

Audit and Standards Committee

Agenda

23rd November 2009

The Audit and Standards Committee will meet at the **SHIRE HALL, WARWICK** on **Monday 23rd November 2009 at 10:00 a.m.**

The agenda will be: -

1. General

- (1) **Apologies for absence**
- (2) **Members' Disclosures of Personal and Prejudicial Interests**

Members are reminded that they should declare the existence and nature of their personal interests at the commencement of the relevant item (or as soon as the interest becomes apparent). If that interest is a prejudicial interest the Member must withdraw from the room unless one of the exceptions applies.

- (3) **Minutes of the Audit and Standards Committee meeting held on 21st September 2009 and matters arising.**

STANDARDS ITEMS

None

AUDIT ITEMS

2. Update on Case File Recording

Report of the Strategic Director Adult Health and Community Services

This report updates the Committee on the Quarterly Case File Audit together with more detailed commentary as requested by Audit & Standards Committee.

Recommendation

That the Committee –

1. note progress made in the auditing of case file records;
2. consider and comment on the role of the Quality Assurance Officers in case file audit.

For further information please contact Diana King, Service Manager
Performance & Quality Local Commissioning Tel 01926 736430 email
dianaking@warwickshire.gov.uk

3. Health and Safety Annual Report 2008/09

Report of the Strategic Director of Customers, Workforce and Governance.

The Corporate Health, Safety and Wellbeing Manager has compiled this report in order to provide an annual position statement on the management of health and safety within the County Council. The report summarises the health and safety activities within the Authority from 1st April 2008 to the 31st March 2009.

Recommendation

That the Audit and Standards Committee review and comment upon the Health and Safety Annual Report for 2008/09 and endorse the priorities recommended in the report.

For further information please contact Ruth Pickering, Corporate Health, Safety & Wellbeing Manager Chartered Safety & Health Practitioner Tel: 01926 412316 email ruthpickering@warwickshire.gov.uk

4. Audit and Standards Work Programme

Report of the Strategic Director of Customers, Workforce and Governance.

This report encloses the latest work programme for the Committee

Recommendation

That the Committee considers the latest work programme for the Committee

For further information please contact Jean Hardwick, Committee Manager, Tel: 01926 412476 e-mail jeanhardwick@warwickshire.gov.uk.

4 (a) Use of Resources 2008/09

Report of the Strategic Director, Resources.

This is the Audit commission's report on the County Council's Use of Resources assessment for 2008/09.

Recommendation

That the Committee considers the Audit Commission's Use of Resources Assessment.

For further information please contact Oliver Winters, Head of Finance. Tel 01926 412441 e-mail oliverwinters@warwickshire.gov.uk.

5. Any Other Business

Which the Chair decides is urgent.

6. Future Meeting Dates

To note future meeting dates to be held in Shire Hall at 10:00 a.m. as follows -

Wednesday 3rd February 2010 (change of date from 22 February 2010)
Monday 24 May 2010
Monday 13 September 2010
Monday 22 November 2010
Monday 21 February 2011

7. Report Containing Confidential or Exempt Information

To consider passing the following resolution:

'That members of the public be excluded from the meeting for item 8 below on the grounds that their presence would involve the disclosure of confidential or exempt information as defined in paragraphs 1,2 & 7 of the Local Government Act 1972'.

(NB. Copies of extracts describing exempt information are available in Warwickshire Libraries, the County Council Handbook and the Access to Information Register held in my office).

8. Internal Audit Report 1st April – 30 September 2009

Report of the Strategic Director of Customers, Workforce and Governance

This report summarises the results of internal audit work during the period 1st April – 30 September 2009 for consideration by the Committee

Recommendation

That the results of internal audit work in the period 1 April 2009 to 30 September 2009 be noted.

For further information please contact Garry Rollason, Audit and Risk Manager
Tel: 01926 412679 Email garryrollason@warwickshire.gov.uk

Jim Graham
Chief Executive

Shire Hall,
Warwick
November 2009

Membership

Councillors Sarah Boad, Clare Hopkinson Tim Naylor, Helen Walton, Bob Stevens and John Vereker CBE.

Independent Members: John Bridgeman CBE, (Chair), Rob Jeanes, and Bob Meacham OBE

If you have any questions about this agenda please contact Jean Hardwick, Committee Manager, Democratic Services, Customers, Workforce and Governance Directorate, Tel. 01926 412476 or e-mail jeanhardwick@warwickshire.gov.uk

The **AUDIT AND STANDARDS COMMITTEE** met at **WARWICK** on the **21 September 2009**

Present: -

Independent Members

Rob Jeanes
Bob Meacham OBE
Mark Magowan

County Councillors

Clare Hopkinson
Tim Naylor
Kate Rolfe
Helen Walton
Chris Williams

Officers

David Clarke, Strategic Director Resources
Andrew Lovegrove, Group Accountant
Ann Mawdsley, Principal Committee Administrator
Greta Needham, Head of Law and Governance
Jane Pollard, Democratic Services Manager
Garry Rollason, Audit and Risk Manager

Also present:

Councillor Peter Fowler
Dave Rigg, District Auditor, Audit Commission
Helen Lillington, Audit Manager, Audit Commission

1. General

(1) Apologies for absence

Apologies for absence were received from Councillor Sarah Boad (replaced by Councillor Kate Rolfe for this meeting), John Bridgeman, David Carter, Councillor Bob Stevens and Councillor John Vereker (replaced by Councillor Chris Williams for this meeting).

(2) Members' Disclosures of Personal and Prejudicial Interests

None.

(3) Minutes of the Audit and Standards Committee meeting held on 25 May 2009

Resolved that the minutes of the meeting held on 25 May 2009 be approved and signed by the Chair as a correct record.

Matters Arising

Minute 2 Standards Board For England Bulletin No 42 and 43

Jane Pollard confirmed that co-opted members of County Council committees were covered by the authority's insurance, but were not covered by the authority's indemnification. The Committee recommended that steps be taken to extend the indemnity to co-opted members.

STANDARDS ITEMS

2. Standards Board for England – Bulletins No 44 and 45

The Committee considered the report of the Strategic Director for Customers, Workforce and Governance on the content of the Standards Board Bulletins No 44 and 45.

Bulletin 44

It was noted that on page 6 (Case Handling) of Bulletin 44, the time period referred to should be 8 May 2008 to 31 March 2009. This did not reflect a full 12 month cycle due to the transfer of responsibilities from the national Standards Board to Local Authorities.

Bulletin 45

Members enquired whether there were templates of draft written apologies within the Standards Board Guidance. Jane Pollard agreed to check this.

Resolved that the content of the Standards Board Bulletins No 44 and 45 be noted.

AUDIT ITEMS

3. The Standards Committees (Further Provisions) Regulations 2009

The Committee considered the report of the Strategic Director for Customers, Workforce and Governance advising members of the changes brought about by the above regulations, which had come into force in June 2009.

Jane Pollard noted the three new provisions:

- i. The circumstances for and arrangements to be put in place should a Standards Committee fail to exercise their functions and powers, requiring the Standards Board England to suspend their functions.
- ii. The possibility for joint standards committees to be set up with other authorities. This was unlikely in Warwickshire as currently this Committee dealt with audit and standards matters.
- iii. The powers of the Committee to give dispensation to members to speak and vote at a meeting when they have a prejudicial interest. It was noted that the guidance relating to this indicated that this would only be possible in rare circumstances.

Members agreed that a refresher course on Standards issues, which applied to all members, should be included in the programme of member development. Jane Pollard agreed to action this and noted that there was also a Standards Board DVD expected in October on local assessment, which would be made available to members.

Resolved:

1. That the Committee notes the new arrangements under the Standards Committees (Further Provisions) Regulations 2009.
2. Adopts the guidance of the Standards Board as the basic framework for making decisions on member requests for dispensations.

4. Update on Case File Recording

As there was no officer in attendance to present the report the Committee agreed to defer this item to the 23 November meeting.

5. External Auditors Annual Governance Report 2008/09

The Committee considered the report from the Audit Commission outlining matters arising from their audit of the 2008/09 accounts.

Dave Rigg and Helen Lillington outlined the report and noted the following points:-

1. There were no major areas of concern to report.
2. The technical issues outlined in paragraph 7 of the Financial Statements had been satisfactorily cleared.
3. Auditors were satisfied that the risk reported in the past year relating to the Fire Fighters Injury Award had been treated correctly.
4. Since the report had been written, the following three additional adjustments to the accounts had been made:
 - Debtors - treatment of the LPSA grant. The full £6.3m had been included within the current debtors balance, but as half of this was payable in 2010/11, this needed to be reclassified as a long term debtor.
 - Cash and Bank - an error in terms of coding, where £2.4m had been coded to Studley High Foundation School instead of Queen Elizabeth Foundation School. This had no impact on the balance sheet.
 - On 21 May 2008 new factors for calculating lump sums payable to retiring firefighters who opt to commute their pension were given. On 7 September a further circular was issued backdating the commutation to 22 August 2006. Late guidance received from the commission was that this was an adjusting event after the balance sheet date, calculated to be £272,000 onto the firefighters pension fund account.
5. There had been a reclassification of some assets to indicate where single buildings had a number of functions, for example in Kenilworth one building was used as a One Stop Shop and as a library.

6. The Council continued to provide good value for money and the drop in rating from a 4 to a 3 was due to the changed criteria for 2009. Dave Rigg added that with the current system a 3 indicated that an authority had more than all required arrangements in place and a rating of 4 would require innovative arrangements which were outcome driven in terms of management of finances, governing business and management of natural resources. Warwickshire County Council was in the top bracket across the country, with only 2 or 3 authorities achieving a 4. The Committee would consider reports on the "Use of Resources" and the Annual Audit Letter at later meetings, which would demonstrate that they were providing good value for money. Members agreed that public perception was extremely important and information management was essential to put the 3 rating into context.

Resolved that the context of the report and adjustments to that report be noted and approved the signing of the letter of representation.

6. Audit and Standards Work Programme

The Committee considered the report of the Strategic Director for Customers, Workforce and Governance on the work programme for the Committee.

Members suggested that consideration be given to the appropriateness of a report to the Committee looking at the coding of school budgets. It was agreed that Dave Clarke should consider how such an exercise may benefit schools.

Resolved that the report be noted;

7. Any Other Business

The Committee were informed that Mark Magowan had resigned from the Committee and this was his last meeting. The Chair thanked him for the work he had done for Warwickshire and that he would be sadly missed. Councillor Tim Naylor thanked Mark Magowan, adding how helpful he had been in bringing an independent view to the Committee. He also thanked the long serving elected members from the previous administration.

The Chair took the opportunity to thank officers for the totally satisfactory way they carried out their roles and in achieving such a good outcome on the Annual Governance Report 2008/09.

8. Future Meeting Dates

To note future meeting dates to be held in Shire Hall at 10:00 a.m. as follows -
23 November 2009
22 February 2010

.....
Chair of Committee

The Committee rose at 10.50 p.m.

AGENDA MANAGEMENT SHEET

Name of Committee

Audit & Standards

Date of Committee

23rd November 2009

Report Title

Update on Case File Recording

Summary

This report updates the Committee on the Quarterly Case File Audit together with more detailed commentary as requested by Audit & Standards Committee 23rd November 2009.

For further information please contact:

Di King
Service Manager Performance & Quality
Local Commissioning

Tel: 01926 736430

Would the recommended decision be contrary to the Budget and Policy Framework?

No.

Background papers

None.

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Cabinet Member
- Chief Executive
- Legal
- Finance
- Other Chief Officers
- District Councils
- Health Authority
- Police

Other Bodies/Individuals

FINAL DECISION YES/NO

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

**Audit & Standards Committee
23rd November 2009**

Update on Case File Recording

**Report of the Service Manager, Performance & Quality
Local Commissioning
Adult Health & Community Services**

Recommendation

1. That the Committee note progress made in the auditing of case file records.
2. Consider and comment on the role of the Quality Assurance Officers in case file audit.

1. Introduction

- 1.1 The qualitative and quantitative auditing of case files within Adult Social Care has continued to take place on a quarterly basis.

This report updates Committee on the results of December 08 and March 09 quantitative audits and January 09 qualitative audit (March 09 qualitative audit was in the process of analysing at time of writing this report).

2. Performance Report – Quantitative Audit

- 2.1 Appendix 1 gives a summary of the results of the December 08, March 09 and June 09 audits against the overall target of 90%. 131 cases were audited in December 08, 120 were audited in March 09, 162 were audited in June 09.
- 2.2 December 08 saw considerable improvement in all 6 standards. March 09 has seen a slight dip below target on 4 of the targets which may reflect the changes in working practice through the introduction of tablet technology and mobile working to all teams. June 09 audit was carried out by the Quality Assurance officers who dedicated days in teams interrogating both computer and paper records. All six standards have seen considerable improvement.
- 2.3 Appendix 2 gives the full commentary.

3. Outcomes of the Quality Assurance Panel

- 3.1 The Panel has continued to meet on a quarterly basis. At time of writing, March 09 analysis was not available.
- 3.2 Appendix 3 highlights the outcomes of the June 09 and September 09 Quality Assurance Panels.

4. To further improve the high quality of quantitative data, the Quality Assurance officers took responsibility for the Case File Audit with effect from June 09

- 4.1 Quality Assurance Officers have the responsibility for checking that practitioner's compliance with the standards set to improve data quality in all teams.
- 4.2 The Quality Assurance Officers spend one week visiting teams (adding extra data protection, avoiding the number of case files being transported) and will ensure all files are audited optimising the number of returns.
- 4.3 The Quality Assurance Officers provide on site feedback to Managers on any none compliance issues with agreed actions which they will then follow up within two weeks where appropriate to ensure action has been taken and noted.

5. Recommendations & Conclusions

- 5.1 The Committee is asked to:
 - 1. Note the progress made in the auditing of case file records.
 - 2. Consider and comment on the role of Quality Assurance Officers in Case File Audit.

Di King
Service Manager, Performance & Quality
Adult Health & Community Services

23rd November 2009

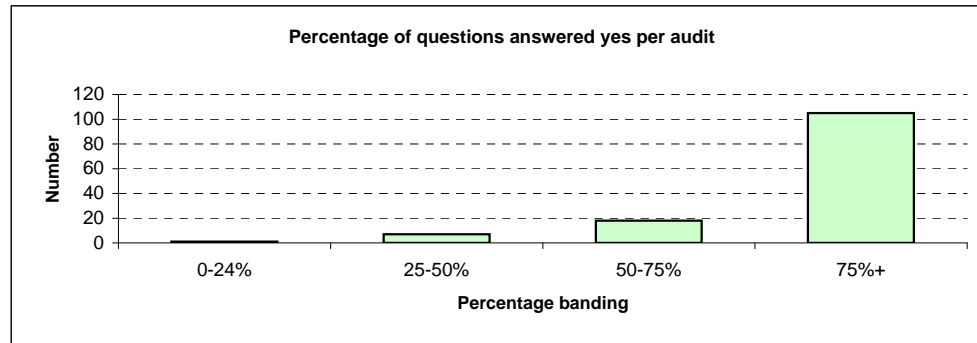
Key

Y = Yes
N = No
NA = Not applicable
NS = Not stated

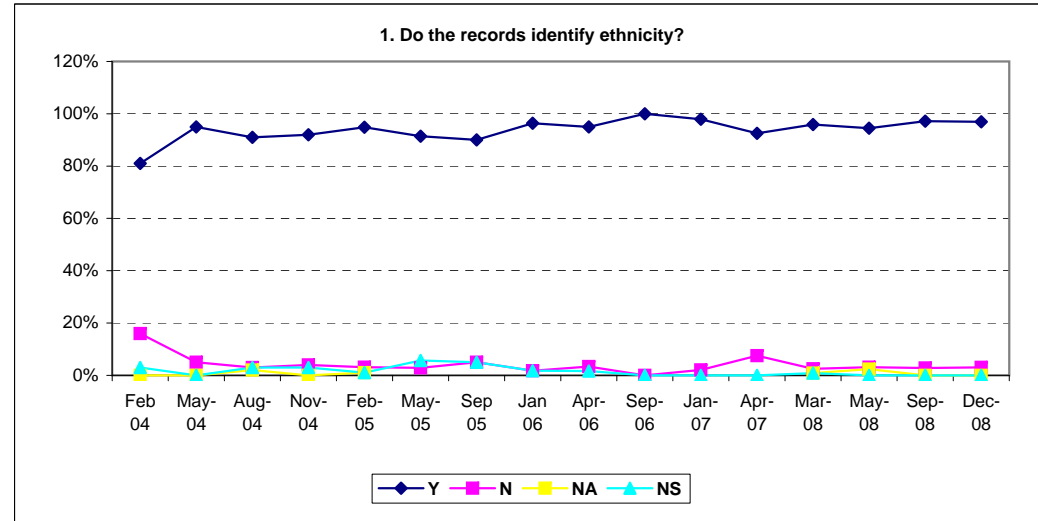
Number of audits returned: 131

Percentage of questions answered 'yes' per audit

Percentage	Number
0-24%	1
25-50%	7
50-75%	18
75%+	105



	1. Do the records identify ethnicity?			
	Y	N	NA	NS
Feb 04	81%	16%	0%	3%
May-04	95%	5%	0%	0%
Aug-04	91%	3%	2%	3%
Nov-04	92%	4%	0%	3%
Feb-05	95%	3%	1%	1%
May-05	91%	3%		6%
Sep 05	90%	5%		5%
Jan 06	96%	2%		2%
Apr-06	95%	3%		2%
Sep-06	100%	0%		0%
Jan-07	98%	2%		0%
Apr-07	93%	8%		0%
Mar-08	96%	2%	1%	1%
May-08	94%	3%	2%	0%
Sep-08	97%	3%	0%	0%
Dec-08	97%	3%	0%	0%



2. Is there an 'activity' to show consent has been discussed?

	Y	N	NA	NS
Mar-08	85%	9%	5%	1%
May-08	78%	10%	7%	5%
Sep-08	91%	8%	0%	1%
Dec-08	90%	7%	0%	3%

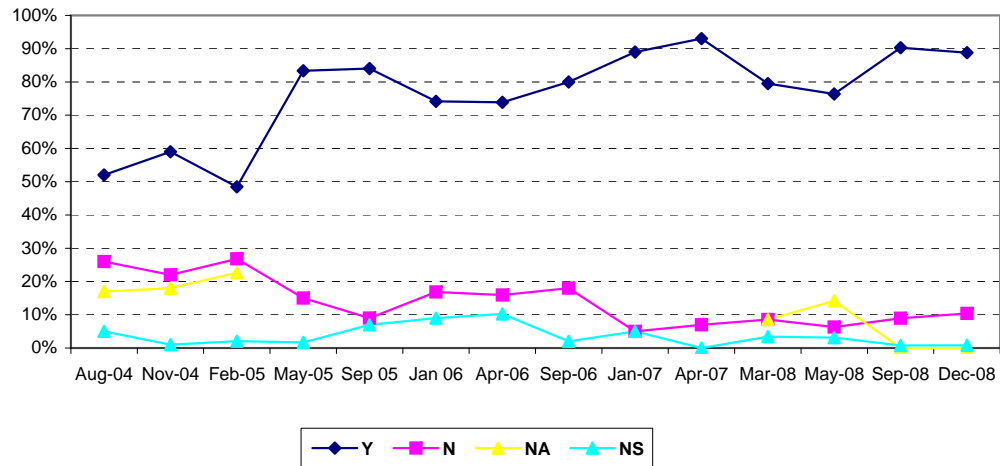
3. Is there an 'activity' to show that a carer's assessment has been offered?

	Y	N	NA	NS
Aug-04	52%	26%	17%	5%
Nov-04	59%	22%	18%	1%
Feb-05	48%	27%	23%	2%
May-05	83%	15%		2%
Sep 05	84%	9%		7%
Jan 06	74%	17%		9%
Apr-06	74%	16%		10%
Sep-06	80%	18%		2%
Jan-07	89%	5%		5%
Apr-07	93%	7%		0%
Mar-08	79%	9%	9%	3%
May-08	76%	6%	14%	3%
Sep-08	90%	9%	0%	1%
Dec-08	89%	10%	0%	1%

If yes, are the Carers details recorded?

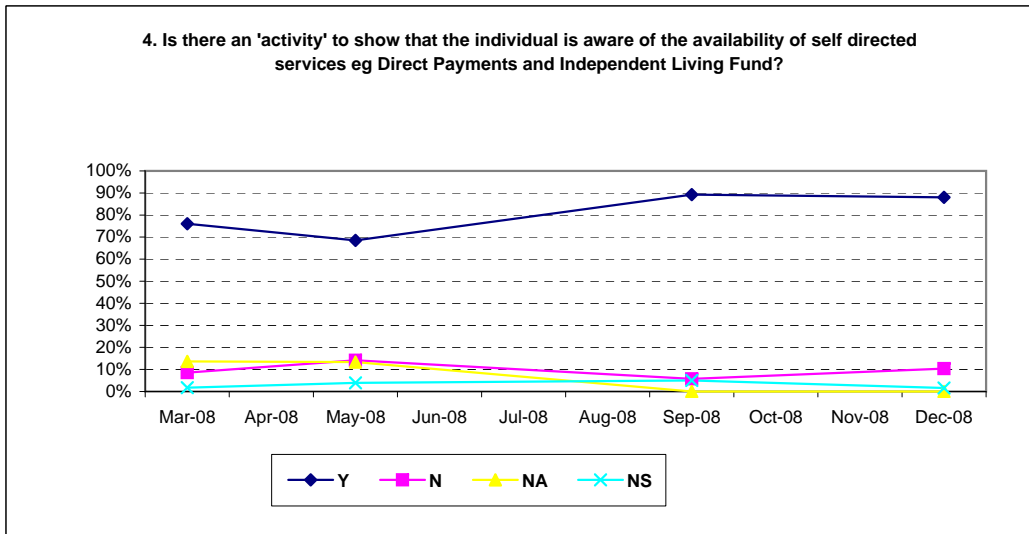
	Y	N	NA	NS
Mar-08	26%	3%	1%	69%
May-08	22%	12%	15%	51%
Sep-08	79%	9%	0%	12%
Dec-08	25%	6%	0%	69%

3. Is there 'activity' to show that a carer's assessment has been offered?



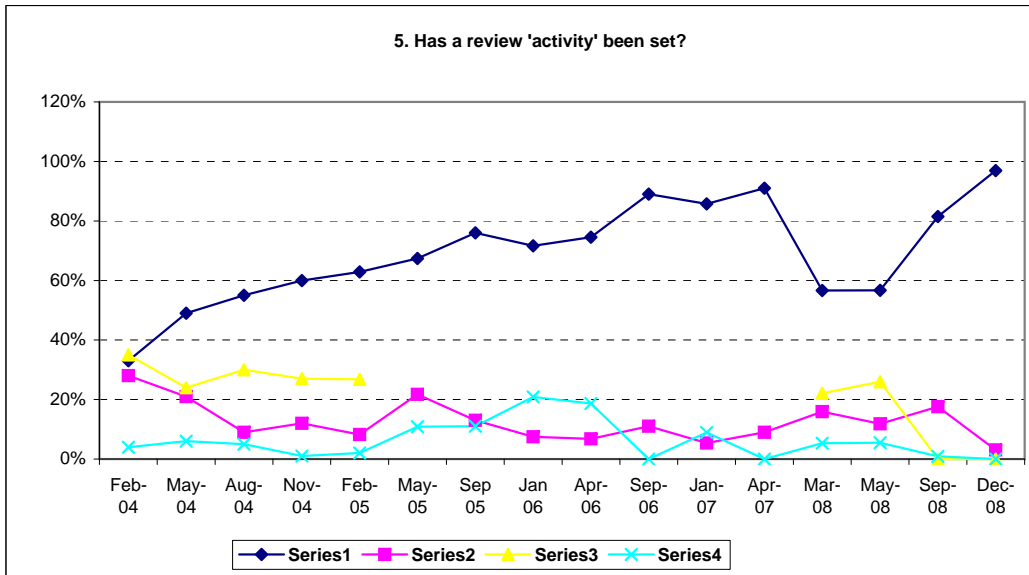
4. Is there an 'activity' to show that the individual is aware of the availability of self directed services eg Direct Payments and Independent Living Fund?

	Y	N	NA	NS
Mar-08	76%	9%	14%	2%
May-08	69%	14%	13%	4%
Sep-08	89%	6%	0%	5%
Dec-08	88%	10%	0%	2%



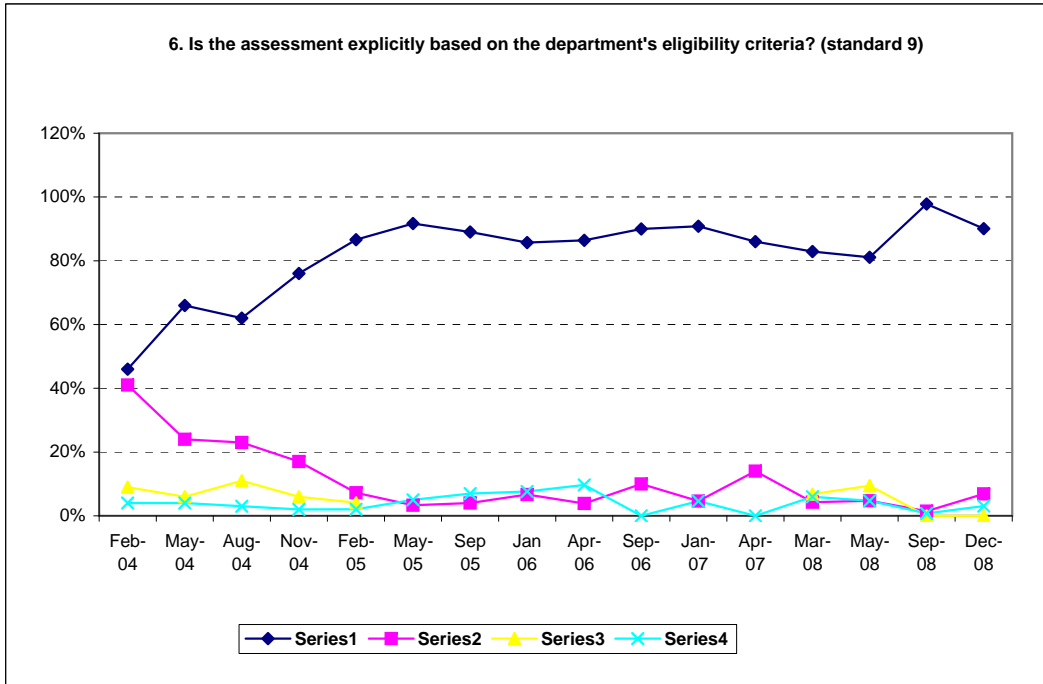
5. Has a review 'activity' been set?

	Y	N	NA	NS
Feb-04	33%	28%	35%	4%
May-04	49%	21%	24%	6%
Aug-04	55%	9%	30%	5%
Nov-04	60%	12%	27%	1%
Feb-05	63%	8%	27%	2%
May-05	67%	22%		11%
Sep-05	76%	13%		11%
Jan-06	72%	7%		21%
Apr-06	75%	7%		19%
Sep-06	89%	11%		0%
Jan-07	86%	5%		9%
Apr-07	91%	9%		0%
Mar-08	57%	16%	22%	5%
May-08	57%	12%	26%	6%
Sep-08	81%	18%	0%	1%
Dec-08	97%	3%	0%	0%



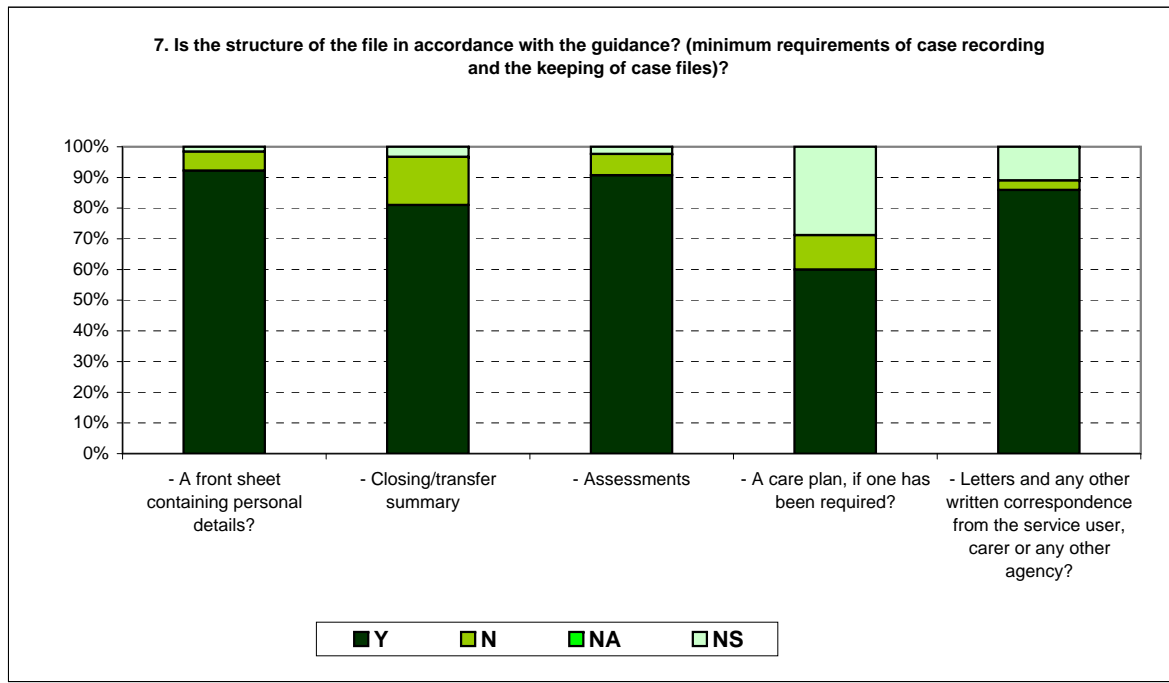
6. Is the assessment explicitly based on the department's eligibility criteria? (Standard 9)

	Y	N	NA	NS
Feb-04	46%	41%	9%	4%
May-04	66%	24%	6%	4%
Aug-04	62%	23%	11%	3%
Nov-04	76%	17%	6%	2%
Feb-05	87%	7%	4%	2%
May-05	92%	3%		5%
Sep-05	89%	4%		7%
Jan-06	86%	7%		8%
Apr-06	86%	4%		10%
Sep-06	90%	10%		0%
Jan-07	91%	5%		5%
Apr-07	86%	14%		0%
Mar-08	83%	4%	7%	6%
May-08	81%	5%	9%	5%
Sep-08	98%	1%	0%	1%
Dec-08	90%	7%	0%	3%



7. Is the structure of the file in accordance with the guidance? (Minimum requirements of case recording and the keeping of case files)?

	Y	N	NA	NS
- A front sheet containing personal details?	92%	6%	0%	2%
- Closing/transfer summary	81%	16%	0%	3%
- Assessments	91%	7%	0%	2%
- A care plan, if one has been required?	60%	11%	0%	29%
- Letters and any other written correspondence from the service user, carer or any other agency?	86%	3%	0%	11%



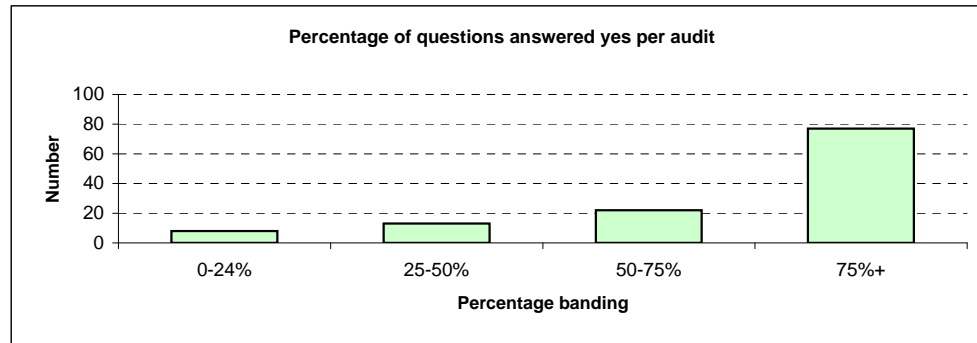
Key

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N = No
NA = Not applicable
NS = Not stated

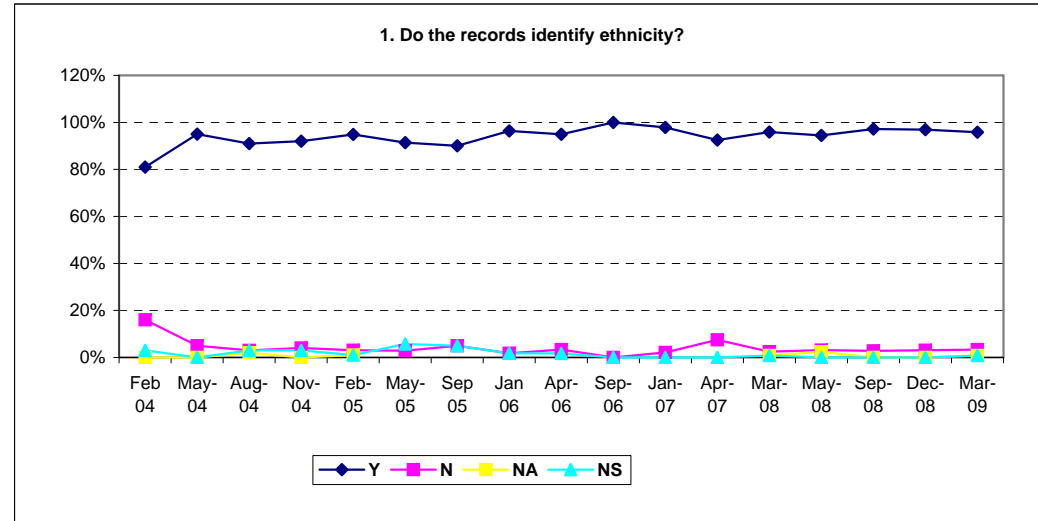
Number of audits returned: 120

Percentage of questions answered 'yes' per audit

Percentage	Number
0-24%	8
25-50%	13
50-75%	22
75%+	77



	1. Do the records identify ethnicity?			
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Sep 05	90%	5%		5%
Jan 06	96%	2%		2%
Apr-06	95%	3%		2%
Sep-06	100%	0%		0%
Jan-07	98%	2%		0%
Apr-07	93%	8%		0%
Mar-08	96%	2%	1%	1%
May-08	94%	3%	2%	0%
Sep-08	97%	3%	0%	0%
Dec-08	97%	3%	0%	0%
Mar-09	96%	3%	1%	1%



2. Is there an 'activity' to show consent has been discussed?

	Y	N	NA	NS
Mar-08	85%	9%	5%	1%
May-08	78%	10%	7%	5%
Sep-08	91%	8%	0%	1%
Dec-08	90%	7%	0%	3%
Mar-09	85%	14%	5%	1%

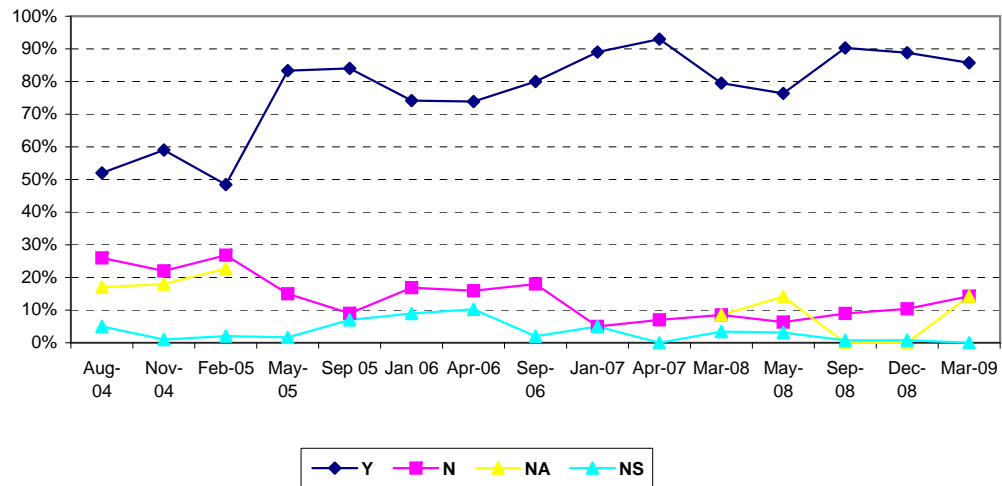
3. Is there an 'activity' to show that a carer's assessment has been offered?

	Y	N	NA	NS
Aug-04	52%	26%	17%	5%
Nov-04	59%	22%	18%	1%
Feb-05	48%	27%	23%	2%
May-05	83%	15%		2%
Sep 05	84%	9%		7%
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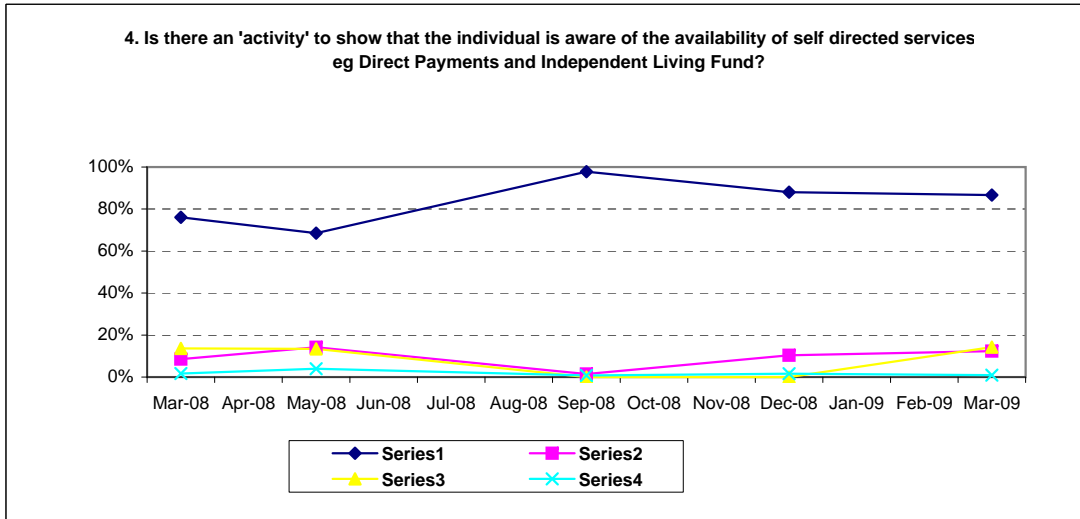
If yes, are the Carers details recorded?

	Y	N	NA	NS
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May-08	22%	12%	15%	51%
Sep-08	79%	9%	0%	12%
Dec-08	25%	6%	0%	69%
Mar-09	14%	1%	35%	85%

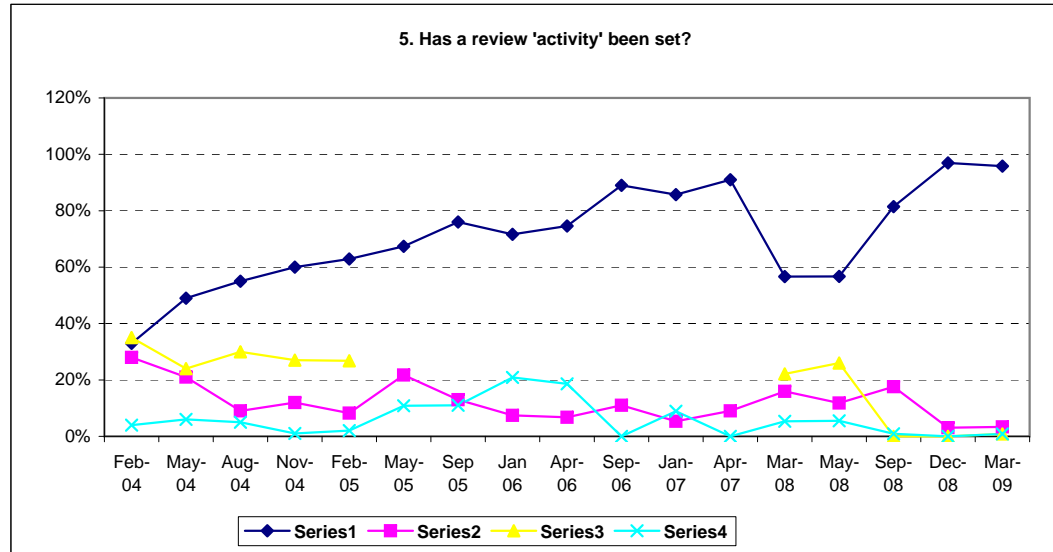
3. Is there 'activity' to show that a carer's assessment has been offered?



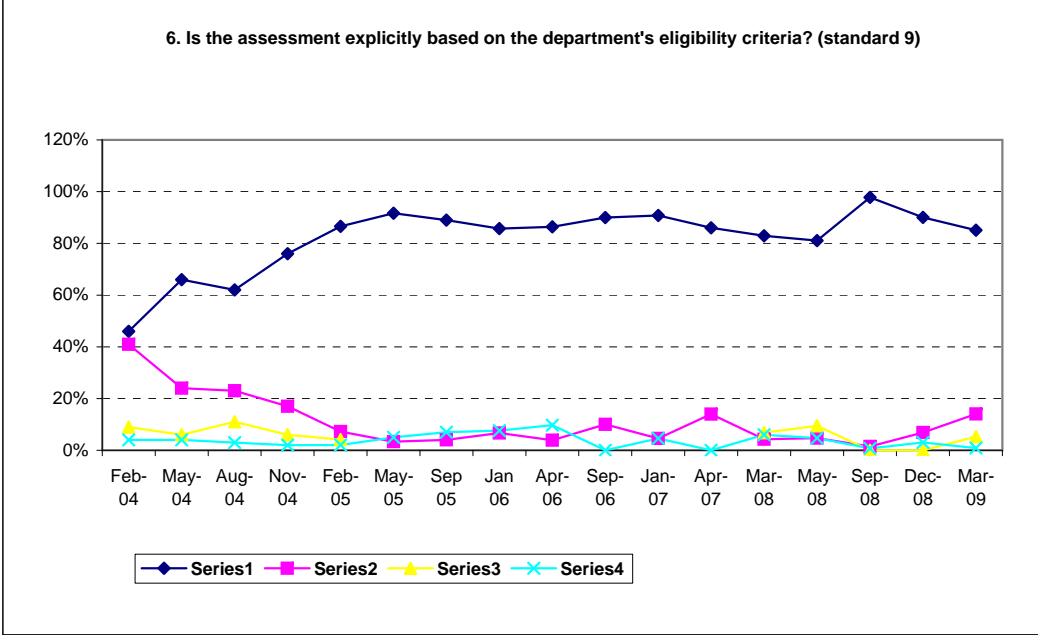
4. Is there an 'activity' to show that the individual is aware of the availability of self directed services eg Direct				
	Y	N	NA	NS
Mar-08	76%	9%	14%	2%
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Sep-08	98%	1%	0%	1%
Dec-08	88%	10%	0%	2%
Mar-09	87%	12%	14%	1%



5. Has a review 'activity' been set?				
	Y	N	NA	NS
Feb-04	33%	28%	35%	4%
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Dec-08	97%	3%	0%	0%
Mar-09	96%	3%	1%	1%



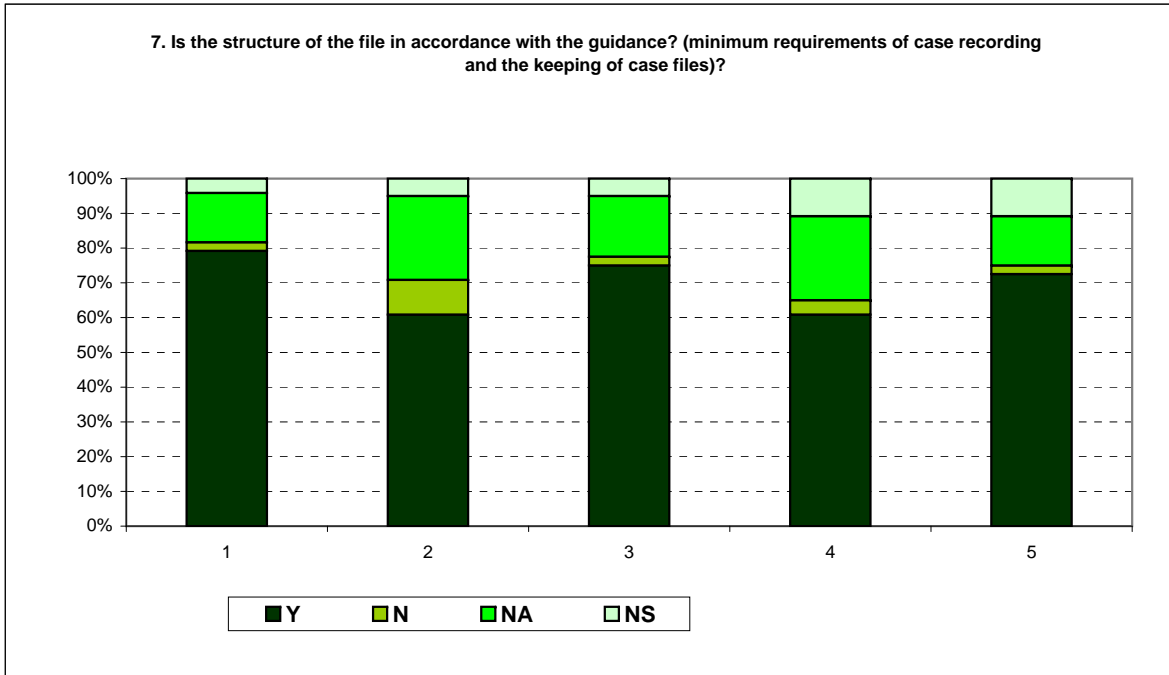
6. Is the assessment explicitly based on the department's eligibility criteria? (Standard 9)				
	Y	N	NA	NS
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Nov-04	76%	17%	6%	2%
Feb-05	87%	7%	4%	2%
May-05	92%	3%		5%
Sep-05	89%	4%		7%
Jan-06	86%	7%		8%
Apr-06	86%	4%		10%
Sep-06	90%	10%		0%
Jan-07	91%	5%		5%
Apr-07	86%	14%		0%
Mar-08	83%	4%	7%	6%
May-08	81%	5%	9%	5%
Sep-08	98%	1%	0%	1%
Dec-08	90%	7%	0%	3%
Mar-09	85%	14%	5%	1%



7. Is the structure of the file in accordance with the guidance? (Minimum requirements of case recording and the keeping of case files)?

- A front sheet containing personal details?
- Closing/transfer summary
- Assessments
- A care plan, if one has been required?
- Letters and any other written correspondence from the service user, carer or any other agency?

	Y	N	NA	NS
- A front sheet containing personal details?	92%	3%	17%	5%
- Closing/transfer summary	80%	13%	32%	7%
- Assessments	91%	3%	21%	6%
- A care plan, if one has been required?	80%	5%	32%	14%
- Letters and any other written correspondence from the service user, carer or any other agency?	84%	3%	17%	13%



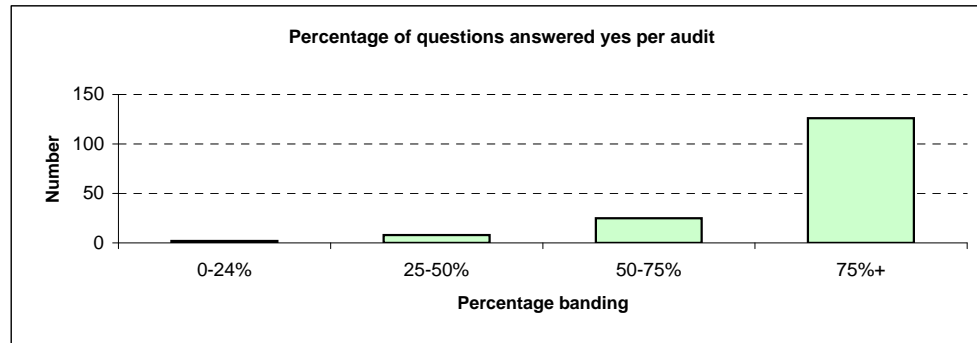
Key

Y = Yes
N = No
NA = Not applicable
NS = Not stated

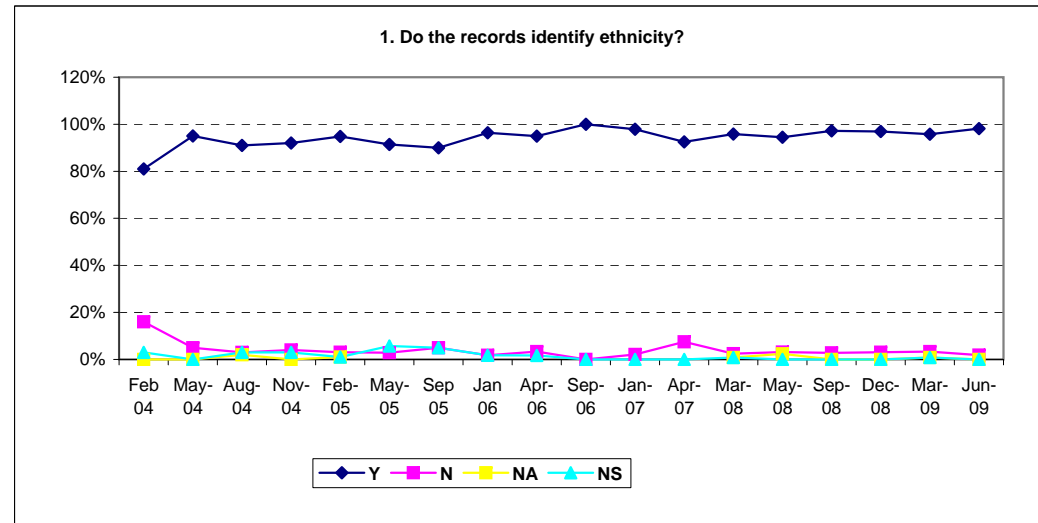
Number of audits returned: 162

Percentage of questions answered 'yes' per audit

Percentage	Number
0-24%	2
25-50%	8
50-75%	25
75%+	126



	1. Do the records identify ethnicity?			
	Y	N	NA	NS
Feb 04	81%	16%	0%	3%
May-04	95%	5%	0%	0%
Aug-04	91%	3%	2%	3%
Nov-04	92%	4%	0%	3%
Feb-05	95%	3%	1%	1%
May-05	91%	3%		6%
Sep 05	90%	5%		5%
Jan 06	96%	2%		2%
Apr-06	95%	3%		2%
Sep-06	100%	0%		0%
Jan-07	98%	2%		0%
Apr-07	93%	8%		0%
Mar-08	96%	2%	1%	1%
May-08	94%	3%	2%	0%
Sep-08	97%	3%	0%	0%
Dec-08	97%	3%	0%	0%
Mar-09	96%	3%	1%	1%
Jun-09	98%	2%	0%	0%



2. Is there an 'activity' to show consent has been discussed?

	Y	N	NA	NS
Mar-08	85%	9%	5%	1%
May-08	78%	10%	7%	5%
Sep-08	91%	8%	0%	1%
Dec-08	90%	7%	0%	3%
Mar-09	85%	14%	5%	1%
Jun-09	91%	8%	1%	1%

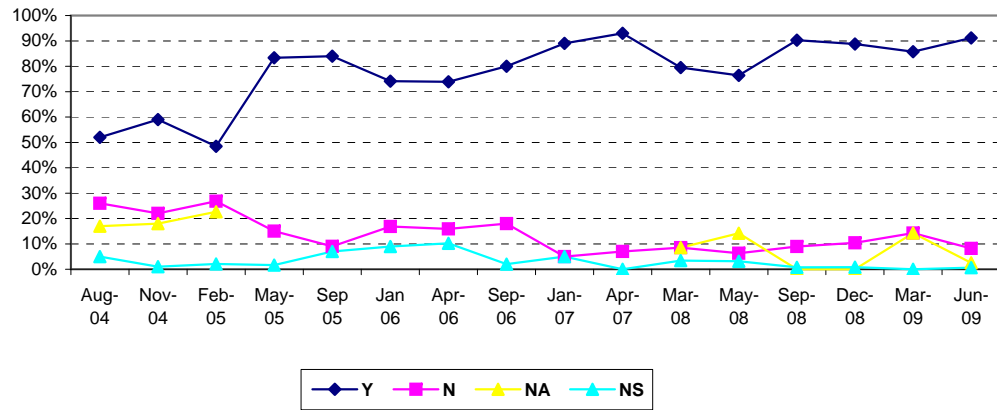
3. Is there an 'activity' to show that a carer's assessment has been offered?

	Y	N	NA	NS
Aug-04	52%	26%	17%	5%
Nov-04	59%	22%	18%	1%
Feb-05	48%	27%	23%	2%
May-05	83%	15%		2%
Sep 05	84%	9%		7%
Jan 06	74%	17%		9%
Apr-06	74%	16%		10%
Sep-06	80%	18%		2%
Jan-07	89%	5%		5%
Apr-07	93%	7%		0%
Mar-08	79%	9%	9%	3%
May-08	76%	6%	14%	3%
Sep-08	90%	9%	0%	1%
Dec-08	89%	10%	0%	1%
Mar-09	86%	14%	14%	0%
Jun-09	91%	8%	3%	1%

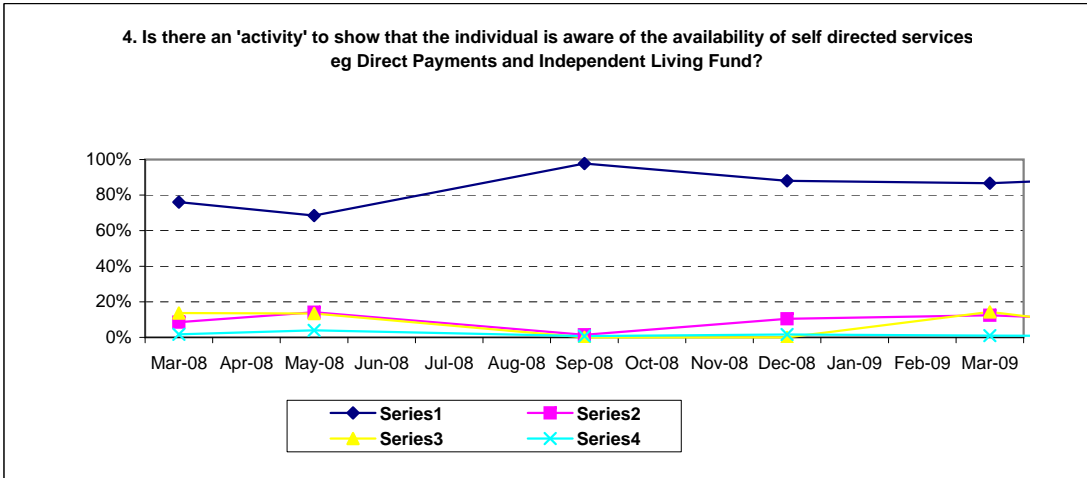
If yes, are the Carers details recorded?

	Y	N	NA	NS
Mar-08	26%	3%	1%	69%
May-08	22%	12%	15%	51%
Sep-08	79%	9%	0%	12%
Dec-08	25%	6%	0%	69%
Mar-09	14%	1%	35%	85%
Jun-09	39%	9%	26%	52%

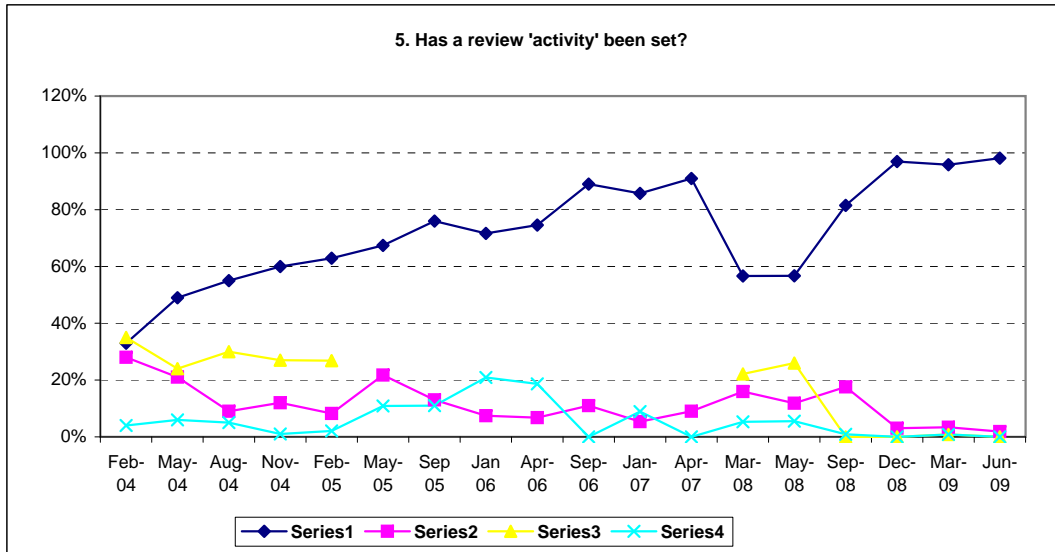
3. Is there 'activity' to show that a carer's assessment has been offered?



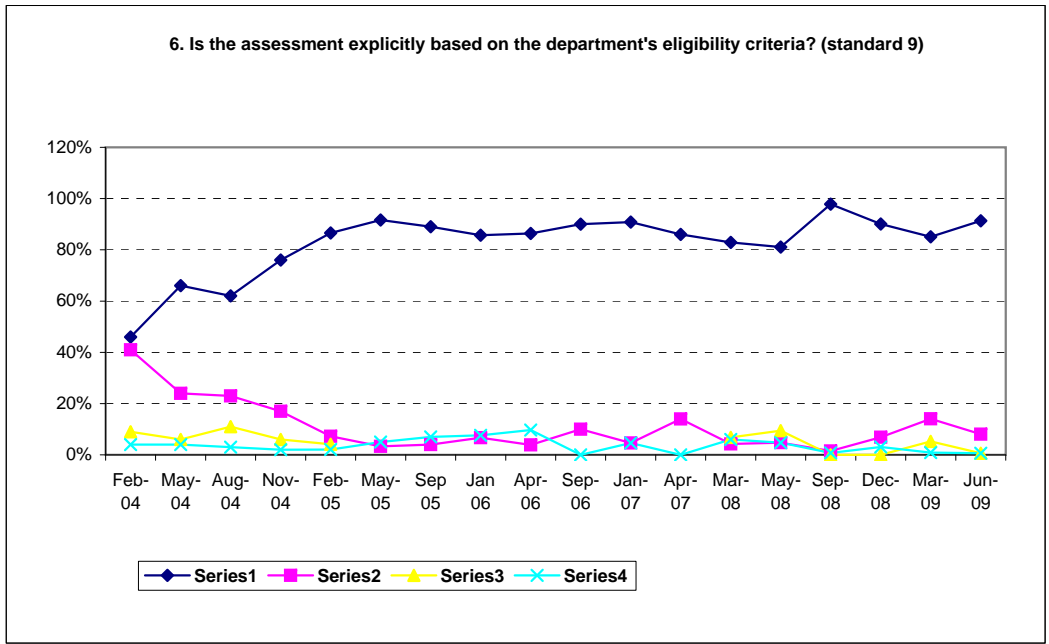
4. Is there an 'activity' to show that the				
	Y	N	NA	NS
Mar-08	76%	9%	14%	2%
May-08	69%	14%	13%	4%
Sep-08	98%	1%	0%	1%
Dec-08	88%	10%	0%	2%
Mar-09	87%	12%	14%	1%
Jun-09	91%	8%	1%	1%



5. Has a review 'activity' been set?				
	Y	N	NA	NS
Feb-04	33%	28%	35%	4%
May-04	49%	21%	24%	6%
Aug-04	55%	9%	30%	5%
Nov-04	60%	12%	27%	1%
Feb-05	63%	8%	27%	2%
May-05	67%	22%		11%
Sep-05	76%	13%		11%
Jan-06	72%	7%	21%	
Apr-06	75%	7%	19%	
Sep-06	89%	11%	0%	
Jan-07	86%	5%	9%	
Apr-07	91%	9%	0%	
Mar-08	57%	16%	22%	5%
May-08	57%	12%	26%	6%
Sep-08	81%	18%	0%	1%
Dec-08	97%	3%	0%	0%
Mar-09	96%	3%	1%	1%
Jun-09	98%	2%	0%	0%

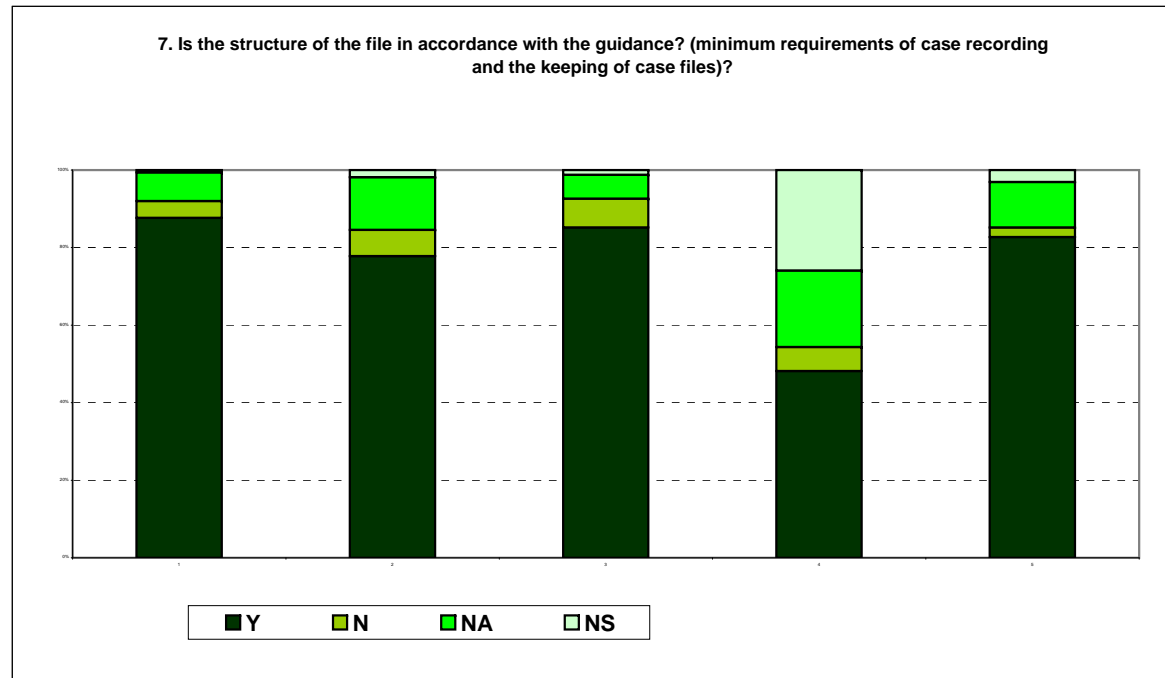


6. Is the assessment explicitly based on				
	Y	N	NA	NS
Feb-04	46%	41%	9%	4%
May-04	66%	24%	6%	4%
Aug-04	62%	23%	11%	3%
Nov-04	76%	17%	6%	2%
Feb-05	87%	7%	4%	2%
May-05	92%	3%		5%
Sep 05	89%	4%		7%
Jan 06	86%	7%		8%
Apr-06	86%	4%		10%
Sep-06	90%	10%		0%
Jan-07	91%	5%		5%
Apr-07	86%	14%		0%
Mar-08	83%	4%	7%	6%
May-08	81%	5%	9%	5%
Sep-08	98%	1%	0%	1%
Dec-08	90%	7%	0%	3%
Mar-09	85%	14%	5%	1%
Jun-09	91%	8%	1%	1%



7. Is the structure of the file in accordance with the guidance? (Minimum requirements of case recording and the keeping of case files)?				
	Y	N	NA	NS
- A front sheet containing personal details?	95%	5%	8%	1%
- Closing/transfer summary	90%	8%	16%	2%
- Assessments	91%	8%	7%	1%
- A care plan, if one has been required?	60%	8%	25%	32%
- Letters and any other written correspondence from the	94%	3%	13%	3%

- A front sheet containing personal details?
 - Closing/transfer summary
 - Assessments
 - A care plan, if one has been required?
 - Letters and any other written correspondence from the



Appendix 2

1.1 When cases are identified for audit purposes they are "on monitor" to teams and not allocated to an individual worker. They can, however, become "active" again necessitating re-allocation and a new Carefirst event. This can account for the fluctuating results on each quarter's analysis.

1.2 A customer or carer may no-longer be in need of social care support as a result of Continuing Health Care, Hospitalisation, FACS ineligible or Death. This will also account for minor fluctuations in each quarter.

1.3 131 Cases were audited in December 08, 120 in March 09 and 162 in June 09.

1.4 Do the records identify ethnicity?

December 08 (97%)	March 09 (96%)	June 09 (98%)
4 records did not identify Ethnicity	5 records did not identify Ethnicity	1 record did not identify Ethnicity

The average for records identifying ethnicity since the audit began in 2004 is 97%

1.5 Is the assessment explicitly based on the department's eligibility criteria?

December 08 (90%)	March 09 (85%)	June 09 (91%)
12 records did not reflect eligibility	18 records did not reflect eligibility	14 records did not reflect eligibility

There have been increasing numbers of requests for continuing Health Care Assessments. Risk under FACS is not required for these assessments which maybe reflected in the increase of cases not reflecting eligibility criteria.

1.6 Is there an activity to show that the individual is aware of the availability of self directed services?

December 08 (88%)	March 09 (87%)	June 09 (91%)
15 records did not have activity	15 records did not have this activity	14 records did not have this activity

1.7 Has a review activity been set?

December 08 (97%)	March 09 (96%)	June 09 (98%)
3 records did not have a review set	4 records did not have a review set	3 records did not have a review set

As peoples circumstances fluctuate, they return to the department for support. As highlighted in 1.1 cases audited may have become active and therefore no new review activity would have been set.

1.8 Is there an activity to show consent has been discussed?

December 08 (90%)	March 09 (85%)	June 09 (91%)
12 records did not evidence consent	17 records did not evidence consent	14 records did not evidence consent

As this analysis reflects 1.5 eligibility it is possible to assume that assessments undertaken for Continuing Health Care may affect this standard, particularly if someone is end of life.

1.9 Is there an activity that shows that a carer's assessment has been offered?

December 08 (89%)	March 09 (86%)	June 09 (91%)
14 Records did not evidence that Carers assessment was offered	16 records did not evidence that carers assessment was offered	14 records did not evidence that carers assessment was offered

This may reflect assessments carried out for Continuing Health Care as carers would be supported in their own right. It is also possible to assume that the case audited had become active again and the carers at time of audit were not yet assessed.

1.10 If yes are carers details recorded?

December 08 (25%)	March 09 (14%)	June 09 (39%)
-------------------	----------------	---------------

This is an area of concern and currently being addressed by the Service Manager Performance and Quality.

1.11 Is the structure of the file in accordance with the guidance?

Front Sheet

December 08 (92%)	March 09 (92%)	June 09 (95%)
10 cases did not comply	9 cases did not comply	9 cases did not comply

Closure Summary

December 08 (81%)	March 09 (80%)	June 09 (90%)
25 Cases did not comply	13 Cases did not comply	16 cases did not comply

Assessments

December 08 (91%)	March 09 (91%)	June 09 (91%)
11 Cases did not comply	10 cases did not comply	15 cases did not comply

A care Plan

December 08 (60%) 51 Cases did not comply	March 09 (80%) 24 Cases did not comply	June 09 (60%) 64 cases did not comply
--	---	--

Correspondence

December 08 (86%) 17 Cases did not comply	March 09 (84%) 19 Cases did not comply	June 09 (89%) 11 cases did not comply
--	---	--

Closure Summary

Cases may have been "active" and therefore a summary would not be evidenced.

Assessments

Cases may have been "active" and assessments incomplete and not ready for transfer to paper file

Care Plans

Cases may have been "active" and care plans dependent on partners and agencies to supply e.g. disabled facilities grant.

This standard is audited by viewing paper files. If the case was "active" paper files would not have been fully completed and therefore would appear to be non-compliant.

Quality Assurance Panels

The Quality Assurance Panel was introduced in February 2008 to consider the qualitative aspects of case file recording. It consisted of a range of professionals and service users. The role of the Quality Assurance Panel is to oversee assessments, care plans and reviews and evaluates the extent to which they are outcome focussed; evidence partnership working with service users and carers; promote choice, independence and empowerment; includes a risk assessment; identify what the impact of the intervention has been.

In March 2009 there was a review of the Quality Assurance Panel. During the life of the panel it became apparent that the service user representation was not satisfactory, one of the initial service user representatives resigned after the training and the other only managed to attend two of the four panel meetings. This presented an opportunity to review how we receive the views of service users. The outcome is that a Quality Assurance Panel (Customers) has been introduced. This is chaired by a Service Manager within Local Commissioning and is made up of ten service users and carers from different client groups and ethnic background. The Quality Assurance Panel (Professionals) continues to meet on a quarterly basis. Attached are the results from the June & September meetings. Overall the results are good with most elements being fully or partially met. 100% compliance has been recorded on the extent to which assessments are outcome focussed and the service user's views, preferences and feelings being central to the assessment and care plan.

Quality Assurance Panel Customers

The Quality Assurance Panel (Customers) has met three times; the first meeting in March was an introduction meeting where discussions took place as to role of the panel how they would receive case files etc. It was agreed that all cases would be anonymised and that we would aim to discuss three to four cases at each panel meeting. Whilst the number of cases reviewed is small the panel is developing into another meaningful way of receiving service user's views.

Donna Rutter

Case File Audit Quality Assurance Panel

15 completed

Name of Auditor:.....Date of Audit: **June Audit**

File No:OPPD/LD/Hosp/OPMH.....

QUALITY STANDARDS	Fully	Partially	Not at all	N/A
1. Have the self perceived needs been completed at the start of the assessment? Notes	8		7	
2. Do the self perceived needs include what the service user wants to achieve and/or change in their life? Notes	9	6		
3. Is the printed assessment written as a story that flows? Notes	8	6	1	
4. Does the assessment indicate that consideration has been given to the individual's <ul style="list-style-type: none"> • Religious /spiritual needs • Cultural needs Notes	5	6	4	
5. Have issues of risk been addressed? Notes	9	4	1	1
6. Is there evidence to show that the carer's views, preferences & feelings have been considered? Notes	8	2	2	3
7. Does the summary at the end link the individual's outcomes, the practitioner's analysis and the proposed actions? Notes	10	2	3	
8. Have all eligible needs been used as the basis for the care plan? Notes	9	1		5
9. Do you think that the service user's views, preferences and feelings have been central to the assessment and care plan? Notes	8	7		
10. With reference to review is it clear that identified outcomes have been met Notes	3	1		11
11. Is there evidence of an assessment of capacity having been carried out, if appropriate.. Notes	3	1		10

Did the file meet audit standards

YES
2

NO
6

PARTIALLY
7

Version Aug 2008

Case File Audit Quality Assurance Panel

11 completed

Name of Auditor:.....Date of Audit: **September 2009 Audit**

File No:OPPD/LD/Hosp/OPMH.....

QUALITY STANDARDS	Fully	Partially	Not at all	N/A
1. Have the self perceived needs been completed at the start of the assessment? Notes	8		3	
2. Do the self perceived needs include what the service user wants to achieve and/or change in their life? Notes	8	3		
3. Is the printed assessment written as a story that flows? Notes	8	3		
4. Does the assessment indicate that consideration has been given to the individual's <ul style="list-style-type: none"> • Religious /spiritual needs • Cultural needs Notes	8	1	2	
5. Have issues of risk been addressed? Notes	10		1	
6. Is there evidence to show that the carer's views, preferences & feelings have been considered? Notes	7	2	1	1
7. Does the summary at the end link the individual's outcomes, the practitioner's analysis and the proposed actions? Notes	10	1		
8. Have all eligible needs been used as the basis for the care plan? Notes	9			2
9. Do you think that the service user's views, preferences and feelings have been central to the assessment and care plan? Notes	9	2		
10. With reference to review is it clear that identified outcomes have been met Notes	1			10
11. Is there evidence of an assessment of capacity having been carried out, if appropriate.. Notes	1			10

Did the file meet audit standards

YES
4

NO
4

PARTIALLY
3

Version Aug 2008

AGENDA MANAGEMENT SHEET

Name of Committee **Audit & Standards Committee**

Date of Committee **23rd November 2009**

Report Title **Health & Safety Annual Report 2008/09**

Summary The Corporate Health, Safety and Wellbeing Manager has compiled this report in order to provide an annual position statement on the management of health and safety within the County Council. The report summarises the health and safety activities within the Authority from 1st April 2008 to the 31st March 2009.

For further information please contact: Ruth Pickering
Corporate Health, Safety & Wellbeing Manager
Chartered Safety & Health Practitioner
Tel: 01926 412316
ruthpickering@warwickshire.gov.uk

Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members For Information;
 - Councillors Appleton,
 - Councillors Davis,
 - Councillors Gittus and
 - Councillors Moss
- Cabinet Member Councillor Timms,
Councillor Stevens
- Chief Executive
- Legal Jane Pollard
- Finance

- Other Strategic Directors
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Agenda No

Audit & Standards Committee - 23rd November 2009.

Health & Safety Annual Report 2008/09

Report of the Strategic Director of Customers, Workforce & Governance

Recommendation

That the Audit and Standards Committee review and comment upon the Health and Safety Annual Report for 2008/09 and endorse the priorities recommended in the report.

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	4.8 Health and safety training	
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Health and Safety Annual Report 2008/09

1.0 Introduction

- 1.1. The Corporate Health, Safety and Wellbeing Manager has compiled this report in order to provide an annual position statement on the management of health and safety within Warwickshire County Council. The Corporate Health, Safety and Wellbeing Manager came into post July 2009, therefore this report refers to the previous post holder who was titled the Corporate Health and Safety Officer, as this report summarises the health and safety activities within the Authority from 1st April 2008 to the 31st March 2009.

Please note that each Directorate Health and Safety Officer has prepared an annual report on the management and performance of health and safety within their respective Directorate. Each report has been presented to the Strategic Director and management teams prior to this report being prepared. This report therefore provides the corporate position statement based on the Directorate information. For Directorate specific information, a copy of the individual reports will be provided by the Corporate Health, Safety & Wellbeing Manager upon request.

- 1.2. The Governments "Revitalising Health and Safety" strategy document requires all public bodies to summarise their health and safety performance plans in annual reports, and that Government (including local government) be exemplars of best health and safety practice.

2.0 Management of health and safety in Warwickshire County Council

- 2.1 The Health and Safety at Work etc Act 1974 and The Management of Health and Safety at Work Regulations require employers to appoint competent persons to ensure strong health and safety practice. Within Warwickshire this is achieved in-house through the competent leadership of the Corporate Health and Safety Officer and the 21 Directorate health and safety staff. Each Directorate health and safety team are qualified to provide the required health and safety advice for their Directorate. The health and safety function also includes the County COSHH (Control of Substances Hazardous to Health) Officer who provides a support and advisory service county wide.

Within each Directorate health and safety team there is a competent lead officer for health and safety with a reporting line to their own Strategic Director; and with professional guidance from the Corporate Health and Safety Officer.

- 2.2 The County Council has delegated operational responsibility for health & safety to the Corporate Health and Safety Officer. This responsibility includes reviewing and interpreting new legislation to determine its effect on corporate policy and co-ordinating the management of good health and safety practice through the Directorate leads.

- 2.3 The Corporate Health and Safety Officer chairs a health and safety co-ordinators meetings with all competent staff on a bi-monthly basis. This ensures a corporate approach to health and safety, a shared approach to policy development and the exchange of good practice.
- 2.4 In addition to the health and safety co-ordinators meeting, a number of key development groups have been set up to provide a focus on key policy and performance issues. Firstly, a health and safety policy group is held monthly with a lead health and safety staff member from each Directorate. This group coordinates and approves the development of corporate policies to ensure legal compliance and County Council best practice. The following sub-groups support this policy group by focusing on key policies, procedures and implementation to ensure health and safety performance:
- Health and safety training
 - Health and safety communication
 - Health and safety updates
 - Inspection and audit
 - Stress and mental wellbeing
 - WorkRite (reviewing, planning and implementing the AssessRite package)
 - Accident reporting and recording
 - COSHH
- 2.5 All corporate policies apply to all Directorates. How these policies are implemented is detailed within the Directorate arrangements. The corporate policy group has a 3 year rolling programme for developing, reviewing and introducing health and safety policies. Policies are developed/ reviewed, produced/amended following any new legislation, HSE or industry guidance.
- 2.6 The County Council have a well established Health and Safety Joint Consultative Committee (JCC) to share information with representatives of the recognised trade unions. Membership includes the lead health and safety staff from each Directorate, a Unison representative, Teachers Union representative, and GMB representative. The group continues to be effective in relation to the development of corporate policies and the management of joint health and safety workplace inspections.
- 2.7 An important part of the management of health and safety is the process of cross Directorate auditing. A lead Health and Safety Officer from one Directorate audits the health and safety management arrangements of another. The recommendations then inform the action plan for that appropriate Directorate. The process of cross Directorate auditing takes place on a bi-annual basis.

3.0 Summary of developments during 2008/2009

The health and safety staff across all Directorates have continued to work towards the 'one Warwickshire' approach by streamlining policies and procedures into a more corporate format where appropriate. Excellent progress has been made within this area, and will continue.

There has been a reduction in the total number of accidents reported for seven consecutive years (see section 4.4).

3.1 New Legislation that applies to Warwickshire County Council

The HSE implements legislative changes that arise from within the UK on only two dates each year, the 6th April and the 1st October.

3.1.1 New legislation - During 2008/2009 the following came into force:

Corporate Manslaughter & Corporate Homicide Act 2007

The Corporate Manslaughter & Corporate Homicide Act 2007 came into force on the 6th April 2008. It enables a corporation to be convicted of corporate manslaughter when someone is killed as a result of the way the organisation is managed or organised and the failings by senior managers add up to a gross breach of the 'relevant duty of care' owed to the deceased person. This Act applies to local authorities, and the duty of care we not only owe to employees, but also the duty of care we owe to our clients and service users as occupiers of land and suppliers of services.

In order for a jury to decide what is a gross breach of the 'relevant duty of care'; the jury will decide amongst other things whether the organisation failed to comply with health and safety legislation, how serious any breach was; and how much of a risk of death it posed.

In response to this new Act, the County Council has undertaken an assessment of our processes for managing health and safety within each Directorate. This assessment measured our existing processes and procedures against OHSAS 18001 which is the internationally recognised management standard. See section 4.6.1 for the findings and action following this assessment.

In-house auditing programmes and workplace inspections are also undertaken to ensure we systematically examine our health and safety management system and the arrangements therein.

3.2 Increased focus on performance

Over the last two years a series of health and safety performance standards and targets have been introduced. The targets relate to health and safety training, accident investigations, risk assessments and outcomes from workplace inspections. The health and safety officers have collated the first year's statistics during 2007/8 and have set subsequent targets for the next five years. This year's targets and status is set out in section 4.3.

4.0 Health and Safety performance during 2008/2009

4.1 Regulatory interventions – Health & Safety Executive (HSE)

4.1.1 There have been no statutory notices or prosecutions this year.

4.1.2 The HSE has a further duty to investigate employers where complaints have been made or where serious injury has occurred. One such complaint occurred within the children, young people and families' Directorate. This involved a parent contacting the HSE over concerns of medium density fibreboard (MDF) dust extraction within a schools design and technology workshop. The Directorate health and safety team investigated on behalf of the HSE, and identified recommendations. The HSE were informed of the investigation, recommendations and actions, and were satisfied with the feedback and outcome.

4.2 Regulatory interventions – Fire & Rescue Service enforcement officers

With the introduction of the Regulatory Reform (Fire Safety) Order 2005, Fire and Rescue Authorities and other bodies (“enforcing authorities”) now have a duty to enforce fire safety in non-domestic premises.

The fire & rescue service has been undertaking inspections of Warwickshire County Council's premises, however there have been no statutory notices or prosecutions this year.

4.3 Performance against key performance indicators

In 2006/7 the Health and Safety Policy Group agreed a series of targets and standards to guide general health and safety performance. The following table provides detail on the 2008/09 target and the average achieved status for all Directorates.

Performance indicators	Target 2008/09	WCC % Performance 2008/09
New managers to attend health and safety management training within 6 months of start date	96%	85%
Reduction in the number of employee F2508 accidents reported	10%	+1%
Accident investigations carried out for all of above and copy to Corporate Health & Safety Officer.	100%	98%
Reduction in relevant accident category within each Directorate (Directorate to identify category)	16%	9%
List of risk assessments to be completed in each Directorate	100%	100%
Risk assessments to be completed in each Directorate	50%	60%
Scheduled workplace inspections completed	95%	83%
Outcome of workplace inspections to be set out in Directorate health and safety action plans	100%	100%
Action of recommendations from workplace inspections (within 12 months)	90%	90%

The achieved status only demonstrates areas where further improvement and resources need to be targeted in order to improve performance.

The +1% increase in F2508 reports under RIDDOR is due to the 50% increase within the Resources Directorate.

Amongst health and safety staff it has been agreed that these targets will be reviewed for 2009/10 so as to ensure continual health and safety performance. This will also ensure that our performance at the Council can be adequately measured.

4.4 Accident Statistics

There were a total of 1877 reported accidents across all Directorates. A breakdown of the employee and non-employee (members of the public, service users, pupils, customers) accidents per Directorate are as follows:

Directorate	2006/7	2007/8	2008/09
Children's, Young Peoples and Families	1390	1384	1272
Adult Health and Community Services	408	325	344
Environment and Economy	103	115	111
Customers, workforce and Governance	26	13	22
Resources	61	58	71
Fire & Rescue Service	77	58	57
Total	2065	1953	1877

Year on year comparators are given below:

Year	Total number of accidents	% change
2006/07	2065	/
2007/08	1953	- 5%
2008/09	1877	- 4%

There has been a 4% reduction in accidents compared to last year's figures.

4.4.1 Accident causation:

Accident statistics are recorded against the HSE categories. The commonest reason for accident reports for employees and non-employees, in ranked order, are:

1. Slips, trips and falls on the same level, n = 682 reports
2. Hit by moving, flying, or falling object, n = 299 reports
3. Violent incidents (both physical/ verbal assault), n = 201 reports
4. Hit something fixed or stationary, n = 168 reports
5. Manual handling (lifting, carrying, pushing and pulling), n = 111 reports

These 5 commonest reasons for accidents are the same top 5 categories as 2006/07 and 2007/08.

4.4.2 Employee accident reports:

The number of accident reports for our employees only, are as follows:

Directorate	2008/09
Children's, Young Peoples and Families	437
Adult Health and Community Services	206
Environment and Economy	53
Customers, workforce and Governance	20
Resources	70
Fire & Rescue Service	50
Total	836

Of all our reported accidents 44.5% (n=836) relates to our employee incidents. Therefore 55.5% (n=1041) relates to accidents to non-employees.

4.4.3 HSE RIDDOR reportable incidents for employees:

Of the 836 employee accidents reported, a total of 117 were reported to the HSE on the F2508 form as required under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR).

The breakdown of the 117 RIDDOR reports per Directorate is as follows:

Directorate	2007/08	2008/09
Children's, Young Peoples and Families	49	41
Adult Health and Community Services	37	37
Environment and Economy	8	10
Customers, workforce and Governance	0	1
Resources	10	15
Fire & Rescue Service	17	13
Total	121	117

There has been a 3% decrease in the number of employee accidents that were RIDDOR reportable to the HSE compared to last year.

4.5 Staff Survey Results

The results of the 2008 staff survey indicate an improvement in employee confidence levels for the implementation of health and safety for the 4th consecutive year. This is measured by question 38 of the survey “*health and safety is taken seriously in the County Council?*”. Although this is only a ‘shapshot’ of respondent’s opinion, rather than a complete measure of health and safety performance and implementation, it is still a satisfying result as employees are recognising health and safety commitment.

% of respondent across the Council – over last 4 years			
2005	2006	2007	2008
77%	78%	81%	83%

% of positive respondents per Directorate					
AH&CS	CYP&F	F&RS	E&E	CW&G	RE
84%	78%	77%	85%	90%	87%

4.6 Auditing activity

4.6.1 Health and safety management system - OHSAS 18001:

The County Council currently works to the health and safety management system recommended by the HSE, known as HS(G) 65. This provides a clear management system that is widely used by employers, including other local authorities.

The Council has nevertheless sought to measure its performance against a better, internationally recognised and accredited management system specification – OHSAS 18001. This management system is compatible with ISO 14001 (environmental management system) and ISO 9001 (quality management system).

As an initial step, the Council carried out a self-assessment, followed by an external analysis conducted by British Standards Management Systems (BSI) to assess our performance against OHSAS 18001.

The main findings confirmed that there were no major deficiencies in our health and safety management system, and that we were already meeting the OHSAS 18001 standard to a large extent. The main areas identified as needing to be assessed in order to achieve accreditation were:

- Our policies and documents would require amendment to link specifically to the OHSAS 18001 standard.
- We would need to formally document the applicable health and safety legislation and how the Council complies with the relevant requirements.

- Policy on safe management of contractors should define and include a section on 'permit-to-work' for high risk activities.
- Some changes should be made to document control procedures.
- Procedures and systems for dealing with communication from external parties needs to be clarified.

The cost of formalising our accreditation to OHSAS 18001 are high - approximately £40,000 initially and approximately £20,000 annually thereafter.

Accordingly, it has been decided not to pursue formal accreditation at this stage, but instead work towards the principles of the OHSAS 18001 standard as 'best practice', while remaining within the existing HS(G) 65 management system. This will help to improve our current management system, thereby strengthening a corporate approach to health and safety management.

4.6.2 Warwickshire Audit:

The health and safety function for three Directorates was audited by Warwickshire Audit in February 2008. All findings have been action apart from one. This outstanding action refers to the bi-annual audit requirement to be stipulated within the corporate health and safety policy. The policy is due for review in October 2009, so this will be actioned then.

4.6.3 In-house bi-annual audit:

The in-house bi-annual cross Directorate audit was undertaken in September 2008 for all Directorates. All findings have now been actioned.

4.7 Display Screen Equipment (workstation) assessments

The AssessRite System was introduced in 2005 following an audit by the HSE. This system was introduced to ensure that the County Council could meet the legal obligation under the Health and Safety (Display Screen Equipment) Regulations. The AssessRite system is being launched within CW&G, F&RS and RE Directorates in April 2009 (phase 1). The plan for 2009/2010 is to implement this system within the remaining 3 Directorates (phase 2).

4.8 Health and Safety training

All Directorate Health and Safety staff have been involved in the planning and delivery of various health and safety courses within their Directorate. The mandatory health and safety training course for managers, and the mandatory risk assessment course, have been reviewed with the revised courses now being delivered. Other specific health and safety training (such as manual handling, first aid, personal safety, managing employee stress, etc...) is being carried out within each Directorate based on the service area/ team/ employee requirements.

4.9 Health & Wellbeing – developing a healthy and safe workforce

In accordance with the sickness absence statistics, work has continued to focus on the areas with higher absence figures by providing a range of interventions that are tailored to the specific issues that have been identified. Such interventions include employee lifestyle and health checks, health awareness events, workshops (on wellbeing and positivity), and wellbeing facilitation. All of which focuses on improving the health and wellbeing of staff. The MyTime information is still available on the intranet site, and it continues to provide useful up-to-date advice on health and wellbeing initiatives.

5.0 Occupational health

From the 1st April 2009 Team Prevent start their contract as the occupational health provider for WCC. This follows a tendering exercise, and replaces Heales who previously provided this service.

The occupational health service provides pre-employment health assessment, management referrals, medicals, vaccinations, health promotion events, and health surveillance and monitoring where necessary. This is a proactive service to ensure that our employees are protected against risks of work-related ill health, to assist with reducing sickness absence, and to get people back to work sooner (through early intervention and rehabilitation). To assist with this proactive approach, Team Prevent will work within the same function as the newly appointed Corporate Health, Safety and Wellbeing Manager, health and safety staff; staff care; and the healthy workforce co-ordinator.

Future reports will include occupational health referral data.

6.0 Last years corporate priorities

As identified in last years report, the following priorities and target dates were assigned. As of March 31st 2009 the status against priorities is given below:

Priorities 08/09	Date	Status
Provide an ongoing Health and Safety training programme tailored to individual Directorates.	Jan 2009	Complete
The corporate health and safety officer will continue to ensure that wherever possible a uniform approach is taken to the management of health and safety within all departments	On going	Ongoing
Implement the finding of the Warwickshire Audit of Health and Safety function	Sept 2009	Complete
Directorates will be continuing to improve on the numbers of specific risk assessments being undertaken	Dec 2009	On target
To launch the intranet pages for Health and Safety which will include all completed Directorate risk assessments and all Corporate Policies	Oct 2008	On going (Corporate policies complete. Risk assessment to be completed 09/10)
Complete the new accident recording project which will provide more detailed data analysis and statistical information	April 2009	Incomplete (to be launched Jan 2010)
Launch WorkRite (AssessRite) into three Directorates in phase one and county wide in phase 2	Nov 2008	Incomplete at deadline – phase 1 completed April 2009
To establish a stress and mental well-being group to develop a corporate strategy and undertake a county wide employee health needs and stress survey	Sept 2008	Complete *

* A stress and wellbeing policy has been produced and it is currently available on the intranet. However, a further review needs to be undertaken to identify/address the stress survey and risk assessment requirements and implementation options for the Council.

7.0 Corporate priorities for 2009/2010

The Corporate priorities for the forthcoming year will ensure continuation of last years efforts, including the work to be undertaken by the newly appointed Corporate Health, Safety and Wellbeing Manager:

Priorities 2009/10	Date
<p>The new Corporate Health, Safety and Wellbeing Manager post will supersede the Corporate Health and Safety Officer post. With the inclusion of wellbeing within this new post, it will improve the links between the health & safety function, with the staff care service, the healthy workforce agenda, and occupational health. This approach will enable a more proactive and standardised approach to health and safety management and performance.</p> <p>Therefore the integration of these services will be actioned.</p>	From August 2009 onwards
<p>The Corporate Health, Safety and Wellbeing Manager will continue to ensure that wherever possible a uniform approach is taken to the management of health and safety within all Directorates</p>	Ongoing
<p>To review the content of the health and safety information available on the intranet to ensure the required breadth of information is available (for example, all corporate policies, Directorate risk assessment, wellbeing and occupational health information); it is up-to-date; easily accessible and user-friendly.</p>	Ongoing
<p>Review the Corporate health and safety policy to include wellbeing and the OHSAS 18001 audit findings; and the Warwickshire Audit findings.</p>	Nov 2009
<p>Develop and review corporate policies as necessary based on legislative changes; HSE/ industry guidance; and in accordance with the policy groups 3 year rolling-programme.</p> <p>New policies will be developed as necessary.</p>	Ongoing
<p>Start to implement a corporate health and safety training programme which will also provide specific training for Directorates and service areas as necessary.</p> <p>Due to the revised first aid training guidance being provided by the HSE in October 2009, this training requirement and provision will be the first to be reviewed/ implemented within the corporate framework.</p>	<p>Ongoing</p> <p>Mar 2010</p>

Priorities 2009/10	Date
<p>Complete the new accident reporting and recording project which will provide more detailed data analysis and statistical information.</p> <p>A policy to support the implementation of the incident reporting and investigation requirements will be developed. Supporting guidance and forms will also be produced.</p>	Jan 2010
Launch AssessRite into the remaining 3 Directorates (phase 2)	Mar 2010
To re-establish the stress & wellbeing policy working party to review the content of the policy against HSE guidance to ensure a corporate approach to stress management	Nov 2009
Develop an auditing policy (and accompanying audit template forms) to support the corporate health and safety policy. This will identify how we assess the adequacy of the Council's health and safety management system and risk control strategies in accordance with HS(G)65.	Feb 2010
In conjunction with the Fleet Manager, the health and safety policy group will advise on the content of the occupational road risk policy.	<p>Proposal to SDLT Dec 09</p> <p>Implementation Mar 2010</p>

8.0 Conclusion

The health and safety priorities for 2009/10 will continue the corporate approach to health and safety management. The newly appointed Corporate Health, Safety and Wellbeing Manager will further enhance the corporate approach by integrating and improving the lines of communication, consultation, cooperation, procedures and processes between the health & safety function, the staff care service, the healthy workforce agenda, and occupational health. This approach will enable a more proactive, standardised and enhanced approach to health and safety management and performance.

David Carter
Strategic Director of Customers, Workforce and Governance
Shire Hall
Warwick

November 2009

Other Bodies/Individuals

FINAL DECISION YES

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by
this Committee

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

**ITEMS FOR FUTURE MEETINGS
RELEVANT TO THE WORK OF AUDIT AND STANDARDS COMMITTEE**

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	Minute Reference	REPORT TYPE				CORPORATE PRIORITIES/LAA			
			Member Requested Item	Performance Management	Policy Review/ Development	Overview	Raising Levels of Educational Attainment	Caring for Older People	Pursuing a Stable Environment and	Protecting the Community and
23/11/09	Internal Audit Report for the period 1 Apr 2009 to 30 Sept 2009 EXEMPT (Garry Rollason)			X						
	Audit Commission Recommendations Tracking report (Garry Rollason)			X						
	Standards Board Bulletin (Jane Pollard)									
22/02/10	Internal Audit Report for the period 1 Oct 2009 to 31Dec 2009 EXEMPT (Garry Rollason)			X						
	Contract Standing Orders Audit 2009 (Garry Rollason)			X						
	Standards Board Bulletin (Jane Pollard)									

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	Minute Reference	REPORT TYPE				CORPORATE PRIORITIES/LAA			
			Member Requested	Performance Management	Policy Review/ Development	Overview	Raising Levels of Educational	Caring for Older People	Pursuing a Stable	Protecting the
Dates not set										
On going Issues to be monitored	Arrangement of training for members on the Comprehensive Area Assessment			X	X					
	Cabinet approval of the updated anti fraud and corruption policy and supporting strategy			X	X					
	Update of Case File Recording			X	X					

AGENDA MANAGEMENT SHEET

Name of Committee **Audit & Standards Committee**

Date of Committee **23rd November 2009**

Report Title **Use of Resources 2008/2009**

Summary This is the Audit Commission's report on the County Council's Use of Resources assessment for 2008/2009.

For further information please contact: Oliver Winters
Head of Finance
Tel: 01926 412441
oliverwinters@warwickshire.gov.uk

Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s) N/A
- Other Elected Members
- Cabinet Member
- Chief Executive
- Legal Jane Pollard
- Finance David Clarke, Strategic Director, Resources - reporting officer
- Other Chief Officers
- District Councils
- Health Authority
- Police

Other Bodies/Individuals

FINAL DECISION YES

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

Agenda No

Audit & Standards Committee - 23rd November 2009.

Use of Resources 2008/2009

Report of the Strategic Director, Resources

Recommendation

That the Committee considers the Audit Commission's 2008/2009 Use of Resources assessment.

1. Introduction

- 1.1 The County Council is assessed every year against the Use of Resources criteria. For 2008/09 a new model of assessment has been introduced which broadens the areas being assessed.
- 1.2 Under the old model used in 2007/08 the Authority achieved a Level 4 (out of 4) rating. Under the revised model used for the 2008/09 assessment the Authority has achieved Level 3.
- 1.3 Attached at **Appendix A** is the formal assessment feedback from the Audit Commission. A representative from the Audit Commission will be at the meeting to answer questions regarding the County Council's assessment.

DAVID CLARKE
Strategic Director, Resources

Shire Hall
Warwick

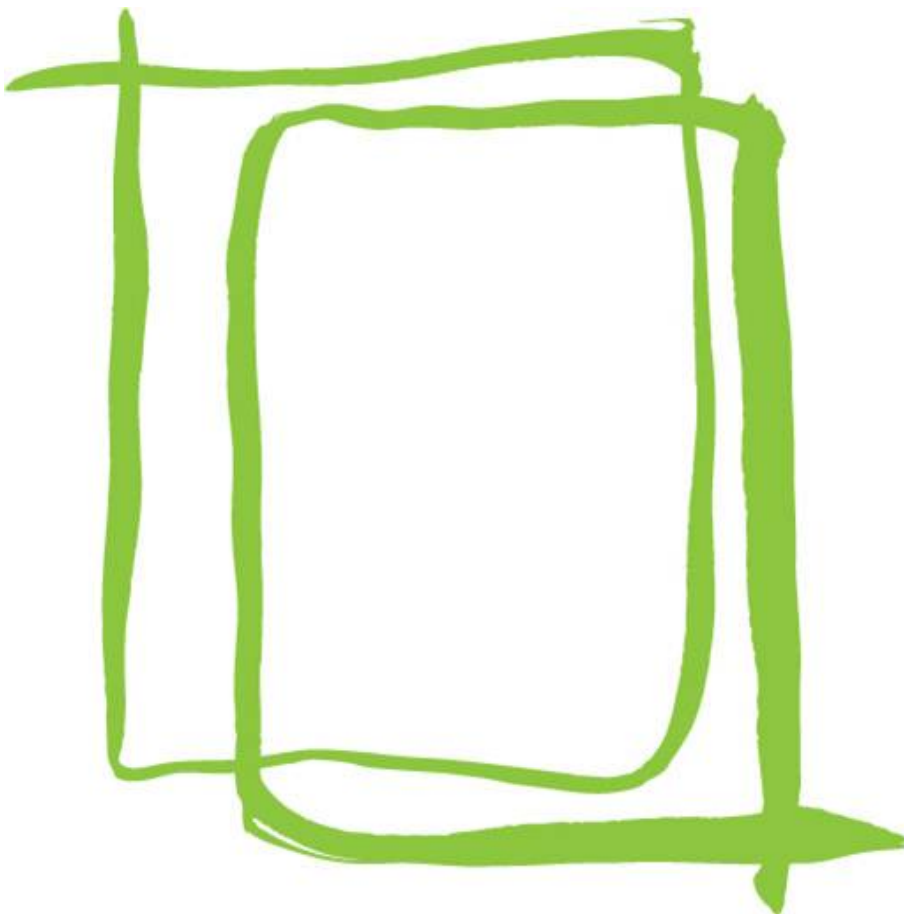
11 November 2009

Use of Resources

Warwickshire County Council

Audit 2008/09

November 2009



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Status of our reports

The Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission explains the respective responsibilities of auditors and of the audited body. Reports prepared by appointed auditors are addressed to non-executive directors/members or officers. They are prepared for the sole use of the audited body. Auditors accept no responsibility to:

- any director/member or officer in their individual capacity; or
- any third party.

Summary

This report summarises our key findings from our assessment of how Warwickshire County Council is managing and using its resources to deliver value for money and better and sustainable outcomes for local people.

- 1** This is the first year of the Audit Commission's new process for assessing Use of Resources. The new methodology sets higher standards and assesses a number of new areas. These include how the Authority manages environmental sustainability and how effectively it uses natural resources such as water and energy.
- 2** Warwickshire County Council has done well in achieving a score of 3 out of 4. It has good financial plans and manages its spending well. It is able to make difficult decisions that will enable it to improve. It is making sure that money is moved into areas that are top priorities. Although its finances are being hit hard by the recession, it has shown that it is good at improving efficiency and saving money. The Council has a good handle on costs and knows how its services compare so that it can improve where needed.
- 3** The Council has sound arrangements in place to manage its assets and is making good progress in managing the environment, but there is still has room for improvement. A climate change strategy was developed in 2006 which includes information about its total energy use and resultant CO2 emissions and the amount of CO2 from staff travel. However, the strategy does not include data about the Council's use of water or other natural resources. It is working with partners and staff to gain their commitment to more sustainable ways of working but is not yet able to produce baseline data yet for a number of targets.
- 4** Our detailed findings are shown in Appendix 1.

Introduction

- 5 This report sets out our conclusions on how well Warwickshire County Council is managing and using its resources to deliver value for money and better and sustainable outcomes for local people and give scored use of resources theme judgements.
- 6 In forming the scored theme judgements, we have followed the methodology set out in the [use of resources framework: overall approach and key lines of enquiry \(KLOE\) document](#) and the use of resources [auditor guidance](#). For each of the specific risks identified in relation to our use of resources work, which were set out in our audit plan, we considered the arrangements put in place by the Warwickshire County Council to mitigate the risk and plan our work accordingly.

Use of resources framework

- 7 From 2008/09, the new use of resources assessment forms part of the [Comprehensive Area Assessment \(CAA\)](#) and comprises three themes that focus on:
 - sound and strategic financial management;
 - strategic commissioning and good governance; and
 - the management of natural resources, assets and people.
- 8 The scores for each theme are based on the scores reached by auditors on underlying KLOE. The KLOE are generic and applicable equally to all organisations subject to use of resources judgements under CAA. This promotes consistency, demonstrating all organisations within a CAA area are treated in the same way, and to the same standards.
- 9 The Commission specifies in its [annual work programme and fees document](#), which KLOE are assessed over the coming year.
- 10 Judgements have been made for each KLOE using the Commission's current four point scale from 1 to 4, with 4 being the highest, please see Table 1. Level 1 represents a failure to meet the minimum requirements at level 2.

Table 1 **Levels of performance**

Level 1	Does not meet minimum requirements – performs poorly
Level 2	Meets only minimum requirements – performs adequately
Level 3	Exceeds minimum requirements – performs well
Level 4	Significantly exceeds minimum requirements – performs excellently

Source: [use of resources framework: overall approach and KLOE document](#)

Use of resources judgements

Scored judgements

11 Warwickshire County Council's use of resources theme scores are shown in Table 2.

Table 2 Use of resources theme scores

Use of resources theme	Scored judgement
Managing finances How effectively does the organisation manage its finances to deliver value for money?	3
Governing the business How well does the organisation govern itself and commission services that provide value for money and deliver better outcomes for local people?	3
Managing resources How well does the organisation manage its natural resources, physical assets and people to meet current and future needs and deliver value for money?	2

Managing finances

- 12 The Council has a number of strengths in this area which have clearly lead to improved outcomes for local people. Finance and performance planning is integrated at strategic level with investment targeted at the council's priorities. There is a good track record of managing spending within resources, and this has continued despite the difficult climate. There is clear evidence that overspends are dealt with promptly, and revised plans approved.
- 13 There is a good understanding of costs and how these compare. Major investments are subject to whole life financial modelling, and the use of transaction costs is improving and starting to inform efficiency plans. The Council has an excellent track record of identifying the scope for making efficiencies and delivering on them, again this has continued with examples in social care and rail travel.
- 14 There is a real commitment to sound and intelligible financial reporting. This is despite the limitations of the current general ledger system and the need to produce a set of financial statements that are compliant with the Statement of Recommended Practice, (SoRP).

Governing the business

- 15** This area has four sub themes, commissioning and procurement, data quality, good governance and internal control. Three of these sub themes scored at a level 3, with the remaining one of data quality scoring a 2.
- 16** Data on inequality is used in addition to corporate priorities to drive service design in commissioning and procurement. In addition there is clear evidence of how the Council engages with the public in commissioning services. There are a number of examples of how focusing on improving the customer service has led to savings and an improvement in service quality.
- 17** The Council secures good data quality; however there are still weaknesses that need to be addressed. These include:
- improving the arrangements for ensuring data quality from third parties, and
 - gathering baseline data for targets relating to environmental sustainability.
- 18** There is some good information presented to decision makers which has led to improved performance monitoring during 2008/09. Business plans for 2009/10 have clear and explicit information about spending and capital; however they lack information about charges and income. Similarly committee reports are clear; however some reviewed lacked the financial dimension necessary to give members the full picture.
- 19** There is a clear link between corporate governance arrangements and the purpose and vision of the Council. Members receive a thorough induction upon commencement of appointment, with various training opportunities provided for all members during the year. There is a good level of awareness of the need to record interest and gifts and hospitality. Staff are aware of both the anti fraud and whistle blowing policies, with concerns being dealt with appropriately.
- 20** Controls are in place to ensure compliance with the Council's risk management policies and processes. There is a cross directorate corporate risk management group with clear responsibility for promoting the policy and ensuring compliance. Internal control is generally considered sound with plans in place to address the weaknesses identified within the HR service centre.

Managing resources

- 21** The Council has made a good progress in its approach to the use of natural resources, however the following weaknesses were identified.
- The climate change strategy includes information about its total energy use and the resultant emissions and the amount of Co2 from staff travel, however it does not include data on the use of water or other natural resources.
 - The Council is not able to produce baseline data for a number of targets relating to environmental sustainability.
 - The Council is reducing the amount of waste sent to landfill and with partners is increasing recycling rate in the county, unfortunately as new waste treatment facilities were not available in time, recyclable waste is being transported long distances outside the county.
 - The Council works in partnership with over 100 organisations to reduce environmental impacts, however, it is not possible to establish the impact of these. Also the partnership does not have the health sector which is one of the biggest emitters of Co2 in the county.
- 22** The Council has an established strategic approach to asset management. Asset management is enabling the delivery of corporate priorities; however some of this has been stalled as a result of the recession. Good property information is available and this is being used to manage the asset base well, however the current level of investment in property maintenance is only slowing the rate of deterioration, not making inroads into improvement.

Detailed findings

- 23** The key findings and conclusions for the three themes, and the underlying KLOE, are summarised in Appendix 1.

Use of resources 2009/10

- 24** The key lines of enquiry specified for the assessment are set out in the Audit Commission's work programme and scales of fees 2009/10. Our work on use of resources informs the 2009/10 value for money conclusion. In our letter of 27th April 2009 about the audit fee for 2009/10, we did not identify any significant risks in relation to the value for money conclusion.
- 25** KLOE 3.1 - Natural resources will not be assessed for single tier and county councils in 2009/10. We have also considered any additional risks arising from my 2008/09 value for money conclusion.
- 26** We have identified the following additional risk in relation to our value for money conclusion.

Table 3 Additional risk

Risk	Planned work	Timing of work
For 2009/10 it is anticipated that we will undertake the work as far as possible in the period under review, consequentially this will be during February and March. In addition we will also be looking at workforce planning for the first time under these arrangements.	Discuss with officers the timetable for the work, and agree a significantly reduced request for information.	November to agree information request. February/March undertake fieldwork.

Appendix 1 – Use of resources key findings and conclusions

The following tables summarise the key findings and conclusions for each of the three use of resources themes.

Table 4 Theme 1 - managing finances

Theme 1 score	3
Key findings and conclusions	
<p>The Council can demonstrate that financial planning is contributing to better outcomes in priority areas. There has been a continued shift to invest in priority areas, most significantly adult social care. Overall the Council is a low spending authority and has a good track record of managing spending within its available resources. WCC has a good understanding of costs and unit costs and how these compare. The Council has an excellent track record of identifying scope for making efficiencies and delivering against its efficiency targets. Financial reporting is good with information being acted on to deliver outcomes. Public facing reporting is considered, with particular emphasis on the statement of accounts.</p>	

KLOE 1.1 (financial planning) score	3
Key findings and conclusions	
<p>The MTFP shows that finance and performance planning is integrated at strategic level. It clearly shows that investment is targeted at the council's priorities. It has modelled the potential impact of varying levels of council tax increases/known spending pressures/the reserves and balances and required efficiency savings. It has also undertaken a financial risk assessment. The Council can demonstrate that financial planning is contributing to better outcomes in priority areas. There has been a continued shift to invest in priority areas, most significantly adult social care. Efficiency savings are being re-invested into the service to support service transformation. This is aligned with the council priority for older people.</p> <p>The council conducts formal consultation with its citizen's panel, plus the 2009/10 budget attracted significant public comment. The proposed introduction of charges for library services was revised following the consultation.</p> <p>Overall the council is a low spending authority and it has a good track record of managing spending within its available resources. 2008/09 saw some unprecedented circumstances which impacted upon the Council's income and spending. Although there were some overspends these were quickly identified and plans put into place to minimise this. Overall the council managed the budget well given the circumstances whilst continuing to improve service performance and efficiency. The MTFP identifies the budget pressures faced by the Council including the impact of reducing incomes, capital receipts, demand on services and new legislation. It shows how the focus on priorities will be maintained despite these pressures whilst still achieving financial stability in the medium term. The Council is effective at managing its spending within available resources. An overspend in the environment and economy directorate of £1.6m was attributed to the sudden increase in electricity charges at a time when the street lighting contract was being reviewed. An extremely harsh winter also meant that spending on winter maintenance was higher than planned. These issues were dealt with promptly, additional budgets were approved and plans put in place to minimise the overspends. The Council targeted 10 of its schools with substantial surpluses in 2007/08 clawing back £250k. This has also sent a clear message that schools should not hold very high surpluses, school balances have reduced by £3.6m during 2008/09.</p> <p>The Council has strong and focused financial leadership. Senior officers and Members demonstrate financial awareness and systems are in place to ensure that the focus is on corporate priorities and not service silos. The Council introduced a Star Chamber where heads of service are questioned about budgets and efficiencies. This ensures ownership and better understanding of spending and savings decisions. The process involves all strategic directors and heads of service. Resource allocation was considered on the basis of priorities, but also in terms of better aligning resources to service delivery.</p>	

KLOE 1.2 (understanding costs and achieving efficiencies) score	2
Key findings and conclusions	
<p>The Council has a good understanding of costs and unit costs and how these compare. Information about spend per head and unit costs is benchmarked routinely across in most areas. The use of transaction costs is still patchy but has been used effectively to inform efficiency plans for adult and social care. The HR transaction service centre project and support services review has pointed to where efficiencies can be made. The use of whole life costings is evident. Major investments such as project Transform are subject to whole life financial modelling and this is clear in the business case.</p> <p>There are good corporate systems in place to ensure that performance and financial information is integral to proposals for new investment/decommissioning. Budget planning takes account of performance and cost and the achievement of VFM in commissioning services in adult and social care has been helped by a VFM tool. Libraries have compared pricing and services elsewhere to inform its decision to introduce charges for services that were previously free of charge. Proposals for investing/developing new schools have asked for member support without clarity over the financial picture as part of the overall case for change.</p> <p>The Council has an excellent track record of identifying the scope for making efficiencies and delivering against its efficiency targets. It has conducted a series of VFM reviews, the outcome of which are now clearly visible in the budgets and business plans for 2009/10. It is identifying opportunities to deliver efficiencies across directorates through for example its energy management group. The Council has a long history of delivery efficiency savings, prior to the budget process in 2008/09 efficiency targets were generally 2 to 2.5 per cent across the board. The council applies differential targets, and allows end of year underspends to be carried forward to avoid the use or lose culture. The council identifies the scope for making efficiencies. Hand held devices are being used for social care services to allow electronic update of case files. Two teams piloted this in 2008 and all social work teams will operate this way by the end of 2009. They can demonstrate that they are delivering 30 per cent productivity savings and can quantify reduced mileage, but not it's environmental impact. Also leading to reduced office space requirement once fully implemented. The council has a good handle on cross cutting expenditure. Finance is decentralised but the council has a structure of people working across areas for example energy/transport where one person is the procurement manager, he has entered negotiations with Chiltern rail and has secured savings of 20 per cent on all rail travel.</p>	

KLOE 1.3 (financial reporting) score	3
Key findings and conclusions	
<p>Managers have real time on line access to the financial systems and can produce specialist reports. Self assessment confirms that managers use forecasts rather than profiles to monitor their budgets. Forecasts are subject to risk and sensitivity analysis. The Cabinet quarterly monitoring reports demonstrate that budget monitoring and forecasting is reliable, relevant and understandable. This allows for prompt action to address variances. Monitoring and action taken on items at a lower level than the Cabinet reports, contribute to timely and efficient closedown (ie monthly action taken on debt recovery, internal and external invoices). Internal financial monitoring ensures a clear link between the budget, in-year forecasts and actual year end position. This aids timely and efficient accounts closure. There is monitoring in place in target areas where efficiencies could be made ie aiming to reduce the number of 'high volume, low value' transactions and bad debts. Action was taken to reduce the costs of rail travel; a positive outcome was achieved in that 20 per cent savings are now being made. There are examples to demonstrate that WCC has reviewed the financial performance of significant partnerships. This is linked to the outputs of the partnerships ie steps are taken in the short term to deliver the bigger picture in the longer term.</p> <p>Capital and revenue budgets are monitored throughout the year. These are accrued as they forecast to the year end based on currently available information. Anti-fraud and corruption arrangements extend to partnerships and the Council ensures these arrangements are clear to those involved in partnerships. There is a clear link between corporate governance arrangements and the purpose and vision of the Council. The Council has taken action to manage potential overspends to limit the impact on service delivery and on achieving corporate priorities.</p> <p>Performance against business plan targets is reported to Cabinet and Overview and Scrutiny Committees throughout the year. Reports give details of remedial action to be taken where necessary. Finance and performance reports are linked to corporate objectives so that financial performance can be overseen across the Council.</p> <p>The Council manages a detailed accounts closedown plan. Closedown arrangements are robust with the plan being communicated to all involved in a timely manner and being well organised by the Accounting Services Team Leader. Guidance is issued to managers in the directorates. The closedown process is as well resourced as possible with good distribution of tasks amongst the parties involved. Regular meetings between external audit and finance demonstrate that the Council is proactive in identifying accounting changes and issues. Possible solutions are considered in advance of the accounts audit and discussed with the auditors. Any decisions made have supporting evidence. There are some examples where the Council have been proactive in identifying and addressing changes to accounting and reporting standards ie pension disclosures and planning for the upcoming transition to financial reporting under IFRS. The 2008/09 accounts issues reported to those charged with governance were not significant.</p> <p>The 2007/08 accounts and annual audit letter are easily accessible from the Council's website. They are presented as Adobe documents but there is a number to contact if an alternative format is required. The accounts are presented in a 'plain English' format. The website invites comments from the public and provides contact details. The Council has produced five documents under the title of an annual report. The website explains that the separate documents aid access and reduce costs. Arrangements for external reporting are considered to be timely, understandable and accessible.</p>	

Table 5 Theme 2 - governing the business

Theme 2 score	3
Key findings and conclusions	
<p>The Council is low spending with high quality services. VFM reviews were targeted and have resulted in differential efficiency targets for the 2nd year based on intelligence developed through the reviews. Finding £13m efficiencies for 2009/10 has been achieved through having a better understanding of relative VFM and clarity over priorities and narrowing the gaps. The council secures good quality data, however arrangements for ensuring data quality from third parties is still developing. The results of the corporate governance audit support the conclusion that staff and members exhibit high standards of personal conduct. There are various training opportunities for members, feedback is gathered from this training and acted on to improve future events. The Council has controls in place to ensure compliance with the Council’s risk management policy and processes. In Economy and Environment effective risk management enabled the Council to assess the impact of recession early with its partners involve in the Camp Hill regeneration project. As a result the project is still moving forward. The Council has a zero tolerance culture towards fraud and corruption. This is promoted in all associated documents and via media streams to staff, members and the public. There is evidence that the audit committee provides effective challenge in terms of examining the results of audit reports and taking action where further work or improvements are required.</p>	

KLOE 2.1 (commissioning and procurement) score	3
Key findings and conclusions	
<p>The corporate plan clearly identifies four priorities for improvement and investment. These are well understood and are driving service design, commissioning and procurement. Data on inequality is also used to target service improvement and investment. For example, proposals for the Academy in Nuneaton and Bedworth are supported by clear evidence of inequality and inefficiency in the current provision. When developing plans for schools - surplus spaces/attainment/deprivation and asset condition are key inputs. Plans also use demographic trend analysis to forecast future pupil numbers. The Council is clear on what it is aiming to achieve.</p> <p>The Council is involving a range of stakeholders in commissioning services. Large developments such as Nuneaton town centre master planning and road infrastructure investments include detailed user or resident consultation which informs the final specification. Similarly in Warwick, local people input to the final design of a new bus station which opened in 2008.</p> <p>There is evidence that engagement with the gypsy and traveller community has helped shape the Councils policies and has led to increased investment and pitches in the county</p> <p>The Council has a clear focus on improving the customer experience quality and value for money. It is doing this through projects like the joint one stop shops with partners. It is using IT to redesign services for example centralized HR systems and mobile ICT for social care services. The modernization programme in adult and social care includes a shift away from residential care to extra care provision to facilitate independency for older people. New school buildings such as the North Leamington School project sees the replacement of a worn out asset and the installation of better ICT in a building that is more sustainable. Plans for improving the value for money from the Library Service will see more use of ICT and self help services helping to drive costs closer to the average. It is estimated £1million p.a. savings would result from increasing website customer traffic.</p> <p>The Council has a good understanding of the adult social care and children’s social care markets and is developing these locally to improve VFM and outcomes for local people. For example, the south of the county is continuing to see its elderly population grow whilst there has been a reduction in the availability of residential care beds. These market forces have resulted in a policy to increase standard fee rates and new partnerships with private providers to increase capacity and a strategy to manage the care market. There is a clear policy to pay above average rates for foster care to minimise the number of children in residential care. Regeneration work in Camp Hill is not being held up by the impact of the recession. Plans for new housing have been re-configured and social housing numbers increased and brought forward to overcome the difficult market conditions in the construction industry. Cuts in some peripheral services have been identified through a good understanding of the supply market.</p> <p>The Council is pursuing TWO PFI contracts with other partners in the sub –region. These have involved evaluating different options for the future</p> <p>The decision to bring Warwickshire care homes back in house has been subject to options appraisals. The customer service centre has enabled residents to have one single port of call for all telephone enquiries.</p> <p>The Council is low spending with high quality services. VFM reviews were targeted and have resulted in differential efficiency targets for the 2nd year based on intelligence developed through the reviews. Finding £13 million efficiencies for 2009/10 has been achieved through having a better understanding of relative VFM and clarity over priorities and narrowing the gaps.</p>	

KLOE 2.2 (data quality and use of information) score	2
Key findings and conclusions	
<p>The Council secures good quality data, it has guidance and policies in place to support data recording and reporting and there are clearly defined DQ champions and owners. However, arrangements for ensuring data quality from third parties is still developing as are arrangements for reviewing and validating data quality are not fully embedded or complied with. Data particularly from heath partners is incomplete and often not timely. (Eg DAT information). The Council is not able to produce baseline data yet for a number of targets relating to environmental sustainability. The Economy and Environment business plan 2009 to 2012 does not have any current data or targets for NI185 (CO2 reduction from LA activities Nox emissions PM10 emissions and congestion. 2009/10 is the baseline year. It has a common assessment framework project - WCC one of eight areas and WCC leading on this in this area. It is developing new ways of doing joint assessments with adults developing a system to enable this. This is still at early stages</p> <p>The Council has good clear information presented to decision makers. There has been an internal review on the corporate report card and its findings have led to improvement for monitoring performance in 2008/09. Under-performance is clearly identified together with remedial actions to get performance back on track. Business plans for 2009/10 have clear and explicit information about spending and capital including where efficiency savings are being made. However, they lack information about charges and income from charged services. The Council reports on the performance of its asset base on an annual basis. Reports are clear and contain comparative information to enable stakeholders to see how the Council is performing in this area.</p> <p>Some papers to Members lack the financial dimension and without this decisions could be made without a full picture, however members are informed of this information through working groups and other reporting mechanisms.</p> <p>WCC signed up to government data security training. Security arrangements are in place for the Council's business critical performance information systems although there are some gaps. Directorates are at differing stages in putting into place directorate level business continuity plans. A Business Continuity Management Strategy was introduced in December 2007 and this provides a framework for delivering the corporate business continuity management policy. Although its impact has not been fully felt this helps embed the corporate message on the importance of ensuring that business critical information systems are secure. The resources business plan 2009 to 2012 identifies a risk in that continuity plans for all areas are not complete or tested. There is an action to have this completed by 30 June 2009.</p> <p>A balanced scorecard of measures is used to ensure the overall health of the organisation is kept under close scrutiny. Warwickshire Observatory is used extensively to identify needs and trends. The state of Warwickshire report supports performance management. Business plans include horizon scanning both internal and external to ensure that services are aware of the operating context and drivers for change. There are good arrangements for using data collected to monitor and manage performance. Monthly DMTs now have a quarterly report on progress towards their business plan. There is a corporate approach to consultation. Results of consultation and feedback from users is used to target areas of under-performance. The partnership toolkit has been developed to enable an assessment of the effectiveness of partnerships and identify any gaps in facilitating their effectiveness. However this is not being fully utilised yet. There is a VFM tool used in supporting people that informs commissioning. Some partnership action plans lack output/outcome measures eg climate change partnership. Performance management of specific targets eg reduction in energy usage is reported through cross functional groups. There is a strong culture of performance management– Members seek quantitative assurance that the Council is delivering on its priorities (eg.audit committee)</p>	

KLOE 2.3 (good governance) score	3
Key findings and conclusions	
<p>The results of the 2007/08 Corporate Governance audit support the conclusion that staff and Members exhibit high standards of personal conduct. The 2008/09 AGS explains the scrutiny arrangements in place, and confirms that the scrutiny function has clear and appropriate roles and responsibilities. There is an Overview and Scrutiny strategy and work programme. This explains the content of the core work programme and is not too demanding to allow flexibility in responding to issues that may arise during the year. Each OSC reports annually to the Council on its work. There are training and development opportunities for all staff and the use of personal development plans to identify skills gaps. Members receive a thorough induction called 'Leading for Warwickshire' upon commencement of appointment. There are various training opportunities available for both new and existing Members. Members are supported to identify and address their own development needs through the use of PDPs and an externally provided facilitator. This helps to inform individual training requirements. The Council collects feedback from Members on training requirements and acts upon the results. The Council provides training to Members and staff who have risk management responsibilities. Corporate Governance training is available to both staff and Members. The Council then requests attendees to evaluate the training they have received to assess whether the training has been effective and if any improvements are required. This is demonstration of the Council building and supporting a strong governance environment.</p> <p>There is a clear link between corporate governance arrangements and the purpose and vision of the Council. The Council has set out outcomes which it intends to deliver to the local community; governance arrangements underpin the delivery of these outcomes. Councillors, partners and staff have a clear focus on the priorities and narrowing the gaps. This is maintained throughout the year despite the uncertainty of the external environment.</p> <p>IA's governance report to Audit and Standards Committee reports a good level of staff awareness of the need to record interests and gifts/hospitality. The Council has in place arrangements for monitoring compliance with this code of practice. There is evidence that staff are aware of the anti fraud and whistle blowing policies and this is supported by the fraud reported to IA in 2005/6 and the payroll fraud reported in 2006/07. The new starter's checklist includes reference to the staff roles and responsibilities document which sets out standards of conduct, although there is no specific mention of fraud prevention. However, as noted above, the Council can demonstrate a good anti-fraud culture. The whistle blowing arrangements are transparent and accessible both inside and outside the Council eg to the public, partners and contractors as well as to internal staff. Whistle blowing concerns are dealt with appropriately.</p> <p>The scheme of delegation, contained within the Constitution, refers specifically to partnerships. There is also a separate section on partnership working in the Constitution. Governance arrangements are in place for the LAA, the Council's most significant partnership, which commenced in 2007/08. Arrangements are in place to review partnership governance arrangements. There are good systems in place and strong work with the voluntary sector. There is evidence that the Council's significant partnerships have formally documented governance arrangements. The partnership objectives focus on achieving better outcomes for local people ie to encourage economic development and support local people who have been made redundant. There is also a Code of Conduct in place for partnership working; this covers arrangements for declaring interests, gifts and hospitality and whistle blowing.</p>	

KLOE 2.4 (risk management and internal control) score	3
Key findings and conclusions	
<p>The Council has controls in place to ensure compliance with the Council's risk management policy and processes. There is a cross directorate corporate risk management group with clear responsibility for promoting the policy and ensuring compliance. There is also a risk management project board which is overseeing the full development and implementation of the corporate approach to risk and contingency planning. There is evidence that the corporate risk management group has identified the Council's significant partnerships and is developing a database to keep track of them all. The risk management process requires that risks in relation to partnerships are identified and managed. Each partnership manager is responsible for the development and maintenance of a partnership risk register that captures the risks that may impact on the project objectives. The corporate risk management group reports to the Strategic Director for Performance and Development and to Cabinet via the Member Portfolio Holder. Although not explicitly called champions, they take the lead for implementing the risk strategy throughout the Council. The risk management process has considered the risks associated with the LAA. It has used a recently developed template and this clearly shows how the associated risks are being actively managed and the consequences if not. The Council's risk management strategy requires all strategic policy decision and project initiation documents to include a risk assessment. However, this does not necessarily mean that in practice this is fully complied with. At directorate level, risk mgt varies. In Economy and Environment, effective risk mgt enabled the Council to assess the impact of the recession early with its partners involved in the Camp Hill Regeneration project. By doing this the housing project is still 'live' and the benefits to local people are still being delivered.</p> <p>The Confidential Reporting policy is publicised on the website and confirms that support will be given to whistleblowers. There is evidence that fraud investigations are conducted in accordance with requirements and are carried out by appropriately trained staff. Action has been taken to address the control weaknesses identified from the 2005/06 payroll fraud. Cheque fraud at Stratford High School was picked up by internal controls in place (school's monthly bank reconciliation). Overall, there are arrangements in place to ensure action is taken to follow up weaknesses identified. The Council has a zero tolerance culture towards fraud and corruption. This is promoted in all associated documents and via media streams to staff, Members and the public. The strategy document states that the results of all proactive work will be publicised, including fraud investigations, successful sanctions and any recovery of losses due to fraud. This demonstrates steps taken towards creating a strong deterrent effect. Internal audit carry out fraud investigations and liaise with external authorities, ie the police, where necessary. National Quality Assurance have accredited this service and issued a ISO9000 certificate. This demonstrates that suitably trained and skilled staff are involved in fraud investigations. Anti-fraud and corruption arrangements extend to partnerships and the Council ensures these arrangements are clear to those involved in partnerships.</p> <p>The audit committee takes appropriate action to address issues raised in audit reports and monitors progress of the implementation of recommendations. There is evidence that the audit committee provides effective challenge in terms of examining the results of audit reports and taking action where further work or improvements are required. It is aware of the work undertaken by other committees (ie Overview and Scrutiny) so that knowledge and skills can be shared.</p>	

Table 6 Theme 3 - managing resources

Theme score	2
Key findings and conclusions	
<p>The Council developed a climate change strategy in 2006 in which it includes information about its total energy use and resultant CO2 emissions and the amount of CO2 from staff travel. The Council is not able to produce baseline data yet for a number of targets relating to environmental sustainability. The Council is establishing systems to manage its environmental performance. Six directorates have achieved ISO 14001 environmental management and a number of schools have signed up to the eco schools initiative. The Council has lots of individual projects which reduces its impact on the environment. The Council is reducing the amount of waste sent to landfill and with partners is increasing recycling rates in the county. The council has worked effectively with partners to reduce disruption of services through flooding. The Council has an established strategic approach to asset management. It links asset management with other policies to provide clear direction for development, acquisition and disposal of assets. Asset management is enabling the delivery of corporate priorities. The council has good property information and performance data to enable it to deliver VFM. The Council has undertaken a series of area property reviews to enable assets in an area to be assessed and rationalised across organisations including the third sector. The recession has meant that there can be little progress with implementing proposals in the short/medium term.</p>	

KLOE 3.1 (use of natural resources)	2
Key findings and conclusions	
<p>The Council developed a climate change strategy in 2006 in which is includes information about its total energy use and resultant CO2 emissions and the amount of CO2 from staff travel. However, the strategy does not include data about the Council's use of water or other natural resources. It is working with partners and staff to gain their commitment to more sustainable ways of working. The Council is not able to produce baseline data yet for a number of targets relating to environmental sustainability. The E&E business plan 2009-12 does not have any current data or targets for NI185 (CO2 reduction from LA activities Nox emissions PM10 emissions and congestion.</p> <p>The 2007/08 UoR found that the Council is not effectively using performance measures to evaluate how the Council's property portfolio contributes to the achievement of corporate objectives and improvement priorities. Although it is measuring performance for some environmental indicators targets for CO2/sq metre have remained unchanged since 2006/07. The Council is establishing systems to manage its environmental performance. All directorates have achieved ISO 14001 environmental mgt and a number of schools have signed up to the eco schools initiative. New schools developments are being designed to BREaM stds. The Council is procuring goods and services from sustainable sources and use recycled materials. The E&E directorate business plan does not include any targets for reducing directorate business mileage or other sustainability issues that could contribute to the climate change strategy. For example by reporting the number of developments that are generating or using renewables. The Council has lots of individual projects which reduces its impact on the environment. For example boiler replacement programme in schools, wind turbine at the country park. The Council has an energy group and energy manager specifically working to reduce energy usage and hence impact on the environment. There is a specific capital budget to support the work. This has been driven by financial reasons. The council is not making much progress with reducing CO2 from staff travel despite having a number of policies to encourage this. The resources business plan identifies a target for CO2 emissions that actually increase slightly in 2009/10 from 0.04 tonnes/sqmr in 2008/09 to 0.045 tonnes sqm in 2009/10. It also has an energy efficiency savings target of £50K from County Buildings in 2009/10. It also includes a key action to develop renewable energy strategy and action plan. Environmental performance is reported to the Environment and Sustainability board. They are responsible for monitoring ISO14001 compliance and delivering continuous improvements in terms of environmental. sustainability.</p> <p>The Council is reducing the amount of waste sent to landfill and with partners is increasing recycling rates in the County. Unfortunately, because new waste treatment facilities were not available in time, recyclable waste is being transported long distances outside the county. This at least in the short term is reducing the environmental benefits of the increase in recycling. The Council works in partnership with over 100 organisations to reduce environmental impacts. The partnership has a range of projects underway. However, it is not possible to establish how much CO2 is being 'saved' by these actions as the plan does not have any outcomes or targets for this. Also the partnership does not have the health sector which is one of the biggest emitters of CO2 in the county. This will limit its effectiveness. The Council has worked effectively with partners to reduce disruption of services through flooding. For example, a significant investment has been made to clear road gulleys, ditches and watercourses which were one of the main contributing sources of flowing in 2007/08.</p>	

KLOE 3.2 (strategic asset management)	2
Key findings and conclusions	
<p>The Council has an established strategic approach to asset management. It links asset mgt with ICT and HR strategies to provide clear direction for development, acquisition and disposal of assets. Asset management is enabling the delivery of corporate priorities for example in improving educational attainment and modernising care for older people. The Council has a strategic disposal programme but this has been stalled by the recession. Few deals are still 'live' as the market has failed. It is developing its strategic policy around using its land to support social housing although this is not yet in place. The Council has a corporate property function but some big service blocks such as children and young people have their own property function which makes it difficult to ensure a consistent corporate approach.</p> <p>The Council has good property information and performance data to enable it to deliver VFM. The Council managed its asset base well but the current level of investment in property maintenance is only slowing the rate of deterioration, not making inroads into improvement. In 2007/08 the Council did not have access to detail of running costs of its assets by property - for example energy consumption per building. Smart meters have been installed at major sites to help drive down consumption. The Council benchmarks its asset mgt performance against others against a range of indicators Investment in Council assets is closely linked to the Council's priorities and use whole life costing to justify the investment eg Atherstone Business Case. Investment in Salitisford has facilitated improvements in more modern ways of working and better access. Investments in the one stop shops are facilitating better access and use of partners' assets.</p> <p>The Council has undertaken a series of area property reviews to enable assets in an area to be assessed and rationalised across organisations including the third sector. The recession has meant that there can be little progress with implementing proposals in the short-medium term. The Council's customer access strategy has seen the creation of joint one stop shops and the Warwick site houses the local Post Office. The Council is developing proposals for use of land for affordable housing/community transfer.</p>	

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