

Key Lines of Enquiry Baseline Assessment

4. Make every penny count

KLOE: Are opportunities for internal control and improvement being adequately identified and managed?

DESCRIPTORS:

Advanced

Management and auditors work together to jointly identify opportunities to improve internal controls. Improvement plans are well managed and are overseen by senior management. Actions are on track without inappropriate slippage. There are no significant issues of concern. Members receive regular reports on internal controls and review progress on improvement actions. Members, management and auditors have high levels of confidence over internal controls with very favourable reports.

Established

Management and auditors work together to jointly identify opportunities to improve internal controls. Improvement plans are well managed and are overseen by senior management but this is not yet fully mainstreamed into routine management. Actions are largely on track with slippage that needs additional management attention. There are a few issues of concern that are being mitigated, although these do not represent significant risks to the Authority. Members receive regular reports on internal controls and review progress on improvement actions. Members, management and auditors have growing confidence in the internal controls being relied upon.

Developing

Management and auditors work together to jointly identify opportunities to improve internal controls, although this is principally auditor led. Improvement plans are formulated but not yet systematically overseen by senior management. There are a significant number of high risk issues of concern to managers and Members. Members receive regular reports on internal controls and review progress on improvement actions. Members, management and auditors are still developing confidence over internal controls.

EVIDENCE: (Completed by Head of Democratic Services and Corporate Assurance)

Following a discussion with senior management, the Internal Audit plan for 2016/17 was approved by Members at their meeting on the 1st April 2016. The first quarter's audits on Risk Management, IT Migration, Procurement and HR Workforce Planning took place between May-June 2016, with Internal Audit presenting their audit report to the Finance and Audit Committee on the 6th July 2016.. No significant areas of concern were identified with the improvement areas noted within the quarter 1 audit report to be managed via the internal performance system. This element of the performance management system is still being finalised and in the interim period a manual review process will be managed by the Head of Democratic Services & Corporate Assurance. The programme of chairman's briefings has been scheduled against the corporate calendar. The remaining audits for 2016/17 are programmed in over the remainder of the financial year and meetings with key officers diarised. Key Officers have been identified to host each specific audit, whereby a scope is agreed between the Officer and Auditor. These Officers will provide support to the auditor and provide relevant information to support the audit. Within the Finance and Audit Committee programme of work for 2016/17 Member will review each quarters audit report, which will be presented by a representative from Internal Audit. A quarterly progress of the improvement activities identified will also be provided at each meeting of the Committee to ensure sound governance and monitoring arrangements. Members have agreed that following each Committee, a training session will be provided on key aspects of finance and audit

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management. To date internal and external auditors have provided training on their roles and the relationship to the Committee.

Key Performance Indicators

Number of high risk audit issues raised by auditors

Percentage of agreed internal audit plan items completed

Percentage of audit improvement actions on track

RECOMMENED LEVEL: ESTABLISHED

KLOE: How are we providing effective health and wellbeing support to our staff?

DESCRIPTORS:

DEVELOPING

A positive safety culture within the work environment is still being developed. The requirement for staff to understand their health and wellbeing support responsibilities are being embedded. Managers are still introducing the idea that Health and Wellbeing is about being emotionally healthy as well as physically healthy. Senior managers are still the main focus for driving health and safety. Managers and staff are beginning to recognise health and safety risks and play a part in managing them if they cannot be removed.

ESTABLISHED

The organisation has a positive safety culture within the work environment and staff understand and largely comply with their health and wellbeing support responsibilities. There is a systematic approach to the identification and assessment of risk that is well understood but not yet fully embedded. Roles and responsibilities for health and wellbeing support are clearly defined to ensure effective development and implementation of health and wellbeing activities. All managers ensure that their responsibilities for health and wellbeing support are discharged effectively. Individuals are fully aware of their responsibility for health and wellbeing support. There are still important issues to embed with managers and staff as recognised by managers and representative bodies. An effective communication system is in place to disseminate information on risk and safety critical information to relevant staff. Accreditation of BS18001 is being progressed through Directorate delivery plans

ADVANCED

The organisation has a forward-thinking positive safety culture within the work environment and the staff appreciate and actively encourage health and wellbeing support responsibilities across the Service. A robust structure for health and wellbeing support is in place with effective systems for performance management of data and information. Roles and responsibilities are well understood, fully embedded and operating as determined by the Policy. Health and wellbeing is embedded within all functions throughout the organisation and this is reflected in demonstrable improvements in health and wellbeing performance. Good employee and management relations leading to a workplace where health risks are recognised and managed if they cannot be remove. The work environment supports the promotion of healthy lifestyles and where work design is compatible with people's health needs and limitations.

There is comprehensive assurance framework for health and well-being in place and accreditation of BS18001 has been achieved and maintained across the whole of the Service.

EVIDENCE: (Completed by HR Delivery Manager)

Health and wellbeing of staff is seen as vital to the success of DWFRS and considerable work is underway to support this. A constraint has been the need to align two separate sets of HR processes, procedures and systems. New procedures have been published for discipline and grievance, but it has been decided to rely on the existing sets of processes and procedures to manage absence management for the time being. This was due in part to capacity, but also to allow the development of a single HR system.

Health and Wellbeing

A Health & Fitness procedure has been developed setting out the fitness standards required of operational staff across the Service. There have been different approaches to fitness levels in the past and to support Wiltshire staff

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attain the fitness levels required, 12 month amnesty period has been agreed for staff to reach the nationally recommended standards. Procurement of a new OH contract will commence in December 16/January to commence on 1 November 2017. This will ensure consistency of practice and support for staff across the Service. Procedures for Occupational Health, Stress Management, TRiM, and Health & Wellbeing are currently in development and will be released by 31.03.17.

Attendance Management

The long term absence procedure within the Attendance Management Procedure will be reviewed and developed shortly, to ensure consistency of long term case management across the whole organisation. In the absence of a single HR system reliance has been placed on the existing processes and procedures. These include the reporting of initial absence, the management of the illness period including keeping in touch processes and return to work interviews. Trigger points are used to manage multiple absence periods and includes the use of sickness absence plans and the Occupational Health support. Finally, if attendance does not improve, this could involve dismissal from the service. A revised short term absence process will be developed in due course, including a review of trigger points as an absence measurement, as these differ across the respective geographical areas.

There are currently differences with how sickness information is recorded across Dorset and Wiltshire and work is ongoing to align and validate the information from the two systems so that absence management information is comparable.

As the approach and procedures for DWFRS are being developed it is recommended that the level of this baseline assessment should be developing.

Key Performance Indicators

Average shifts lost to sickness – Fire Control

Average shifts lost to sickness – Non- Uniformed

Average shifts lost to sickness - Wholetime

Days lost to sickness – Retained Duty System

RECOMMENDED LEVEL: DEVELOPING

KLOE: How are we ensuring compliance with relevant health and safety legislation?

DESCRIPTORS:

DEVELOPING

A clear policy and associated procedures are in place although these are not embedded. There is a developing culture of good health and safety practice, although personal understanding of individual responsibilities remains patchy. Staff and their representative bodies participate in the process of improving the health, safety and wellbeing of employees and other stakeholders. Health and safety targets are being implemented Service wide but are not fully understood or embedded in service planning and delivery. Accident and near miss reporting occurs but needs to be strengthened to improve consistency and clearer understanding. Risk associated with new working practices and resources are considered before being introduced although this needs strengthening and embedding. Performance reporting and management arrangements for health and safety are being developed to effectively identify strengths and areas for improvement. Auditing and reviewing of health and safety activities are being introduced. No external benchmarking or assurance is in place. Legal compliance is yet to be fully understood in all areas along with the development a clear prioritised improvement plan. External validation of the health and safety practice and culture is being put in place and being progressed.

ESTABLISHED

A clear policy and associated procedures are in place and are well on their way to being fully embedded. There is a developing culture of good health and safety practice, with personal understanding of individual responsibilities largely understood. Staff and their representative bodies are engaged in the process of improving the health, safety and wellbeing of employees and other stakeholders and feel fully engaged. Health and safety targets are being implemented Service wide and are driving improvements. Accident and near miss reporting occurs with improving consistency and understanding across the workforce. Risk associated with new working practices and resources are systematically considered before being introduced with growing confidence and assurance. Performance reporting and management arrangements for health and safety are well developed to effectively identify strengths and areas for improvement. Auditing and reviewing of health and safety activities is becoming more systematic with growing managerial assurance supported by clear and robust evidence. Legal compliance is understood in all areas along with a clear prioritised improvement plan although there remain concerns about some levels of compliance. External validation of the health and safety practice and culture is being put in place and well developed.

ADVANCED

A clear policy and associated procedures are in place and are fully embedded across the Service. There is a culture of good health and safety practice, with personal understanding of individual responsibilities largely understood and evidenced. Staff and their representative bodies are fully engaged in the process of improving the health, safety and wellbeing of employees and other stakeholders and feel fully engaged. Health and safety targets are being implemented Service wide and are driving improvements. Accident and near miss reporting occurs in a systematic and open manner. Risk associated with new working practices and resources are systematically considered before being introduced with high levels of confidence and assurance. Performance reporting and management arrangements for health and safety are well advanced to identify strengths and areas for improvement. Auditing and reviewing of health and safety activities is systematic with growing managerial assurance and robust evidence. Legal compliance is understood in all areas along with a clear prioritised improvement plan although there remain concerns about some levels of compliance. External validation of the health and safety practice and culture is in place.

EVIDENCE: (Completed by Senior Health and Safety Advisor)

A policy and key supporting procedures are in place. A programme exists to migrate to single procedures and ways of working alongside the information systems migration plan. Accident and near miss reporting occurs with improving consistency and understanding across the workforce. Risk associated with new working practices and resources are considered before being introduced although this needs strengthening and embedding. The Health and Safety department are currently meeting with all management teams including the Strategic Leadership Team to help develop awareness of the policy and associated responsibilities. Health and safety is now a standing item on all management meetings throughout the Service. In addition, the department are conducting a premise by premise audit across the Service to assess how existing practice matches to policy and procedure. This work will both inform our overall strategic baseline position and pick up immediate areas for concern/consideration.

In tandem to this, the department are assessing compliance against wider legal obligations. The intention is to produce a risk assessed health and safety legal compliance register and populate an assurance framework that directly links to the agreed policy. From this the department will produce a convergence plan that will be audited by Gateway Assure in the third quarter 2016.

In December a British Standards Institute (BSI) auditor will review the position of the southern part of the Service's compliance with BSI 18001. They will also discuss the risk assessed approach to the convergence plan alongside the Internal Audit of the wider migration plan. A program of BSI 18001 internal audits will cover areas highlighted within the convergence plan and will commence when further BSI trained auditors have been trained in early 2017. This project remains on track with good progress being made and with the Director fully engaged through monthly directorate meetings.

Some Service targets for health and safety exist and monitoring of Service key performance indicators continues. In this first year of the new Service the performance data will act as a benchmark for the newly formed organisation. Health and safety performance reports will continue to be monitored through the Health, Safety and Welfare committee that is chaired by the Director and has a wide membership that includes all staff representatives.

Key Performance Indicators

Number of days lost to work related injuries and ill health

Number of RIDDOR incidents – Major Injury

Number of RIDDOR incidents over 7 days

RECOMMENDED LEVEL: DEVELOPING

KLOE: How are we ensuring that we are compliant with relevant information management legislation?

DESCRIPTORS:

DEVELOPING

Information management and security procedures are in place and there is growing internal confidence in the managerial arrangements. There are some good practices in place but internal assessment has identified that key issues exist, with some cause of concern requiring appropriate action plans to be put in place. Compliance arrangements for access to information are in place with a clear policy, procedure and management arrangements. Work is still needed to fully embed good information management practices throughout the organisation. Information sharing protocols are in place but not widely understood or applied. Senior management and Members have started to review the performance and issues associated with legal compliance.

ESTABLISHED

Information management and security procedures are in place and there is growing internal confidence in the processes in place. No major 'high risk' issues or failings have been identified. Compliance arrangements for access to information are in place with a clear policy, procedure and management arrangements. Information management practices throughout the organisation are being bedded although there is still a lack of consistency in understanding and practice. Information sharing protocols are in place and being embedded. Assurance processes are emerging to support a growing confidence in these arrangements. Senior management and Members regularly review the performance and issues associated with legal compliance. There is increasing confidence in the arrangements in place supported by an emerging assurance process.

ADVANCED

Information management and security procedures are in place and there is good internal confidence in the processes in place that is fully assured. No major 'high risk' issues or failings have been identified. Compliance arrangements for access to information are in place with a clear policy, procedure and management arrangements. Information management practices throughout the organisation are bedded and systematically assured. Information sharing protocols are in place and embedded. Assurance processes are systematically applied. There is a high degree of confidence in these arrangements. Senior management and Members regularly review the performance and issues associated with legal compliance. There is increasing confidence in the arrangements in place supported by a systematic assurance process.

EVIDENCE: (Completed by Head of Information and Communications)

A clear policy and procedural framework was completed prior to the 1 April to ensure the new Service met its statutory responsibilities for information management. A plan is now in place to align processes in all remaining areas and specifically those around information security will be completed during 2016/17. This plan was subject to a recent internal audit, the results of this recognised the good work prior to combination and validated the future work plan, with no significant issues raised by the auditors.

Legal compliance in the areas of Data Protection and Freedom of Information is monitored monthly and 100% of the requests for information have been responded to within the statutory timescales. Key performance indicators are reviewed by senior management and soon by Members via the Finance and Audit Committee.

In terms of information security, the security breach process is also monitored by the department on a monthly basis. Training has been provided to all Information Asset Owners and the quarterly Information Governance Group has been established to support the management of information risk and increased level of managerial assurance.

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The annual IT Health Check identified a number of risks as a result of Combination and these are being monitored on a weekly basis, to ensure that all high and medium risks are mitigated within 3 months. Data Sharing arrangements are being collated centrally and updated to reflect the responsibilities of the new Service and the new Dorset Information Sharing Charter.

Key Performance Indicators

Percentage of complaints resolved within 14 days (or within the date agreed with the complainant)

Percentage of data protection requests dealt with within 40 days

Percentage of freedom of information requests completed within

RECOMMENDED LEVEL: DEVELOPING