



## INTERNAL AUDIT FINAL REPORT

### ENVIRONMENT AND PUBLIC PROTECTION/CHIEF EXECUTIVE'S/ADULT CARE AND HEALTH DIRECTORATES

#### REVIEW OF THE OPERATION OF THE BLUE BADGE SCHEME

**Issued to:** Assistant Director, Customer Services  
Occupational Therapy Service Lead  
Head of Shared Parking Services

**Cc (Final only)** Director of Environment and Public Protection  
Director of Adult Services  
Assistant Director Strategy, Performance and Corporate Transformation  
Assistant Director Traffic and Parking  
Assistant Director, Performance Management and Business Support  
Assistant Director, Adult Social Care Operations  
Head of Service, Finance, Environment and Community Services (ECS), and Corporate  
Director of Human Resources and Customer Services

**Prepared by:** **Principal Auditor**

**Reviewed by:** **Head of Audit and Assurance**

**Date of Issue:** **1<sup>st</sup> February 2022**

**Report No:** **PEO/01/2021**

## REVIEW OF THE OPERATION OF THE BLUE BADGE SCHEME

### INTRODUCTION

1. This report sets out the results of our audit of the operation of the Blue Badge Scheme. The audit was carried out as part of the work specified in the 2021-22 Internal Audit Plan agreed by the Section 151 Officer and Audit Sub-Committee. The controls we expect to see in place are designed to minimise the Council's exposure to a range of risks. Weaknesses in controls that have been highlighted will increase the associated risks and should therefore be addressed by management.
2. The Blue Badge (Disabled Persons' Parking) Scheme was introduced in 1971 under Section 21 of the Chronically Sick and Disabled Persons Act 1970. The aim of the scheme is to help people with severe mobility problems caused by visible and, since August 2019, non-visible ('hidden'), disabilities to access goods and services, by allowing them to park close to their destination. The scheme is open to eligible people irrespective of whether they are travelling as a driver or as a passenger.
3. The scheme provides a national range of on-street parking concessions to Blue Badge holders, who must be present on the journey. It allows them to park without charge or time limit in otherwise restricted on-street parking environments and on yellow lines for up to three hours, unless a loading ban is in place. The national concessions also apply, in Bromley Borough only, to car parks.
4. Under Bromley's Scheme of Delegation to Officers, the function of 'The issue and administration of the Blue Badge Scheme as provided for under the Chronically Sick and Disabled Persons Act 1970', has been delegated to the Director of Environment and Public Protection. Within the department, the scheme is owned by the Parking section.
5. Blue Badge administration processes, including approving both new and renewal applications which meet the 'eligible without further assessment' criteria, diary scheduling for applicants who require further assessment and collecting the £10 fee for badges issued, form part of the Customer Services Contract with Contractor A. The 'Expert Assessor' role for applications requiring further assessment is carried out by the Council's Occupational Therapy service. Badges are issued, on the Authority's behalf, by Contractor B.
6. The Service is 'Demand Led', with both the August 2019 Hidden Disabilities Legislation, for which an additional £6,585.67 Local Transport Revenue Block Funding was received to ease the administrative burden, and the impact of Covid, leading to an increase in the number of applications received. Between December 2020 and May 2021, volumes, as reported to

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Executive, Resources and Contracts PDS Committee in June 2021, fluctuated between 290 and 461 applications (new and renewal) per month.

7. It should be noted that as a result of the Covid pandemic, the service delivery model transferred from a predominately paper based onsite service with a face to face assessment element, to a remote online service, almost overnight, including moving to an electronic system for Blue Badge workflow. This has presented both opportunities for innovative methods of assessment and also challenges in terms of workflow management and the production of real time management information, although it is acknowledged that significant improvements have been made to the manual reporting process. As at the time of concluding the Internal Audit, the service continued to evolve.
8. We would like to thank everyone contacted during this review for their help and co-operation.

## AUDIT SCOPE

9. The original scope of the audit was outlined in the Terms of Reference issued in August 2021 and the key risks reviewed were:-
  - Applications/renewals are not processed at all or on a timely basis
  - Applications are made by individuals who are not entitled to Blue Badges
  - Changes to service delivery and relaxation of governance arrangements may lead to weaknesses in the controls previously in place
10. It should be noted that the scope of the audit is Operational and that Blue Badge Fraud (counterfeit badges, holders' deceased, expired badges and 'holder not present' etc.) is out of scope, being part of a separate Contract and data matching exercise.

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**AUDIT OPINION**

11. Our overall audit opinion, number and rating of recommendations are as detailed below:-

<b>AUDIT OPINION</b>	
<b>Reasonable Assurance</b>	(Definitions of the audit assurance level and recommendation ratings can be found in Appendix B)

Number of recommendations by risk rating		
<b>Priority 1</b>	<b>Priority 2</b>	<b>Priority 3</b>
<b>0</b>	<b>1</b>	<b>5</b>

**SUMMARY OF FINDINGS**

12. As a result of the Covid pandemic, the Blue Badge service delivery model transferred from a predominately paper based onsite service with a face to face assessment element, to a remote online service, almost overnight. Information on the website is comprehensive and has been updated to reflect that due to necessary changes in procedures, some applications are currently taking longer to process.

Innovative use of assessment tools has been evidenced with a range of methods used whilst face to face assessments were suspended and, in all cases sampled, the £10 fee for issuing the badge had been collected.

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We would, however, wish to bring the following areas to Management's attention:-

### 1) **Service Delivery Model and Workflow; underpinning Policies/Procedures with supporting Key Performance Indicators and, Management Information**

The service, which has continued to operate during a period of intense change to its delivery model, is currently functioning without the benefit of a current, agreed and signed off set of Contractor A/Occupational Therapy workflow procedures and supporting key performance indicators for applications requiring further assessment, as both, whilst updated to take account of the impact of Covid on service delivery, remain in draft format. Additionally, there is not a current set of Contractor A operational procedures setting out the interpretation and application of the Government's Local Authority (non statutory) Blue Badge Scheme guidance.

Without this control framework in place, inconsistencies are occurring in terms of both Identification and Verification (ID&V) documentation accepted and the throughput of applications for screening by the Occupational Therapy service, i.e. prior to, or alongside, requesting additional valid documentation where insufficient accompanied the original application.

All Management Information supplied during the course of the Internal Audit (both from Contractor A and the Occupational Therapy service) was manually produced and collated via MS Word and Excel documents; there was no direct feed from the electronic workflow system. It is acknowledged that parties are aware of this issue and efforts have been made to rectify however, at the time of the audit, it remained unresolved, with the current methodology cumbersome, prone to error and not an effective use of resources.

Without real time information extracted from the electronic workflow system, the service is inhibited in its ability for strategic decision making and workflow management. With the move to a new Adult Social Care Software system, it would be timely to consider whether its functionality could also support/streamline the process.

Agreed policies/procedures, supporting key performance indicators and robust management information are fundamental to an effective service delivery model and workflow management. It is recommended that once the agreed, signed off underpinning framework is in place, that the resultant service model is evaluated as a whole, to establish whether this remains the most effective and efficient means of administering and delivering the scheme.

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### 2) **Badge expiry date exceeding Personal Independence Payment (PIP) expiry date**

The standard period of provision for a Blue Badge is three years. One exception to this is if the Personal Independence Payment (PIP) is time limited, in which case the badge expiry date should be no later than the PIP expiry date. A Blue Badge for an applicant whose PIP Payment stated an expiry date of 16<sup>th</sup> May 2023 had erroneously been issued for the full three years, with an expiry date of 8<sup>th</sup> June 2024.

### 3) **Application approved under the 'eligible without further assessment' criteria without identifiable reason**

One application which had been approved by Contractor A under the 'eligible without further assessment' criteria did not appear to meet the criteria. On enquiry, it could not be established why this had not been referred to the Occupational Therapy service for screening and clinical evaluation, although it was confirmed by the Occupational Therapy service that the application would have been approved.

### 4) **Quality Assurance (Random Sampling) of cases referred for further assessment**

As part of the Appeals process, clinical decisions would be reviewed by Senior Occupational Therapy staff, and evidence was seen of cases being referred by Occupational Therapists during the assessment process for guidance. Whilst this demonstrates a mechanism for quality assurance, the cases reviewed are all as a result of having been brought to the attention of senior staff; there is not currently a process in place for random quality assurance sampling.

### 5) **Contractor's contractual Key Performance Indicator – Transparency of reporting**

The outturn of the Contractor's contractual Key Performance Indicator to 'Process 80% of Blue Badge applications and renewals within four weeks of receipt of a complete application form' is reported to the Executive, Resources and Contracts PDS Committee as part of the Customer Services Contract Monitoring Report. The latest report of June 2021 reflects 100% processed within timescales for the months December 2020 – May 2021. For absolute clarity, it is recommended that the report notes that this calculation excludes certain touchpoints e.g. when the application is with the Occupational Therapy Service for Assessment or when payment of the fee is awaited and whether the calculation is based on working or calendar days.

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### 6) Publication of the scheme

#### a) Appeals Process

The published process for an application decision review directs appellants to write to the Council and provides the Civic Centre address; it does not currently include an E mail address.

#### b) Independent Living, Support and Care Directory

Whilst this publication contains a 'Getting around Bromley' section containing details of Freedom Passes, the 60+ Oyster Card, Disabled Freedom Passes, the Taxi Card scheme and Dial-a-ride, there is no reference to the Blue Badge scheme.

## DETAILED FINDINGS / MANAGEMENT ACTION PLAN

13. The findings of this report, together with an assessment of the risk associated with any control weaknesses identified, are detailed in Appendix A. Any recommendations to management are raised and prioritised, together with management's responses and timescales for implementation. Appendix B details the definition of the audit assurance and priority ratings.

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**1. Service Delivery Model and Workflow; underpinning Policies/Procedures with supporting Key Performance Indicators and, Management Information**

**Finding**

Whilst it is acknowledged that the service continues to evolve and therefore the supporting governance framework remains live, the delivery model is not currently underpinned by either:-

- An agreed and signed off set of workflow procedures and supporting key performance indicators for applications requiring further assessment, as both remain in draft format and the subject of ongoing discussions and refinement, or
- A current set of Contractor A operational procedures setting out the interpretation and application of the Government’s Local Authority (non statutory) Blue Badge Scheme guidance, or
- Management Information derived directly from the electronic workflow system.

**a) Service Delivery Model and Workflow:- Policy, Procedures and supporting Key Performance Indicators**

**i) (Contractor A/Occupational Therapy for applications requiring further assessment)**

Whilst a detailed suite of procedures is in place for the Contractor A/Occupational Therapy workflow and these have been updated to take account of the impact of Covid on service delivery, they, together with the accompanying suite of workflow key performance indicators, remain the subject of discussion and refinement between the parties and have yet to be agreed and signed off.

**ii) (Contractor A Operational Procedures)**

It was confirmed with Contractor A that the Scheme is administered in line with the Government non statutory guidance for local authorities however, there is not a current set of supporting documentation setting out how, for example, the guidelines on Identification and Verification should be applied, to ensure consistency of interpretation. In 7/20 cases sampled, areas were identified where Identification/Verification documentation accepted was either not defined within the Government (non statutory) guidance or the Local Authority ‘request for supporting evidence letter’ as acceptable or, in the case of Driving Licences, that they are acceptable for both Identification and Address validation. One address confirmation was by way of a check of the Council Tax records system however this check is not routinely recorded on the workflow system. In a further case, proof of address was by way of a Council Tax bill in the name of Mr X, whereas the application was in the name of Mrs. X.

Fuller details of the anomalies and the Sample Numbers to which they relate can be located in Appendix C, Table 1 on Page 21.

In the case of Sample numbers 8 and 16, the applications had been forwarded to the Occupational Therapy service for screening prior to issues with the Identification/Address verification provided having been resolved. For Sample 8, the Driving Licence expired in 2018 and for Sample 16 a

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Gas Bill was provided, which the guidance for Local Authorities does not recommend is accepted, and the bill was dated 2019. It should be noted that in both these cases the applications were rejected and there was, therefore, no further Identification and Verification action required. Whilst the rationale of submitting applications for screening by the Occupational Therapy service prior to, or alongside, requesting valid Identification and Verification documentation in order to move the application through the process is understood, when the record is updated with the action (i.e. documentation received), it leads to the application in effect losing its place in the screening queue. This has implications for the accuracy of 'timeliness' data and the ability of the Occupational Therapy service to manage effectively its throughput.

**iii) Occupational Therapy**

Whilst it should be noted that the Contractor A/Occupational Therapy suite of key performance indicators remain in draft pending agreement, when benchmarked against the proposed ten working day indicator for 'undertaking screening/desktop assessment and return to Contractor A', it was noted that 6/10 cases referred to the Occupational Therapy service had exceeded the timescale although it is acknowledged that, as stated above, updates to the record can lead to an application effectively losing its place in the queue and difficulties in producing accurate workflow data. Notwithstanding these caveats, at the time of the Internal Audit, the sample reflected Screening as a pinch point in the process. The Occupational Therapy Service are aware of this and we were advised by the Occupational Therapy Service Lead that up until now, have been unable to redirect staffing resources from the wider service to support Blue Badges in the way they have done in the past. This is due to the increase in demand for occupational therapy services this year, due to people deconditioning in the community during the recent lockdowns. It has been necessary to prioritise the wider service work to reduce hospital admissions and support the wider sector. With additional temporary resource now available and appointed, commencing December, to reduce pressures, no further recommendation has been made in this report.

Fuller details of the anomalies and the Sample Numbers to which they relate can be located in Appendix C, Table 2 on Page 22.

**b) Service Delivery Model and Workflow:- Management Information**

All Management Information supplied during the course of the Internal Audit (both from Contractor A and the Occupational Therapy service) was manually produced and collated via MS Word and Excel documents; there was no direct feed from the electronic workflow system. It is acknowledged that parties are aware of this issue and efforts have been made to rectify it however, at the time of the audit, it remained unresolved, with the current methodology cumbersome, prone to error and not an effective use of resources.

Without real time information extracted from the electronic workflow system, the service is inhibited in its ability for strategic decision making and workflow management. With the move to a new Adult Social Care Software system, it would be timely to consider whether its functionality could also support/streamline the process.

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Without an agreed set of workflow procedures, key performance indicators and robust management information, the service is less able to manage workflow or forecast pinch points. Agreed procedures would provide clarity around the order of steps in the process, with any deviation to be implemented only with the approval of all parties.

Agreed policies/procedures, supporting key performance indicators and robust management information are fundamental to an effective service delivery model and workflow management. It is recommended that once the agreed, signed off underpinning framework is in place, that the resultant service model is evaluated as a whole, to establish whether this remains the most effective and efficient means of administering and delivering the scheme.

**Risk**

Whilst the service delivery model is not underpinned by a framework of agreed policies and procedures, supporting key performance indicators and management information derived directly from the workflow system, the function may lack effective oversight and appropriate action may not be taken to improve efficiency.

**Recommendation**

**Policy, Procedures and supporting Key Performance Indicators**

**Rating**

Priority 2

- i) The workflow Policy and Procedures, which have been updated to take account of the impact of Covid, should be agreed by all parties, signed off and distributed to all relevant members of staff
- ii) Contractor A Operational Procedures should be reissued, taking into account the workflow agreed in the Contractor A/Occupational Therapy procedures and should include guidance on Identification and Verification documentation, detailing what is, and is not, acceptable, whether documents may be used for both Identification and Verification and stating any timescale restrictions (i.e. not older than one year). The requirement to note when Council Tax/Electoral Role registers have been used to validate an address should also be reflected.
- iii) Once the Policy and Procedures are agreed, deviations such as workflow order, should only be undertaken with the approval of all parties.
- iv) The Contractor A/Occupational Therapy key performance indicators underpinning the workflow should be agreed and the output kept under review and used to identify current and forecast pinch points.

**Management Information**

- i) Further investigations should be made into the reporting functionality of the electronic workflow system as the current manual system is resource intensive and increases the risk of error.

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<p>ii) With the introduction of the new Adult Social Care Software system, it would be timely to consider also whether its functionality could support/streamline the process.</p> <p><b><u>Service model evaluation</u></b></p> <p>i) Once the agreed, signed off underpinning framework is in place, the resultant service model should be evaluated as a whole to establish whether this remains the most effective and efficient means of administering and delivering the scheme.</p>	
<p><b><u>Management Response and Accountable Manager</u></b></p> <p><b><u>Policy, Procedures and supporting Key Performance Indicators</u></b></p> <p>i) Original policy and procedures, periodically updated due to Covid restrictions and guidance, have been disseminated to all relevant officers at all times via email and meetings. These are currently being incorporated into a revised policy and procedure document to be signed off and distributed.</p> <p>Accountable Managers - Operational Manager (Contractor A) and Occupational Therapy Service Lead (LBB)</p> <p>ii) Final, revised policy and procedures to be reissued including specific acceptable date of verification documents and what is acceptable in terms of validity. System will be documented to confirm items used to evidence eligibility.</p> <p>Accountable Managers – Operational Manager (Contractor A) and Occupational Therapy Service Lead (LBB)</p> <p>iii) This currently occurs and will continue.</p> <p>Accountable Managers - Operational Manager (Contractor A) and Occupational Therapy Service Lead (LBB)</p> <p>iv) Contractor A key performance indicators are agreed with LBB and output reviewed monthly by LBB.</p> <p>Accountable Managers – Operational Manager (Contractor A) and Assistant Director, Customer Services (LBB)</p>	<p><b><u>Agreed timescale</u></b></p> <p>April 2022</p> <p>April 2022</p> <p>Ongoing</p> <p>Ongoing</p>



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2. Badge expiry date exceeding Personal Independence Payment (PIP) expiry date	
<p><b><u>Finding</u></b></p> <p>Whilst the standard period of provision for a Blue Badge is three years, one exception to this is if the Personal Independence Payment (PIP) is time limited, in which case the badge expiry date should be no later than the PIP expiry date.</p> <p>During the course of the audit, it was noted that for Sample 11, although the applicant’s Personal Independence Payment (PIP) had an expiry date of 16<sup>th</sup> May 2023, the badge had been issued for the full three years, with an expiry date of 8<sup>th</sup> June 2024.</p> <p><b><u>Risk</u></b></p> <p>The holder of the Blue Badge may benefit from parking concessions to which they are not entitled during the period 17<sup>th</sup> May 2023 to 8<sup>th</sup> June 2024.</p>	
<p><b><u>Recommendation</u></b></p> <p>Operational staff undertaking the administration process should be reminded that in the case of time limited Personal Independence Payments (PIP), Blue Badge expiry dates should be no later than the PIP expiry date. This guidance should also be reflected in the Contractor A Operational procedures.</p>	<p><b><u>Rating</u></b></p> <div style="border: 1px solid black; background-color: #90EE90; padding: 5px; display: inline-block;">Priority 3</div>
<p><b><u>Management Response and Accountable Manager</u></b></p> <p>Operational staff are aware – PIP award end dates are used to determine the expiry date of the Blue Badge under existing documented procedures. Adherence to this process is included in monthly quality checking. Notwithstanding this, PIP awards comprising the level of points needed to qualify for a Blue Badge are such that it is extremely unlikely that the PIP award would not be renewed. The impact on the authority of the expiry dates not being the same would not present a material loss. Operational staff have been reminded.</p> <p>Accountable Manager – Operational Manager (Contractor A), in liaison with the Assistant Director, Customer Services (LBB)</p>	<p><b><u>Agreed timescale</u></b></p> <p>Completed January 2022</p>

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3. Application approved under the ‘eligible without further assessment’ criteria without identifiable <u>reason</u>	
<p><b><u>Finding</u></b></p> <p>During the course of the audit, it was noted that Sample 4 had been approved by Contractor A under the ‘Eligible without further assessment’ criteria, although on examination of the case, it did not appear to meet the criteria. On enquiry, although it could not be established why this case had not been referred to the Occupational Therapy service for screening and clinical evaluation, it was confirmed by the Occupational Therapy service that the application would have been approved.</p> <p><b><u>Risk</u></b></p> <p>Inappropriate decisions may be made by staff without the appropriate skills, knowledge and training. This could lead to Blue Badges being issued to ineligible applicants.</p>	
<p><b><u>Recommendation</u></b></p> <p>Operational staff undertaking the administration process should be reminded of the ‘Eligible without further assessment’ criteria and the need for all other cases to be referred to the Occupational Therapy service for clinical evaluation. This guidance should be reflected in the Contractor A Operational procedures (note, the Department for Transport Local Authority criteria guidance for ‘Eligible without further assessment’ cases is reflected in the draft Contractor A/Occupational Therapy workflow procedures).</p> <p>As per Finding 1, any deviations from the agreed Policy, Procedures and workflow process should only be undertaken with the documented agreement of all parties.</p>	<p><b><u>Rating</u></b></p> <div style="border: 1px solid black; background-color: #90ee90; padding: 5px; display: inline-block;">Priority 3</div>
<p><b><u>Management Response and Accountable Manager</u></b></p> <p>Operational staff have been advised that all applications without a Form DS1500 need to be referred to the Occupational Therapy service for assessment. Such referrals are marked urgent in accordance with agreed procedures with the Occupational Therapy service. This is documented in the new draft guidance.</p> <p>Accountable Manager – Operational Manager (Contractor A), in liaison with the Assistant Director, Customer Services (LBB)</p>	<p><b><u>Agreed timescale</u></b></p> <p>April 2022</p>

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4. Quality Assurance (Random Sampling) of cases referred for further assessment	
<p><b><u>Finding</u></b></p> <p>Whilst Senior Occupational Therapy service staff review clinical decisions as part of the appeals process and will also have insight into cases referred to them for guidance during the approvals process, there is not currently a process in place for random quality assurance sampling. As part of the Appeals process, clinical decisions would be reviewed by Senior Occupational Therapy staff and evidence was seen of cases being referred by Occupational Therapists during the assessment process for guidance. Whilst this demonstrates a mechanism for quality assurance, the cases reviewed are all as a result of having been brought to the attention of senior staff; there is not currently a process in place for random quality assurance sampling.</p> <p><b><u>Risk</u></b></p> <p>Without regular 'at random' quality assurance of approved and rejected cases, complete management oversight cannot be evidenced.</p>	
<p><b><u>Recommendation</u></b></p> <p>A process should be put in place to regularly quality assure a random sample of Occupational Therapy approved and rejected cases, to ensure consistent application of guidelines and decision making.</p>	<p><b><u>Rating</u></b></p> <div style="border: 1px solid black; background-color: #90EE90; padding: 5px; text-align: center;">Priority 3</div>
<p><b><u>Management Response and Accountable Manager</u></b></p> <p>A quality assurance process will be implemented and managed by an identified Team Leader or Senior Occupational Therapist, to monitor performance standards across blue badge assessment process for applicants who are not eligible under the automatic criteria.</p> <p>This will consist of a quarterly random sampled review of the following:</p> <ul style="list-style-type: none"> <li>• A minimum of 2 desk top assessments. This will ensure that decision making follows a clinically justified rationale, based on medical / professional evidence submitted by the applicant.</li> <li>• A minimum of 2 observed face to face assessments for each assessing member of staff. This will ensure that the observed functional assessment of mobility is accurately analysed and reported and that any further health / social care needs are appropriately identified and addressed (eg referral or signposting).</li> </ul>	<p><b><u>Agreed timescale</u></b></p> <p>April 2022</p>

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- The decision review process continues to provide a further opportunity for management to audit decisions made in both desktop or face to face assessments, throughout the year.

Accountable Manager – Occupational Therapy Service Lead (LBB)

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<b>5. Contractor A’s contractual Key Performance Indicator – Transparency of reporting</b>	
<b>Finding</b> <p>The outturn of Contractor A’s key performance indicator to ‘Process 80% of Blue Badge applications and renewals within four weeks of receipt of a <b>complete</b> application form’ is reported to the Executive, Resources and Contracts PDS Committee as part of the Customer Services Contract Monitoring Report. The latest report of June 2021 reflects 100% of the 2141 new and renewal applications processed within timescales for the months December 2020 – May 2021.</p> <p>Whilst it is clearly stated that the report is ‘Customer Service Contract Monitoring’ and is presented by the Contract Owner, the definition of <b>complete</b> could be misinterpreted without further explanation that the calculation excludes certain touchpoints when the application is at a stage outside of the Contractor’s control, such as when the application is with the Occupational Therapy Service for Assessment or when payment of the fee is awaited. It would also be beneficial to confirm whether the calculation is based on working or calendar days.</p>	
<b>Risk</b> <p>Without further explanation as to time excluded elements of the key performance indicator outturn calculation and the definition of ‘complete’, the reported figure could be subject to misinterpretation.</p>	
<b>Recommendation</b> <p>For absolute clarity, it is recommended that the Customer Services Contract Monitoring Reports to the Executive, Resources and Contracts PDS Committee note that the Contractor A’s key performance indicator of ‘Process 80% of Blue Badge applications and renewals within four weeks of receipt of a complete application form’ calculation excludes certain touchpoints e.g. when the application is with the Occupational Therapy Service for Assessment or when payment of the fee is awaited, and also confirms whether the calculation is based on working or calendar days.</p>	<b>Rating</b> <div style="border: 1px solid black; background-color: #90EE90; padding: 2px; display: inline-block;">Priority 3</div>
<b>Management Response and Accountable Manager</b> <p>The key performance indicator of ‘Process 80% of Blue Badge applications and renewals within four weeks of receipt of a complete application form’ relates to the time the application spends with Contractor A from start to finish. For transparency the following statement was added to the latest PDS report and will appear on future reports. ‘The Council aims to process applications within 6-8 weeks of receipt of all requested information. The KPI and contractor performance is measured</p>	<b>Agreed timescale</b> <p>Completed January 2022</p>

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<p>against the time taken for the activities required of the contractor. Time taken for any face to face assessments or further information requirements are not included in this calculation.'</p>	
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Accountable Manager – Assistant Director, Customer Services (LBB)

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6. Publication of the Scheme	
<p><b>a) <u>Appeals Process</u></b>                      The published process for an application decision review directs appellants to write to the Council and provides the Civic Centre address and does not include an E mail address.</p> <p><b>b) <u>Independent Living, Support and Care Directory</u></b>                      Whilst this publication contains a 'Getting around' section containing details of Freedom Passes, the 60+ Oyster Card, Disabled Freedom Passes, the Taxi Card scheme and Dial-a-ride, there is no reference to the Blue Badge scheme.</p>	
<p><b><u>Risk</u></b></p> <p><b>a) <u>Appeals Process</u></b>                      Without a publicised E mail address, application decision reviews may be sent though the post unnecessarily, leading to delays in processing.</p> <p><b>b) <u>Independent Living, Support and Care Directory</u></b>                      The publication does not currently provide a complete picture of the 'Getting around Bromley' options available</p>	
<p><b><u>Recommendation</u></b></p> <p><b>a) <u>Appeals Process</u></b>                      Consideration should be given to updating the website to include an E mail address to be used to submit requests for an application decision review.</p> <p><b>b) <u>Independent Living, Support and Care Directory</u></b>                      Consideration should be given to referring to the Blue Badge scheme in the 'Getting out and about' section of the next Bromley Guide to Independent Living, Support and Care Services (2022/23)</p>	<p><b><u>Rating</u></b></p> <div style="border: 1px solid black; background-color: #90EE90; padding: 5px; display: inline-block;">Priority 3</div>

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DETAILED FINDINGS AND ACTION PLAN

<u>Management Response and Accountable Manager</u>	<u>Agreed timescale</u>
<p>a. The email address has been added to the website for applicants who wish to submit requests for an application's decision to be reviewed.</p> <p>Accountable Manager – Assistant Director, Customer Services (LBB)</p> <p>b. Contact has been made with the Web Owner for the Directory and they have agreed to add the link for applying for a disabled badge in the next edition of the document which is due in June/July 2022.</p> <p>Accountable Manager – Head of Shared Parking Services (LBB)</p>	<p>Completed January 2022</p> <p>August 2022</p>

**OPINION DEFINITIONS**

**Assurance Level**

<b>Assurance Level</b>	<b>Definition</b>
<b>Substantial Assurance</b>	There is a sound system of control in place to achieve the service or system objectives. Risks are being managed effectively and any issues identified are minor in nature.
<b>Reasonable Assurance</b>	There is generally a sound system of control in place but there are weaknesses which put some of the service or system objectives at risk. Management attention is required.
<b>Limited Assurance</b>	There are significant control weaknesses which put the service or system objectives at risk. If unresolved these may result in error, abuse, loss or reputational damage and therefore require urgent management attention.
<b>No Assurance</b>	There are major weaknesses in the control environment. The service or system is exposed to the risk of significant error, abuse, loss or reputational damage. Immediate action must be taken by management to resolve the issues identified.

**Recommendation ratings**

<b>Risk rating</b>	<b>Definition</b>
<b>Priority 1</b>	A high priority finding which indicates a fundamental weakness or failure in control which could lead to service or system objectives not being achieved. The Council is exposed to significant risk and management should address the recommendation urgently.
<b>Priority 2</b>	A medium priority finding which indicates a weakness in control that could lead to service or system objectives not being achieved. Timely management action is required to address the recommendation and mitigate the risk.
<b>Priority 3</b>	A low priority finding which has identified that the efficiency or effectiveness of the control environment could be improved. Management action is suggested to enhance existing controls.

## OPERATION OF THE BLUE BADGE SCHEME

### DETAILED FINDINGS

#### Table 1

##### **Finding 1a ii) Service Delivery Model and Workflow:- Policy and Procedures (Identification and Verification)**

For Sample 3, (please note that this application was on behalf of a Minor), proof of address had not been taken. Operational Procedures should reflect the requirement to validate the address of the child.

For Sample 5 and Sample 6, a Driving Licence had been used as evidence of both Identity and Address as it contains both a photograph and address (and also date of birth). Operational Policies should reflect that it is acceptable to use a Driving Licence for both.

For Sample 8, the Driving Licence accompanying this application was dated 20<sup>th</sup> September 2018. Whilst the application was rejected on assessment by the Occupational Therapy Service, therefore a badge was not issued and it was confirmed advised that in the event of the application being approved, Contractor A would have contacted the applicant for up to date identification prior to issuing the badge, this does have implications for the workflow on the system and increases the risk of error.

For Sample 13, Contractor A advised that the Council Tax Register had been checked to confirm proof of address however it could not be evidenced that this had occurred.

For Sample 16, the Gas Bill accompanying this application was dated 19<sup>th</sup> July 2019. Whilst the application was rejected on assessment by the Blue Badge Service therefore a badge was not issued and Contractor A advised that in the event of the application being approved, they would have contacted the applicant for up to date identification prior to issuing the badge, this does have implications for the workflow on the system and increases the risk of error. It was also noted that the Gas Bill is a form of identification 'not recommended' by the Department for Transport in the guidance.

For Sample 19, the Council Tax Bill submitted as proof of address is in the name of **Mr. X** whereas the application is in the name of **Mrs. X**.

**OPERATION OF THE BLUE BADGE SCHEME**

**REDACTED  
APPENDIX C**

**DETAILED FINDINGS**

**Table 2**

<b><u>Finding 1a ii) Service Delivery Model and Workflow:- Policy and Procedures (Timeliness of Screening)</u></b>		
<b><u>Sample number</u></b>	<b><u>Date sent for screening</u></b>	<b><u>Date screened</u></b>
Sample 2	21 <sup>st</sup> June 2021	27 <sup>th</sup> July 2021
Sample 3	18 <sup>th</sup> June 2021	27 <sup>th</sup> July 2021
Sample 5	25 <sup>th</sup> June 2021	30 <sup>th</sup> July 2021
Sample 12	7 <sup>th</sup> June 2021	13 <sup>th</sup> July 2021
Sample 15	11 <sup>th</sup> June 2021	20 <sup>th</sup> July 2021
Sample 20	30 <sup>th</sup> June 2021	5 <sup>th</sup> July 2021