TERMS OF REFERENCE (TOR) FOR SPDC IAPS HEALTH CHECK

**Type**: LOD1

**Title:** SPDC IAPS Health Check

**1.0 Background:**

The AMS process in SPDC was successfully kicked off in 2018 with the IAPS process being one of the key processes in the first launch. IAPS has thereafter been fully deployed and operationalised in the Assets and Functions of the organisation with positive impact in plan stability and reductions in schedule deferments.

In line with the Conduct Assurance requirements, this health check is being carried out to ascertain the performance of the implementation of the IAPS process; as well as to identify best practices, areas of improvements and others.

**2.0 Objective:**

The objective of the health check is to review the IAPS effectiveness in 2019 covering:

* MT to Integrated Scheduled execution.
* Review of the effectiveness of application of IAPS requirements
* Best practices

**3.0 Scope:**

The review is expected to assess how IAPS is integrated and delivering value to the business through sampling of identified Assets and Functions using the highlighted aspect of the attached health check template. Please click to see [Template](file:///C:\Users\Emmanuel.Anisha\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\SIJ6NOT3\AMS%20IAPS%20Health%20Check%20-2019a.xlsx).

**4.0 Methodology**

To meet the Conduct Assurance leadership objective, this health check should be carried out as follows:

* Consult / interview multiple work process performers, customers and suppliers to ensure that a cross-section of observations is obtained, including key interfaces.
* Utilise the IAPS health check template. The highlighted aspects of elements of the health check should be covered as a minimum.
* Document findings consistent with the Asset’s documentation system for sharing learnings.

**5.0 Classification of Individual Finding**

An individual finding is raised when the verifier observes a gap between the actual practices and implementation and the requirements in the procedure

Findings are then classified to identify the extent to which the control requires improvement and therefore to assess how urgently the action is required to address the improvement.

Findings are classified as low, medium, high or serious according to the following criteria:

1. **Low:** The control failure or gap is likely to have an insignificant undesirable effect on the achievement of one of the organisation’s objectives, but its correction would enhance the risk based control framework.
2. **Medium**: The control failure of gap is likely to cause an undesirable effect on the achievement of the organisation’s objectives.
3. **High:** The control failure or gap is likely to cause a significant undesirable effect on the achievement of the organisation’s objectives.
4. **Serious:** The control failure or gap is likely to cause a significant undesirable effect on the achievement of the organisation’s objectives and is likely to have material consequential impact on other parts of Shell and warrants immediate reporting to senior management.

**6.0 Health Check Schedule**

The audit takes place from 5th Dec – Dec 10th, 2019. The review team shall develop and implement the detailed health check schedule

**7.0 STANDARDS:**

The review will be carried out against the following standards:

* CA – Conduct Assurance Annual Assurance Plan and LOD1/2 Recommended Practice
* IAPS - Define Integrated Activity Planning and Scheduling Requirements Recommended Practice.
* IAPS - Execute Integrated Activity Planning and Scheduling

Recommended Practice

* Manage Integrated Activity Planning and Scheduling Standard and Manual

**8.0 REPORTING:**

The team will deliver a draft report to the Site Process Owner at the end of the review. The report will contain observations, their significance and recommendations for their resolution.

**9.0 follow up:**

The IAPS SPO will review the observations and recommendations (which are not binding) and will prepare a plan of action and track same via Fountain Assurance.

**10.0 REFERENCES:**

The principal documents for review will include the working procedures / work instruction for the manuals

# 11.0 Review Team Composition

**Team Leader:** Bayo Karunwi

**Team Members:**

1. Olawunmi Temitope
2. Ovraiti Oghenekaro
3. Emmanuel Anisha
4. Elo Itimi