ongoing |
| Person Responsible             | Due Date  |  |  |                    |          |                                |   |
| Head of Development Management | 31 <sup>st</sup> January 2022 and ongoing   |  |  |                    |          |                                |   |

Management and Supervision of the Enforcement Service Including Performance Management

- 8.17. Internal Audit has discussed the management and supervision arrangements with the Development Team Manager and the Senior Enforcement Officer and has been advised that in 2018 the service was headed by a Principal Enforcement and Appeals Planner. A number of changes to the management structure now results in the Senior Enforcement Officer providing day-to-day management of the service. The primary function of the Senior Enforcement Officer’s role comprises service management, supervision, and the investigation of complex enforcement cases. The post holder and the Development Team Manager have confirmed that increased service demand, the impacts of managing a fluctuating workforce, absence of automated management monitoring and reporting aids and Covid-19 implications, has meant the functions of management and supervision have been compromised through prioritising of service demands. An assessment of the Senior Enforcement Officer’s post should be undertaken to ensure provision allows for the management and supervision role to be effectively fulfilled and to determine the scope to undertake direct service activities (complex cases). This information should feed into the wider service assessment of the resource requirements to meet complaint numbers and case complexity pressures.
- 8.18. Understanding the impact of direct and non-direct service activities is key to ensuring adequate direct resource is available to meet policy and procedure requirements and performance standards. Direct service time will have fluctuated and will continue to fluctuate until stable operating systems, processes and staffing arrangements are secured.

| No.                      | Recommendation   | Risks   | Agreed Action   |                    |          |                          |                             |
|--------------------------|--|---|---|--------------------|----------|--------------------------|-----------------------------|
| 10(M)                    | The service should introduce time and task monitoring arrangements for a limited period in order to obtain timesheet data on the relationship between direct and non-direct service activities. This information can then be used to inform the resource review recommended earlier. | The resource available to the service falls short of that required. | The service will introduce time and task monitoring over a defined period in spring 2022 once the revised Enforcement Policy and Procedure and the service standards it introduces have been published. However, there is a resource implication in the setting up of time and task monitoring which should be included in the project resources as part of Recommendation 5 and 8. |                    |          |                          |                             |
|                          |  |   | <table border="1"> <thead> <tr> <th>Person Responsible</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>Development Team Manager</td> <td>30<sup>th</sup> April 2022</td> </tr> </tbody> </table>   | Person Responsible | Due Date | Development Team Manager | 30 <sup>th</sup> April 2022 |
| Person Responsible       | Due Date   |   |   |                    |          |                          |                             |
| Development Team Manager | 30 <sup>th</sup> April 2022  |   |   |                    |          |                          |                             |

- 8.19. The performance management information to evidence the delivery of the service to the required standards needs improvement. The lack of automated performance information does not aid the supervision and the management of the service and has been identified by them as a key improvement area, Business Improvement Plan Goal 7. Examples of automated performance information that would aid the day-to-day supervision of the service include cases by priority, cases by communication targets, case action tracking, cases by case officer, cases with outstanding actions, closed cases, and case demand levels.
- 8.20. The service performance targets and outcomes should link to and demonstrate the delivery of the policy and procedure objectives. At present no performance monitoring and reporting arrangement is present to demonstrate this. A key component of performance management is the 'golden thread' that links the Council's corporate plan to Council policy, procedure, and service plans to the individual. This chain is broken if performance targets, and outcomes are not set at each level and these support and demonstrate the attainment of the objectives.

| No.   | Recommendation   | Risks  | Agreed Action  |                               |
|-------|--|--|--|-------------------------------|
| 11(H) | The performance management framework should be reviewed as part of the policy and procedure review to ensure the delivery of the objectives set can be measured and monitored. This framework should measure and monitor the delivery of the Enforcement Policy and Procedure, supporting and demonstrating the progress of operational and individual targets and outcomes. | The performance management arrangements do not support or demonstrate the delivery of objectives, targets, and outcomes. | <p>The service is in the process of reviewing its performance management tools, as set out in Goal 7 of the Business Improvement Plan. The revised Enforcement Policy and Procedure, the new Council Plan, and any subsequent revised Service Plan will feed into the performance management framework and any tools required to monitor.</p> <p>There is a resource demand to reporting on performance objectives which should be included in the project resources as part of Recommendation 5 and 8.</p> <p>This can only be started with any degree of confidence after other recommendations and aspects of the business improvement plan have been completed and embedded.</p> |                               |
|       |  |  | Person Responsible   | Due Date                      |
|       |  |  | Head of Development Management   | 31 <sup>st</sup> October 2022 |

Information Management, Record Management and Record-Keeping

- 8.21. The service has identified the need to improve information management and record keeping and sample testing by Internal Audit supports this requirement. A number of steps are being taken, or are planned to address this and forms part of the Business Improvement Plan, in summary the areas identified are:
- i. Control and review process that ensure all information is held in the two systems used (Uniform and Idox) is complete and accurate;
  - ii. Enhanced training arrangements to ensure Enforcement staff understand the record keeping requirement;
  - iii. The use of the systems to generate and retain communications, including the application of system-based templates to ensure standardised wording to comply with legislation and policy;
  - iv. System generated prompts and management information to ensure and record compliance with policy and procedure requirements;
  - v. Enhanced system-based audit trails; and
  - vi. A service specific set of records retention arrangements.
- 8.22. The development of digital access to information that must be publicly available has been included in the Business Improvement Plan – Goal 8.
- 8.23. Changes to operating processes is an opportunity to undertake a data cleansing exercise and this should be added to Goal 8.



Communication Processes, Timeliness and Effectiveness (including with Parish Councils)

- 8.24. The service is aware that maintaining required or desired levels of communication has proven challenging due to resources, increased service demand and the limitations of automated processes. Service communications with Parish and Town Councils has been raised by Members and Parishes. Internal Audit reviewed the communication requirements for Members and Parish and Town Councils. The current policy and procedure reference the communication requirement in respect of the complainant and those subject to enforcement action. Under the policy, Members or Parish Councils making an enforcement complaint is a complainant, the same as a member of public. Parish and Town Councils and Members are not consultees to the complaints received by the service. Each complainant is afforded confidentiality unless specifically waived, or where enforcement action results. Members are informed of enforcement complaints from their Wards that are being progressed.
- 8.25. Complaints that result in enforcement action where a notice is served are currently reported to the Development Control Committee and there is a process for referral to this committee. The reporting arrangements for complaints, for example criteria, scope, actions available, decisions, and tracking, should be clearly defined in the policy and procedures.
- 8.26. Members have expressed an interest in the number of complaint cases raised by Parish and Town Councils. These are summarised in Table 1 below.

**Table 1:** The number of complaints raised by both Parish & Town Councils and Members (Stroud District Council).

| Period              | Number of Complaints – Parish & Town Councils | Number of Complaints – Members (Stroud District Council) |
|---------------------|---|--|
| 2019/20 – Full Year | 53  | 22   |
| 2020/21 – Full Year | 83  | 31   |
| 2021/22 – End July  | 18  | 9  |

| No.                            | Recommendation   | Risks   | Agreed Action   |                    |          |                                |                               |
|--------------------------------|--|---|---|--------------------|----------|--------------------------------|-------------------------------|
| 12(M)                          | <p>The review of the policy and procedure is an opportunity for officers and Members to assess, agree and approve the enforcement communication arrangements.</p> <p>The communication arrangements should be governed by the required service levels and legal constraints. These should be able to be performance tracked, monitored, and reported, and meet the expectations and requirements of the complainant, the complaint location owner, occupier or person responsible, and Members, whilst maintaining required complainant confidentiality.</p> | <p>Communication requirements are unclear and not monitored and therefore do not support and aid the effective delivery of the service.</p> | <p>The service acknowledges the purpose of this recommendation. The service intends to address this by setting out the communications expectations in the revised Enforcement Policy and Procedure. Additional guidance may be required for Members who are not themselves the complainant; this will be progressed in the form of a note and published on the Members' Hub.</p> <p>The implementation of this is dependent on the date that the revised Enforcement Policy and Procedure is adopted.</p> <p>Resources being available to progress this are dependent on Recommendations 5 and 8.</p> <table border="1"> <thead> <tr> <th>Person Responsible</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>Head of Development Management</td> <td>31<sup>st</sup> October 2022</td> </tr> </tbody> </table> | Person Responsible | Due Date | Head of Development Management | 31 <sup>st</sup> October 2022 |
| Person Responsible             | Due Date   |   |   |                    |          |                                |                               |
| Head of Development Management | 31 <sup>st</sup> October 2022  |   |   |                    |          |                                |                               |

Formal Complaints or Questions Raised (in Respect of Service Delivery)

- 8.27. The Council has a formal corporate complaints process where enforcement complainants feel that they have not been offered the expected service standards (the application of policy and procedure and or the delivery of the service to the required performance standard). Where a formal complaint is made, the corporate complaints process is followed. Three current year cases were sample-tested, and these were being progressed through the formal corporate process. The outcome of complaints escalated to the corporate complaints process should form part of the service performance reporting arrangements.
- 8.28. Internal Audit sought confirmation that service practices enable lessons to be learned from corporate complaints and that the outcomes form part of service improvement arrangements. The service has confirmed that under the Business Improvement Plan – Goal 4, the

comprehensive procedure guides will be regularly reviewed. Also, under Goal 6, staff training will reflect learning opportunities arising from the outcome of service complaints.

**9. Theme 5: The Member oversight and engagement arrangements that monitor, support, and ensure the service has the required inputs to deliver the desired performance outcomes and deliver those outcomes.**

- 9.1. The Councils Constitution specifies the functions delegated to the service and the responsibility of the DCC to provide oversight of specific planning control breaches. It is acknowledged that the Head of Service meets regularly with the Chair of Development Control Committee to discuss matters affecting the service. In addition, the service report planning enforcement complaint information to DCC but there is opportunity to enhance this, reporting on the Enforcement Policy and Procedure objectives and performance measures, this has been referenced at point 5 above. Monitoring and reporting also links to earlier comments on, service planning, performance, and risk management. A formal Member oversight of the policy and procedure objectives and performance measures may have aided the communication between the service and Members identifying, determining, and progressing formal resolutions to the challenges the service recently encountered. *Recommendation 1(M) Applies*

**10. Theme 6: The service delivery arrangements during the pandemic in meeting the national and Council requirements to keep staff safe and the consequential impact on following policy and procedure and delivering outcomes.**

- 10.1. The Council issued Covid-19 briefings, undertook service-based risk assessments, introduced local practices, and followed national guidance. The corporate guidance in summer 2020 was, 'to arrange an appointment and discuss the access to the site (e.g. gates/doors etc. to be left open) and any Covid-security arrangements on site'. The service specific guidance being, 'the only exception to this being Enforcement visits necessary to gather evidence, but these should still follow core safety measures and all other guidance and measures followed. If visits are unannounced questions regarding the self-isolation of occupants should be made on the doorstep before entering. The visit should be abandoned if necessary'.
- 10.2. It is understood the service followed the guidance, and although service delivery methods will have been impacted by Covid-19, for many of the matters raised earlier in this report; for example, policy and procedure review, service resourcing, operating systems and practices, performance management and oversight, are areas where the impact of Covid-19 has not been the significant factor. This is supported by the following post on the service website page:

*“Disruption to Planning Enforcement Services – We are currently unable to provide a full planning enforcement service due to staff vacancies, absence (including self-isolating), annual leave, and recruitment delays. As a result, this means that we have to prioritise very urgent new enforcement over and above other cases over the summer period. All other complaints are being triaged on receipt. This means we may not be able to respond to lower priority requests and complaints at this time. Agency staff have joined us to improve capacity and we hope the impact on our services will be limited in duration.”*

- 10.3. The increased service demand has coincided with, or stems from, greater resident awareness during the pandemic. The service delivery method has varied in part due to the response to Covid-19 risks, but also due to the “disruptions” detailed above on the website post. Increased demand has also been a factor. Internal Audit was advised by the Enforcement team that Covid-19 has placed constraints on their ability to gather evidence through site visits. As a consequence, reliance was placed on written communications with relevant parties. These were not consistently responded to in a timely manner, impacting upon service provision.
- 10.4. In addition, Covid-19 resulted in ‘working from home’, less interaction between team members, other teams and other services, the impact or benefits being uncertain.

| No.                      | Recommendation   | Risks   | Agreed Action  |                    |          |                          |                            |
|--------------------------|--|---|--|--------------------|----------|--------------------------|----------------------------|
| 13(M)                    | As part of the Enforcement Policy and Procedure review, the implementation of the IT system, the changing working practices and any operational benefits stemming from the arrangements introduced during the pandemic should be considered for inclusion. | The review of the policy and procedures and the Business Improvement Plan do not consider the opportunities from the operating variances introduced during the Covid-19 pandemic. | <p>The introduction of Enterprise will facilitate greater levels of flexible working as through the automation of tasks. The corporate approach to hybrid working is being prepared and the service will ensure that new systems and processes take on board the lessons learned from the pandemic.</p> <p>Furthermore, the service will review (as part of its review of the website or digital platform) IT capabilities to allow the submission of supporting documentation and evidence with enforcement complaints.</p> <p>Resources being available to progress this are dependent on Recommendations 5 and 8.</p> |                    |          |                          |                            |
|                          |  |   | <table border="1"> <tr> <th>Person Responsible</th> <th>Due Date</th> </tr> <tr> <td>Development Team Manager</td> <td>31<sup>st</sup> July 2022</td> </tr> </table>   | Person Responsible | Due Date | Development Team Manager | 31 <sup>st</sup> July 2022 |
| Person Responsible       | Due Date   |   |  |                    |          |                          |                            |
| Development Team Manager | 31 <sup>st</sup> July 2022   |   |  |                    |          |                          |                            |

## Appendix B – Business Improvement Plan

The following Business Improvement Plan has been developed by the Enforcement Service and was provided to Internal Audit. This was being actively progressed during the internal audit review.

### Business Improvement Plan: Planning Enforcement

#### PURPOSE AND AIM OF IMPROVEMENT PLAN

Review of policy and back-office systems to implement a new way of working which:

- (a) Ensures a clear, up-to-date, policy that establishes how planning enforcement complaints are investigated; and
- (b) Improves the efficiency of the service to help meet service demand and user expectations; and
- (c) Introduces business continuity measures; and
- (d) Reviews systems and control processes.

|                |  |                |   |
|----------------|--|----------------|---|
| <b>Sponsor</b> | Geraldine LeCointe, Head of Development Management |                |   |
| <b>Date</b>    | September 2020                                     | <b>Version</b> | 3 |

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| GOAL 2 | Establish the procedures for investigating and processing planning enforcement complaints             |
| GOAL 3 | Review and update back-office set-up and upgrade IT software infrastructure, including improving data |
| GOAL 4 | Provide training on new processes and comprehensive procedure guides                                  |
| GOAL 5 | Implement new way of working  |
| GOAL 6 | Develop professional training and continued professional development programme                        |
| GOAL 7 | Review Uniform case management tools to assist performance management                                 |
| GOAL 8 | Provide public on-line access to planning enforcement register  |

| <b>GOAL 1</b>   |   | <b>Lead officer Griff Bunce</b> |                  |                   |
|---|---|---------------------------------|------------------|-------------------|
| <b>Review planning enforcement policy to ensure it is fit for purpose.</b>  |   |                                 |                  |                   |
| Is the policy clear? Does it explain how enforcement complaints are processed and considered? Are matters such as expediency and priority defined? Are the possible outcomes established at the start of the process? Does it follow best practice? |   |                                 |                  |                   |
| <b>OBJECTIVE</b>  | <b>ACTION</b>   | <b>RESPONSIBILITY</b>           | <b>TIMEFRAME</b> | <b>PROGRESS</b>   |
| Establish 'best practice'   | Review neighbouring and Gloucestershire authorities' enforcement policy (GC; CB; TB; CD; FOD; SG) | GB                              | September 2021   | <b>Complete</b>   |
|   | Review guidance from RTP1 and PAS on enforcement plans  | GB                              | September 2021   | <b>Complete</b>   |
|   | Identify key components of best practice, particularly around expediency and priority             | GB                              | Mid-October 2021 | Started; on-track |
|   | Identify what 'key points' are used for customer contact  | GB                              | Mid-October 2021 | Started; on-track |
| Review existing enforcement plan.   | Establish whether current processes meet requirements of existing plan                            | GB                              | Mid-October 2021 | Started; on-track |
|   | Where processes do not meet requirement of plan, identify what updates are required               | GB                              | Mid-October 2021 | Started; on-track |
|   | Assess whether plan is easily understood and identify what areas need to be improved              | GB                              | Mid-October 2021 | Started; on-track |
| Ensure a good customer experience   | Define processes, procedures, terminology   | GB                              | October 2021     | Started; on-track |
|   | Identify key points for customer contact through entire lifespan of complaint                     | IM (AC)                         | October 2021     | Started; on-track |

|                                |   |     |   |                   |
|--------------------------------|---|-----|---|-------------------|
|                                | Set key performance indicators for customer contact   | IM  | October 2021  | Started; on-track |
|                                | Define (for customer) routes investigations may take and possible outcomes, including timeframes. | IM  | October 2021  | Started; on-track |
| Draft revised enforcement plan | First draft prepared and circulated internally  | IM  | October 2021  | Started; on-track |
|                                | Review feedback on first draft and revise document  | GB  | November 2021   | Yet to start      |
|                                | Second draft prepared and circulated internally   | GB  | December 2021   | Yet to start      |
| Adoption of enforcement plan   | Consult stakeholders on enforcement plan  | GLC | February 2022   | Yet to start      |
|                                | Review consultation responses and prepare final version   | GB  | March 2022  | Yet to start      |
|                                | Final version and circulated internally and with key stakeholders for approval                    | GLC | May 2022  | Yet to start      |
|                                | Adoption approval process – committee?  | GLC | TBC – process needs to be confirmed and scheduled in forward work programme | Yet to start      |

| <b>GOAL 2</b>   |  | <b>Lead officer Ian Mallinson</b> |                  |  |
|---|--|-----------------------------------|------------------|--|
| <p><b>Establish the procedures for investigating and processing planning enforcement complaints.</b><br/>                     Based on the emerging revised planning enforcement plan, formalise the processes and procedures for enforcement complaints from receipt to closure.</p> |  |                                   |                  |  |
| <b>OBJECTIVE</b>  | <b>ACTION</b>  | <b>RESPONSIBILITY</b>             | <b>TIMEFRAME</b> | <b>PROGRESS</b>                            |
| Create 'model' process map  | Identify actions required to investigate, formulate recommendations, and close planning enforcement complaints | GB                                | September 2021   | <b>Complete</b>                            |
| Review process map  | In line with the outputs of GOAL 3, review and update process map.   | IM                                | December 2021    | Yet to start; waiting completion of GOAL 3 |



| <b>GOAL 3</b>   |  | <b>Lead Officer Debra Bedwell</b> |  |   |
|---|--|-----------------------------------|--|---|
| <b>Review and update back-office set-up and upgrade IT software infrastructure, including improving data.</b>                         |  |                                   |  |   |
| Investigate set-up of Uniform to ensure that IT process and procedures meet the expectations of the enforcement plan and process map. |  |                                   |  |   |
| OBJECTIVE   | ACTION   | RESPONSIBILITY                    | TIMEFRAME  | PROGRESS  |
| Resume 'Enterprise' roll-out (for enforcement module)   | Purchase Enterprise key for enforcement module   | MA                                | June 2021  | <b>Complete</b>   |
|   | Activate Enterprise in enforcement module  | Idox                              | June 2021  | <b>Complete</b>   |
| Investigate data quality/ data control/ data management   | Review other authorities' use of enforcement module                                    | DB                                | End of October   | Started<br>Brief discussion with Andy Birchley of GCC – April 2021.<br>Imported Enterprise Tasks from Chichester for review.<br>Discussion with Tewkesbury arranged – 01.10.2021. |
|   | Examine Idox knowledge hub for best practice examples                                  | DB                                | During this project and then annually as a mechanism for improvement | <b>Complete</b>   |
|   | Recommend any changes to data entry or data fields                                     | DB                                | End of October 2021  | Work commenced in matching new process map to data entry. Initial ideas discussed with MA/IM/SH.  |
|   | Review current code lists in uniform. Are they used? Do they fit with new process map? | DB (GLC)                          | October 2021   | Work has commenced reviewing Suffix types.  |
|   | Identify any new codes required  | DB                                | October 2021   | Some new Inspection/Action codes and Decision types have been identified. These will  |
|   |  |                                   |  |   |

|                                      |  |            |                      |   |
|--------------------------------------|--|------------|----------------------|---|
|                                      |  |            |                      | fit with the process map and Enterprise tasks. Some testing has been undertaken on these in Uniform test system by DB                                       |
|                                      | Update Uniform Code lists  | DB         | End of November 2021 | Yet to start  |
| Establish checks and control systems | Review Uniform tab/ field security   | DB (MA)    | End of October 2021  | In progress   |
|                                      | Review Uniform user roles/ formation of user groups  | DB (MA/GB) | End of October 2021  | Some work has begun in terms of the formation of user groups for Enterprise tasks. But full review of roles required.                                       |
|                                      | Recommend security checks and controls   | DB         | By W/E 05/11/2021    | Yet to start  |
|                                      | Update Uniform with any changes  | DB (MA)    | End of November 2021 | Yet to start  |
| Set up/ code Enterprise tasks        | Using model process map, identify tasks required for: <ul style="list-style-type: none"> <li>• receipt/ acknowledgement</li> <li>• triage</li> <li>• allocation</li> <li>• investigation</li> <li>• approval</li> <li>• closure</li> <li>• enforcement action</li> </ul> | DB         | September 2021       | <b>Complete</b>   |
|                                      | Draft Enterprise tasks   | DB         | End of October 2021  | Coding work has started and is approximately 70% complete.<br>Outstanding tasks:<br>Circulation of report<br>Issue final correspondence<br>And Notice tasks |

|   |  |   |                                       |   |
|---|--|---|---------------------------------------|---|
|   |  |   |                                       | Some other tasks require small adjustments when letter templates and user groups confirmed.   |
|   | Initial checks of tasks with enforcement team                                  | DB                                      | End of October 2021                   | 1 <sup>st</sup> Initial consultation with IM/SH, covering process up to allocation – completed 30.07.2021<br>Need to arrange a second meeting to discuss investigation/report tasks in more detail. |
|   | Review and update tasks  | DB                                      | By W/E 19 <sup>th</sup> November 2021 | In progress   |
|   | Formal testing and feedback  | DB (Testers TBC – possibly MG/AC/SH/IM) | December 2021                         | Yet to start  |
| Update Uniform letter templates, including customer contact and closure statement | Review existing templates – are they still required? Are they fit for purpose? | GLC (IM/GB)                             | End of October 2021                   | Work commenced but may be influenced by Tewkesbury/Gloucester collaboration   |
|   | Identify template for updating, review content and recommend changes           | GLC (IM/GB)                             | End of October 2021                   | Yet to start (dependent on previous action)   |
|   | Identify new templates   | GLC (IM/GB)                             | End of October 2021                   | Yet to start (dependent on previous action)   |
|   | Create/ update templates and print menus                                       | DB                                      | 12 <sup>th</sup> November 2021        | Yet to start (dependent on previous action)   |
| Update Uniform report templates (expediency report; DCC report)                   | Review existing templates – are they still required? Are they fit for purpose? | GB                                      | End of October 2021                   | In progress   |

|   |  |         |                                |   |
|---|--|---------|--------------------------------|---|
|   | Identify template for updating, review content and recommend changes           | GB      | End of October 2021            | Yet to start (dependent on previous action)         |
|   | Identify new templates   | GB      | End of October 2021            | Yet to start (dependent on previous action)         |
|   | Create/ update templates and print menus                                       | DB      | 12 <sup>th</sup> November 2021 | Yet to start (dependent on previous action)         |
| Update Uniform Enforcement Notice templates | Review existing templates – are they still required? Are they fit for purpose? | IM (SH) | October 2021                   | In progress. Tewkesbury / Gloucester collaboration? |
|   | Identify template for updating, review content and recommend changes           | IM (SH) | October 2021                   | In progress. Tewkesbury / Gloucester collaboration? |
|   | Identify new templates   | IM (SH) | October 2021                   | In progress. Tewkesbury / Gloucester collaboration? |
|   | Create/ update templates and print menus                                       | DB      | 12 <sup>th</sup> November 2021 | Yet to start (dependent on previous action)         |

| <b>GOAL 4</b>  |  | <b>Lead officer Debra Bedwell</b> |                   |  |
|--|--|-----------------------------------|-------------------|--|
| <b>Provide training on new processes and comprehensive procedure guides.</b>   |  |                                   |                   |  |
| Prepare training programme and materials to deliver identified improvements including the publication of procedure guides. |  |                                   |                   |  |
| <b>OBJECTIVE</b>   | <b>ACTION</b>  | <b>RESPONSIBILITY</b>             | <b>TIMEFRAME</b>  | <b>PROGRESS</b>                          |
| Publish 'how to' procedure guides for business support officers  | Identify any existing procedure guides that need to be updated/ culled                               | SW                                | By W/E 12/11/2021 |  |
|  | Draft new procedure guides and update existing   | SW                                | By W/E 19/11/2021 |  |
|  | Test and review procedure guide  | SW                                | December 2021     |  |
| Publish 'how to' procedure guides for compliance/ enforcement officers   | Identify any existing procedure guides that need to be updated/ culled                               | IM (SH)                           | By W/E 12/11/2021 | In progress.                             |
|  | Draft new procedure guides and update existing   | IM (SH)                           | By W/E 19/11/2021 | In progress.                             |
|  | Test and review procedure guide  | IM (SH)                           | December 2021     | Yet to start (dependent on above action) |
| Publish 'how to' procedure guides for managers   | Identify any existing procedure guides that need to be updated/ culled                               | DB                                | By W/E 12/11/2021 |  |
|  | Draft new procedure guides and update existing   | DB                                | By W/E 19/11/2021 |  |
|  | Test and review procedure guide  | DB                                | December 2021     |  |
| Interactive demonstration sessions   | Consider groups for training (e.g. support officers, enforcement officers, managers, system testers) | DB                                | By W/E 12/11/2021 |  |
|  | Schedule appropriate group sessions  | DB                                | W/C 15/11/2021    |  |

|  |  |    |   |  |
|--|--|----|---|--|
|  | Establish number of cases required for run-through and at which stage in process | DB | W/C 15/11/2021                                  |  |
|  | Log training cases in test system  | DB | W/C 15/11/2021                                  |  |
|  | Hold training sessions for system testers  | DB | W/C 22/11/2021                                  |  |
|  | Hold training sessions for all other users.                                      | DB | 1 <sup>st</sup> week of January - By 07/01/2022 |  |

| <b>GOAL 5</b>  |  | <b>Lead officer Griff Bunce</b> |   |   |
|--|--|---------------------------------|---|---|
| <b>Implement new way of working.</b>                               |  |                                 |   |   |
| Introduce IT and process changes to realise business improvements. |  |                                 |   |   |
| <b>OBJECTIVE</b>   | <b>ACTION</b>  | <b>RESPONSIBILITY</b>           | <b>TIMEFRAME</b>  | <b>PROGRESS</b>                             |
| Set date for implementation  | Set date for new way of working to commence (current aim 1 January 2022) | GLC                             | Depends on progress of GOAL 3 and GOAL 4; monthly review to check progress – decision made by end of November on January launch | In progress                                 |
|  | Provide staff update and timeline for end user engagement                | GB                              | End of November 2021  | Yet to start (dependent on previous action) |
| Initial review   | Set up monitor for faults, user errors                                   | DB                              | End of December 2021  | Yet to start                                |
|  | Seek feedback from users   | GB                              | January 2022  | Yet to start (dependent on previous action) |
|  | Consider changes and improvements  | DB                              | February 2022   | Yet to start (dependent on previous action) |
|  | Inform of any changes and improvements; update procedure guides          | GB                              | February 2022   | Yet to start (dependent on previous action) |
|  | Provide 'refresher' or additional training for any changes               | DB                              | March 2022  | Yet to start (dependent on previous action) |
|  | Implement any system changes   | DB                              | April 2022  | Yet to start (dependent on previous action) |
| Link to adopted planning enforcement plan                          | Review processes against planning enforcement plan, once adopted         | GB                              | Dependent on completion of GOAL 2. Review processes within 2 months   | Yet to start                                |

|  |   |    |  |   |
|--|---|----|--|---|
|  |   |    | of adoption of planning enforcement plan; this will be no sooner than Summer 2022          | (dependent on previous action)              |
|  | Consider changes and improvements                               | DB | Within 1 month of completed review of processes against adopted planning enforcement plan  | Yet to start (dependent on previous action) |
|  | Inform of any changes and improvements; update procedure guides | GB | Within 2 months of completed review of processes against adopted planning enforcement plan | Yet to start (dependent on previous action) |
|  | Provide 'refresher' or additional training for any changes      | DB | Within 3 months of completed review of processes against adopted planning enforcement plan | Yet to start (dependent on previous action) |
|  | Implement any changes   | DB | Within 3 months of completed review of processes against adopted planning enforcement plan | Yet to start (dependent on previous action) |



| <b>GOAL 6</b>  |   | <b>Lead officer Ian Mallinson</b> |   |   |
|--|---|-----------------------------------|---|---|
| <b>Develop professional training and continued professional development programme.</b>   |   |                                   |   |   |
| Instigate a staff training and development programme to up-skill planning enforcement officers and enable a programme of continued professional development. |   |                                   |   |   |
| <b>OBJECTIVE</b>   | <b>ACTION</b>   | <b>RESPONSIBILITY</b>             | <b>TIMEFRAME</b>                          | <b>PROGRESS</b>                             |
| Establish current skills and knowledge   | Undertaken discussion with staff  | IM                                | October 2021                              | In progress.                                |
|  | Manager reflection on current team skills and knowledge   | IM                                | October 2021                              | In progress.                                |
|  | Identification of common/reoccurring issues   | IM                                | October 2021                              | In progress.                                |
|  | Liaise with area planning teams to identify most common questions   | IM                                | October 2021                              | In progress.                                |
| CPD for individuals  | Appraisal undertaken with supervisor; individual training and development needs identified                    | IM                                | November 2021                             | Yet to start                                |
|  | Individual training and development programme prepared  | IM                                | November 2021                             | Yet to start (dependent on previous action) |
| CPD for team   | Review of both above objectives to identify areas where there is a team/service training and development need | IM                                | November 2021                             | Yet to start (dependent on related actions) |
|  | Programme for group learning prepared   | IM                                | December 2021 and quarterly going forward | Yet to start (dependent on previous action) |
|  | Programme for group learning delivered  | IM                                | Quarterly from Jan 2022                   | Yet to start (dependent on previous action) |

| <b>GOAL 7</b>   |  | <b>Lead officer Debra Bedwell</b> |                      |   |
|---|--|-----------------------------------|----------------------|---|
| <b>Review Uniform case management tools to assist performance management.</b>   |  |                                   |                      |   |
| Identify means by which to report on key performance indicators. Introduce management tools to assist in case management. |  |                                   |                      |   |
| <b>OBJECTIVE</b>  | <b>ACTION</b>  | <b>RESPONSIBILITY</b>             | <b>TIMEFRAME</b>     | <b>PROGRESS</b>                             |
| Review existing management tools/ reports   | Establish if the current tools/ reports are accurate and fit for purpose             | IM                                | End of November 2021 | In progress                                 |
|   | Devise a team leader's 'wish list' for management tools/ reports not met by existing | IM                                | End of November 2021 | Yet to start (dependent on above action)    |
|   | Devise a manager's 'wish list' for management tools/ reports not met by existing     | GB                                | End of November 2021 | In progress                                 |
| Investigate alternative tools/ reports  | Establish feasibility of meeting wish lists  | DB                                | January 2022         | Yet to start (dependent on previous action) |
|   | Discuss options with team management   | DB                                | February 2022        | Yet to start (dependent on previous action) |
|   | Review alternatives on feedback from team management                                 | DB                                | March 2022           | Yet to start (dependent on previous action) |
|   | Recommend changes to existing or provision of new management tools/ reports          | DB                                | March 2022           | Yet to start (dependent on previous action) |
| Agree management tools/ reports   | Consider recommendations and determine whether to proceed                            | GLC                               | April 2022           | Yet to start (dependent on previous action) |
|   | Set date for implementation  | GB                                | June 2022            | Yet to start (dependent on previous action) |
|   | Draft report queries etc.  | DB                                | May 2022             | Yet to start                                |

|   |   |    |  |   |
|---|---|----|--|---|
| Prepare alternative tools/ reports      |   |    |  | (dependent on previous action)              |
|   | Initial checks of tools/ reports with team management | DB | June 2022  | Yet to start (dependent on previous action) |
|   | Review and update tasks                               | DB | July 2022  | Yet to start (dependent on previous action) |
|   | Formal testing  | DB | July/ August 2022  | Yet to start (dependent on previous action) |
| Implement new management tools/ reports | Implement new tools/ reports                          | DB | Subject to above, current aim September 2022                               | Yet to start (dependent on previous action) |
|   | Seek feedback from users                              | DB | Subject to above, current aim November 2022 (2 months from implementation) | Yet to start (dependent on previous action) |
|   | Consider changes and improvements                     | GB | Subject to above, current aim December 2022 (1 month from feedback)        | Yet to start (dependent on previous action) |
|   | Implement any changes and inform users                | DB | Subject to above, current aim January 2023 (2 months from feedback)        | Yet to start (dependent on previous action) |

| <b>GOAL 8</b>   |   | <b>Lead officer</b> Geraldine LeCointe |                  |                 |
|---|---|--|------------------|-----------------|
| <b>Provide public on-line access to planning enforcement register.</b>  |   |  |                  |                 |
| **THIS IS A PROJECT IN ITS OWN RIGHT**  |   |  |                  |                 |
| <b>OBJECTIVE</b>  | <b>ACTION</b>   | <b>RESPONSIBILITY</b>                  | <b>TIMEFRAME</b> | <b>PROGRESS</b> |
| Provide public on-line access to planning enforcement register.<br><br>NB – public access is a statutory requirement; currently this is provided by paper files and microfiche and requires interested parties to make an appointment at the council’s offices. | Identify information which should be publicly available                               | IM                                     | February 2022    | Yet to Start    |
|   | Identify gaps in digital data (i.e. data which is not available in Uniform)           | DB                                     | February 2022    |                 |
|   | Identify resource requirements to:<br>• make missing data available<br>• realise goal | GLC                                    | March 2022       |                 |
|   | Define project, assess feasibility  | GLC                                    | April 2022       |                 |