

**AGENDA MANAGEMENT SHEET**

**Name of Committee** Overview And Scrutiny Co-ordinating Group

**Date of Committee** 3 May 2006

**Report Title** Using the EFQM Excellence Model to Assess Departments

**Summary** This paper gives background on how the County Council uses the EFQM Excellence Model to assess departments. It serves as an introduction to the reports on assessments from individual departments.

**For further information please contact:**

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

**Background papers** Departmental EFQM submission and feedback reports

**CONSULTATION ALREADY UNDERTAKEN:-** Details to be specified

- Other Committees  .....
- Local Member(s)  N/A
- Other Elected Members  .....
- Cabinet Member  Individual reports from departments(as appended) have been shared with Cabinet portfolio holders and spokespersons when originally planned for individual O&S Cttees .
- Chief Executive  .....
- Legal  David Carter
- Finance  .....
- 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  .....

**Overview And Scrutiny Co-ordinating Group  
3 May 2006.**

**Using the EFQM Excellence Model to Assess Departments**

**Report of the Strategic Director of Performance &  
Development**

**1. Background**

- 1.1 The European Foundation for Quality Management (EFQM) Excellence model is used widely in the public and private sectors, both in the UK and Europe. It gives a picture of what an excellent organisation looks like; against which we can rigorously compare ourselves. It is used to tell us how good we are at the moment, and identify where improvements are needed.
- 1.2 A number of principles underlie the model, including a focus on what results are actually achieved, customers' perceptions, and how they are served, and the importance of continuously improving. A brochure from the British Quality Foundation is attached to give you more information about the EFQM model.
- 1.3 In Warwickshire County Council we have used assessment against the EFQM Excellence model as a key part of our performance management process, since 1998. This ensures that every department is systematically assessed on a regular basis to help measure continuous improvement and to highlight areas for concern.
- 1.4 Full EFQM assessments use external assessors and are carried out every two years, the previous one being in 2003. In intermediate years, e.g. 2004, departments carried out self-assessments.

**2. The Departmental Assessment Process 2005**

- 2.1 In 2005, full EFQM departmental assessments took place, based on external assessors. Departments were given the freedom to choose which organisation to use as part of their assessment.
- 2.2 The external assessors, which were used, were:
  - Midlands Excellence – Regional EFQM awards
  - British Quality Foundation (BQF) – National EFQM awards
  - Consultants appointed through tender – Excellence in Business, who were supported by WCC internal assessors

- 2.3 The assessment took place between July and December. For the Excellence in Business processes, internal assessors were used to assess four departments, giving an opportunity to use some WCC assessors with previous experience and others who had been through training courses.

Each department produced a submission document.

- 2.4 The assessment results have now been received and departments have considered their feedback reports, discussed and prioritised the areas identified for improvement, to take forward into their 2006/07 service planning.

### **3. Reporting Assessment Feedback**

#### **3.1 Reports**

Each department is producing a report on the results of their assessment, and the key improvement actions that they are putting in place. Comparing assessment results over time will demonstrate to Members what improvement is being achieved. Reports from each of the departments is attached as the following appendices:

Appendix 1 Chief Executive's Department

Appendix 2 Libraries, Heritage and Trading Standards

Appendix 3 CAMs, Property Services and Treasurer's Departments

Appendix 4 Fire and Rescue

Appendix 5 Social Services – To follow

Appendix 6 PTES – To follow

Appendix 7 Education – To follow

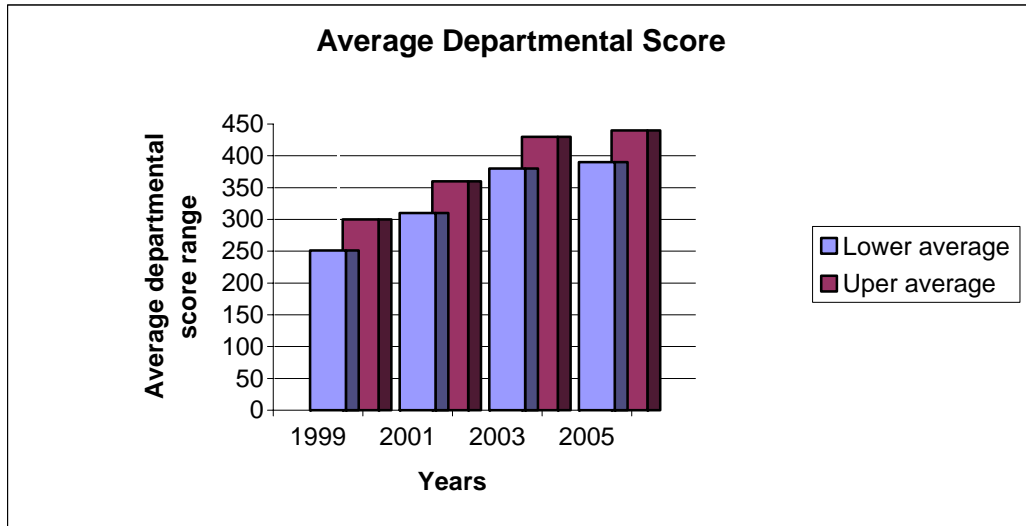
#### **3.2 Scores**

- 3.2.1 The scoring system used as part of the assessment process is a means of rating the organisation being assessed; this allows a measure of the amount of improvement from one assessment to the next. It also allows us to compare ourselves with the 'best in class' from both public and private sectors, in the form of winners of regional, national and European awards. As a guide, winners of regional awards tend to be in the 500-550 score range, and 600-650 for national. Note that scores are not precise but awarded as a 50 point range.

- 3.2.2 Scores are also broken down against each of the 9 criteria of the model (e.g. leadership, policy & strategy, customer satisfaction etc). So you can see where departments' strengths lie, and where there is most room for

improvement.

3.3.3 The average of the departmental scores is a Corporate Headline Indicator (CHI) for the County Council. This has risen over the last few years, as shown in the graph. However, as an organisation gets better, it becomes more difficult to show measurable improvement against the model.



#### 4.0 Next Steps

The reports from departments had initially been prepared to go to individual Overview and Scrutiny Committees in April and May.

Given the changes to the organisation, Overview and Scrutiny Co-ordinating Group is asked how they would like the feedback reports to be made available to Members.

DAVID CARTER  
Strategic Director of  
Performance & Development

Shire Hall  
Warwick

20 April 2006

### Chief Executive's Department EFQM Assessment

## Report of the Strategic Director of Performance and Development

### 1.0 Introduction

- 1.1 The EFQM assessment of the Chief Executive's department was undertaken in 2005 by a team of internal assessors, led by external consultants from Excellence in Business. The team followed a structured process in order to carry out the assessment, which involved:
- A desk-based review of the Chief Executive's submission documentation;
  - A planning meeting to establish people to be interviewed and documents to be reviewed;
  - A targeted site visit to establish key strengths, areas for development and recommendations for improvement;
  - A consensus meeting;
  - A feedback session to the Departmental Management Team.
- 1.2 The overall score for the department was 401-500, which was the same score as the 2003 assessment.

### 2.0 Feedback

In addition to detailed comments in relation to the nine criteria of the EFQM model, the feedback report identified best practice in relation to the department and development issues as follows:

#### 2.1 Identified best practice

- The department's investment in its leadership capacity, including its Managers' Conference, 360 degree appraisal and management development programme;
- '*Steps to Excellence*', the department's organisational development strategy, provides the framework for reinforcing a culture of excellence. It focuses on five key areas and has identified a number of actions for the period of the strategy;
- The department has used its performance management information and external challenge to improve;

- Area committees and area offices have real potential to enhance community leadership and deliver real results locally;
- The robust approach to process mapping and the change control procedure has enabled the department to identify its improvement priorities and demonstrate continuous improvement in processes.

## 2.2 Identified development issues

- The department needs to take a long-term strategic view of the management of its finances, people, buildings or equipment to deliver future plans;
- Its approach to partnership working needs to be clear and the impact of key partnerships properly evaluated;
- The impact and effectiveness of internal and external consultation approaches should be more systematically reviewed.
- The department needs to revisit its performance indicators in light of its priorities to ensure that it is looking at the right things. It then needs to systematically establish benchmarks to ensure that targets are stretching and realistic;
- Performance management arrangements need to be consistently and effectively cascaded to the Divisional, team and individual levels, ensuring a robust approach to responsibility and accountability is embedded.

## 3.0 **Action**

- 3.1 As a result of the assessment, the department has reviewed and developed its organisational development strategy in order to build on the strengths identified and to address the development issues. In doing so, it has also taken account of the findings of the corporate staff survey undertaken in June 2005. The strategy is intended to develop the culture and identity of the department and is built around four key areas, people, performance, knowledge and information, and processes, resources and structures. The strategy, and its implementation, is a key focus for taking forward the new Performance and Development Directorate.
- 3.2 Challenging targets have been set in each of the areas of the strategy and these will be measured through the staff survey and the next EFQM assessment.
- 3.3 A detailed action plan is in place to deliver the four action areas of the strategy. Further detail of each area is set out below:

### *People*

- Development of leadership and management qualities
- Effective workforce planning
- Skilled, competent and flexible staff

### *Performance*

- Clear accountabilities and responsibilities
- Robust performance management framework
- Scheme of delegation

*Knowledge and Information*

- Document and records management
- Knowledge management
- Customer engagement

*Processes, resources and structures*

- Process re-engineering
- Business continuity
- Provision of up-to-date management information
- Maximisation of our resources to deliver efficiency and effectiveness

DAVID CARTER  
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Development  
Shire Hall  
Warwick

18 April 06



# Libraries, Heritage & Trading Standards EFQM Assessment

## Report of the Director of LHTS

### 1.0 Introduction

- 1.1 LHTS was assessed against the EFQM Excellence Model in November 2005 and received a feedback report in January 2006 (Appendix A). The assessors gave the Directorate a score of 301/350 points, the same score that the Directorate received in the last cycle of assessments in 2003 (Appendix B). Five out of the nine criteria have increased in score since the last assessment, including Key Performance Results, Customer Results and People Results.
- 1.2 The LHTS Management Team have agreed on the priorities for improvement in response to the EFQM Feedback Report (Appendix C). An improvement plan will be developed once the new Adult, Health and Community Directorate is established.
- 1.3 The key documents attached to this report are:
- Appendix A: Overview of the Feedback Report
  - Appendix B: Comparison of scores between 2003/2005
  - Appendix C: Priorities for improvement.

GRAEME BETTS  
Strategic Director, Adult, Health & Community Services

13 April 2006

# EFQM FEEDBACK REPORT 2005

## Key Themes

### Leadership

There is evidence that the DMT seeks to ensure that the different services within the Department are appropriately structured to support policy, strategy and service delivery e.g. the structure of Trading Standards is reviewed annually at the Trading Standards Management Team Service Day.

There is some evidence that the Director, senior managers and other leaders are accessible to staff on a regular basis, supported by the latest liP assessment. In 2005, 79% of staff felt their manager listened to them and 70% felt they managed communication effectively.

There is a clear process for ensuring that the Departmental objectives are cascaded into individual staff objectives through the appraisal process. Staff are also helped to achieve their objectives and targets through the appraisal process, one-to-one meetings and team meetings.

However, there is limited evidence to demonstrate that the Department's 154 managers/supervisors are regarded as the Department's 'leaders' and the degree to which they were involved in establishing the vision and developing a culture of excellence is very variable. The expectations of leaders have not been clearly articulated which limits their ability to become role models, acting and behaving in a manner consistent with the Department's values.

Although there is evidence that many managers are involved in external interaction with customers and stakeholders, there is less evidence presented or gathered during the site-visit of how the knowledge gleaned and good practice identified is then used to beneficial effect within the Department.

Although there are a variety of methods used to recognise staff, it is not clear what the Department has done to establish how staff like to be recognised or to address the results of the staff survey which highlights that only 60%, dropping to 57% of staff believe they are recognised for a job well done.

While there has been much change taking place in the Department, there does not appear to be a clearly defined approach for managing and communicating change or its benefits/outcomes. It is not clear what role leaders have played in initiating and leading major change projects such as the "Building for the Future" Review.

### Policy & Strategy

There is clear evidence of the Department aligning its policy and strategy with that of the County Council itself. This is highlighted by the Strategic Service Plan 2005/2006. The Director has quarterly meetings with the other chief officers and members to ensure policy & strategy is aligned with other Departments, as appropriate and Corporate priorities.

## Appendix A

There is a clear process for updating policy and strategy on an annual basis involving the DMT, service managers and staff consultation. The Strategic Plan and all individual service plans have performance indicators and targets, which are reviewed quarterly.

There have been improvements to the production of service plans through the use of clear guidelines on plan/report production. This has reduced the completion time while maintaining a consistent and appropriate level of detail.

However, although the Department conducts a number of surveys of its customers, it is not evident that, across all its services, the Department sufficiently understands its customer's needs and ensures policy and strategy is based on this information. There is no evidence of LHTS segmenting its potential customer base in order to inform policy & strategy and service delivery. This is reflected by a number of the results achieved for customer satisfaction and key performance results.

While the Department claims to have made a number of significant improvements as a result of using the EFQM Model, there was limited awareness of managers and staff of these improvements or that they were attributed to the use of the model within the Department e.g. although target setting and KPI review are listed as significant improvements there is limited evidence of the use of target setting in the results areas.

There does not appear to be any formal arrangement to establish levels of awareness of policy and strategy amongst managers and staff e.g. the staff survey asks questions about Council objectives not Departmental P&S. There is limited evidence of benchmarking in relation to the effectiveness of communication of policy & strategy.

### **People**

The results of the review of the Corporate HR and OD strategy have been applied consistently within the Department and are being deployed through the electronic "Managing People" guide which is complemented by the LHTS HR Handbook. All staff have access to this which provides greater detail about procedures underpinning the Corporate approach.

There is evidence that staff are encouraged to put forward ideas for improvement and that staff generally feel empowered within their area of knowledge and operation. There was evidence that in many teams, meetings are being used effectively to involve staff in decision-making and to encourage them to feel empowered. There is clear evidence that in some teams across the Department, staff believe they are highly engaged, motivated and empowered. The staff survey is used to measure the extent to which staff feel involved and empowered and the results are reasonably positive. There is clear evidence staff are committed, motivated and customer focussed in the work they do.

The Department has explicitly recognised different directions of communication and has put into place channels of communication to support each .e.g. staff survey, appraisals, suggestion scheme. There is a Departmental newsletter, but Trading Standards and libraries also have their own newsletters. The effectiveness of communication is monitored through the staff survey, and many of the results are strongly positive e.g. 85% of staff responding to the staff survey stated they have regular team meetings.

## Appendix A

However, it is not clear how the Department seeks to proactively manage the overall allocation of staff resources or develop capacity in line with strategic objectives. In particular, the rationale for holding posts vacant is not clear or understood by staff. Also, it is not clear whether the resource allocation model for staffing in Libraries (which is perceived by staff to be based on book issues) reflects the changing nature of the service.

There is little evidence of an overarching approach to career development and succession planning. In the staff survey less than half the staff indicated that they were happy with the prospects of getting a better job within the County council and only 50% of staff feel they are given a real opportunity to develop their skills. These issues were also raised during the site visit.

There is evidence that some middle managers do not feel empowered in their roles and do not feel able to make changes or improvements within their service areas. It is also not clear what policy is used to determine the areas of activity for which staff are empowered or whether this has arisen from custom and practice.

The effectiveness and openness of the two-way communications channels are brought to question by the staff survey result which suggest only 59% of staff feel it is safe to speak up and challenge the way things are done.

While there is some evidence of opportunities to share good practice and knowledge within and between teams and services, there is no clearly defined approach to facilitate this happening on a systematic basis.

### **Partnerships & Resources**

The Department is engaged in diverse partnership activity, internal and external and there is some evidence that these lead to improved services for customers e.g. Roman Alcester; Alcester Library & Stratford College and the One Stop Shop. A range of documents have been developed which provide structure to the external partnerships it is engaged in e.g. Memorandum of Understanding; Agreements and formal SLAs exist for partnerships with other WCC Departments covering, finance, communications and ICT services.

There have been some significant building and refurbishment projects to improve libraries which have had a positive impact on both the working environment and the customer experience.

There is evidence that LHTS exploit the use of technology for access to services via the internet with a large number of services available through this medium.

There is some evidence of a structured approach to managing documents and publications with nominated administrators within each service with the ability to add documents to the Library.

However, although the Department has adopted a definition of partnership working and six different types of partnership, there is limited evidence that these are used in practice. Furthermore, there does not appear to be a clearly defined approach to

identify key partners and the subsequent development, management and review of partnerships;

It is not clear whether there is a clearly defined approach to enable financial resources to be moved around the Department to reflect key priorities and there is no evidence of this presented within the submission.

There is limited evidence to demonstrate what use is made of performance measures or benchmarks in relation to the use of technology. There is also no evidence of measuring the impact in terms of efficiency and customer satisfaction of those services enabled for electronic service delivery.

### **Processes**

The Department has identified its key and supporting processes using a Key Process Model and there is evidence of some processes being designed and documented to deliver policy and strategy e.g. HR and Performance Management.

There is some evidence of innovative improvements being made to processes across other services of the Department e.g. Talkingshop, WiLD, ITIVA, iCAM and Windows on Warwickshire.

Products and services are promoted to existing customers through a range of medium including leaflets, Internet, dedicated website, press publicity, road shows and exhibitions.

There is some evidence of the Department seeking views and feedback from its customers on a regular basis through various consultation exercises carried out during 2004 and 2005.

However, while some progress has been made within the Department to identify and illustrate key and support processes, with the exception of Trading Standards, it does not yet appear to have embedded a clear and systematic approach to process management. This is reflected by the variable views and understanding of processes by managers and staff. It is not clear therefore how the learning from Trading Standards is being shared with the rest of the Department.

There is evidence that changes and improvements claimed within the submission are not always evident 'on the ground' when talking to managers and staff. It is also not clear how the Department evaluates customer views as a result of implementing change or improvements to a product or service.

The Department does not have an overall marketing strategy and as a consequence it is not clear how it is able to comprehensively promote and 'sell' its services to new and potential customers. There appears to be a reliance on the Corporate consultation mechanisms as opposed to more relevant and timely consultation arrangements.

Although a number of arrangements are in place to manage and improve customer relations, there does not appear to be a clearly defined strategy, approach or set of principles which is implemented across the Department and assessed in terms of its effectiveness.

Overall, throughout the enablers, there is limited evidence that the Department regularly and systematically assesses and reviews the effectiveness of its approaches as well as the degree to which they have been deployed across the Department.

### **Results**

The Department has a range of performance indicators across the four result criteria for which trends are available over three years. Some of the trends and results for individual PIs are positive; where targets have been set, many have been achieved and some comparisons have been undertaken which highlight favourable performance.

However, there does not appear to be real clarity in terms of what the Department and its individual services are collectively and in some cases individually, trying to achieve. This appears to be having an impact on the Department's ability to develop clear strategies and plans. Many of the performance measures appear to be activity focused (quantity or frequency based) as opposed to measures which focus on the impact of services (although it is recognised that this is not always easy to do). This is reflected in Service Plans.

Trends, targets and comparisons are not presented/available for many results and the causal relationship between the results and the approach is not very evident. It is also not clear how the Department uses the results of monitoring its performance to improve processes and services.

### **Key Themes – Identified Best Practice**

1. There is a dedicated resource within the Department to support all services with performance management;
2. The Director is the champion for change on the Corporate Access Strategy which will involve a radical transformation of working practices;
3. There is clear evidence of many leaders, starting with the Director and service managers, belonging to professional bodies, attending conferences and seminars and participating in benchmarking activity;
4. "Teen Takeaway" at Kenilworth Library is a good example of services being designed using stakeholder input to get views on what should be in the library for a specific age group;
5. The principles on which the recruitment process is based have been clearly articulated. Job descriptions and Person Specifications are used as part of the process. Managers are guided through the recruitment process with the Recruitment and Selection Process Flowchart; training is provided and there is some evidence that the recruitment and selection process is evaluated using a questionnaire to recent starters;
6. Senior staff ensure that there are regular occasions when they formally meet with staff in addition to informal meetings and get-togethers. For example the Director personally visits each site every year to meet with staff and respond to their questions;
7. The Customer Service Centre and One Stop Shop are evidence of designing new services together with customers that add value for customers.

## Key Themes – Identified Development Issues

1. The expectations of the 154 leaders have not been clearly articulated which limits their ability to become role models, acting and behaving in a manner consistent with the Department's values;
2. There is limited evidence of a clearly defined approach for managing and communicating change within the Department;
3. It is not evident that, across all its services, the Department sufficiently understands its customer's needs and ensures policy and strategy is based on this information;
4. There is evidence that some middle managers do not feel empowered in their roles and do not feel able to make changes or improvements within their service areas. It is also not clear what policy is used to determine the areas of activity for which staff are empowered or whether this has arisen from custom and practice;
5. While there is some evidence of opportunities to share good practice and knowledge within and between teams and services, there is no clearly defined approach to facilitate this happening on a systematic basis;
6. The Department has adopted a definition of partnership working and six different types of partnership, however, there is limited evidence that these are used in practice. Furthermore, there does not appear to be a clearly defined approach to identify key partners and the subsequent development, management and review of partnerships;
7. While some progress has been made within the Department to identify and illustrate key and support processes, with the exception of Trading Standards, it does not yet appear to have embedded a clear and systematic approach to process management;
8. There is limited evidence that the Department regularly and systematically assesses and reviews the effectiveness of its approaches as well as the degree to which they have been deployed across the Department;
9. There is a lack of clarity over the Department's key performance indicators and many of the performance measures appear to be activity focused (quantity or frequency based) as opposed to measures which focus on the impact of services. Targets and comparisons are not consistently evident and the rationale for these is not clear;
10. Also, although a number of challenging targets have been set as part of the LHTS Sustainability Policy with regards to recycling/reducing waste etc, performance against these targets does not appear to be monitored and reported on;
11. There are a number of unfavourable or declining results but there is limited evidence of a strategy to address these.

## Acknowledgements

The assessment team thanked the Department for the hospitality extended to them during this assessment, as well as those who participated in interviews for their helpful contribution to the process. The assessment team found everyone who was

## Appendix A

interviewed both open and honest in their responses to the questions being asked of them. They also recognised the positive attitude of managers and staff to the process in general and the pursuit of improvement specifically.



## CRITERION SCORES

### Scoring Summary

The table below shows the score awarded for each criterion.

Criterion	Percentile Ranges									
	0 - 10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
Leadership										
Policy and Strategy										
People										
Partnerships & Resources										
Processes										
Customer Results										
People Results										
Society Results										
Key Performance Results										

### Comparison Scores

The table on page 12 shows the score for each criterion part and how it compares with the score received in 2003 (see key). The comparison shows that the scores have generally increased in the Results Criteria (especially Key Performance), but have declined in Processes and Partnerships and Resources. An explanation of each criterion part is shown in the table on page 13.

Although the comparison scores are provided for this report, they are not used as an indicator by the department. As the Lead Assessor from Excellence in Business pointed out, the scores are not comparable from one assessment team to another, and therefore LHTS place more emphasis on the Strengths and Areas for Improvement identified in the feedback report.

LHTS use the feedback from the EFQM Assessment, along with feedback from other processes (e.g. Corporate Staff Survey, liP, CPA etc), to inform the planning process.

# Appendix B

## LHTS EFQM Scores 2005

Improved since 2003

Same as 2003

Declined since 2003

New/changed criterion part

Leadership	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
1a			Declined since 2003							
1b				Declined since 2003						
1c				Same as 2003						
1d					Same as 2003					
1e				New/changed criterion part						

Policy & Strategy	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
2a					Improved since 2003					
2b			Declined since 2003							
2c				Same as 2003						
2d				New/changed criterion part						

People	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
3a						Improved since 2003				
3b					Improved since 2003					
3c			Declined since 2003							
3d			Declined since 2003							
3e					Improved since 2003					

Partnerships & Resources	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
4a			Declined since 2003							
4b					Improved since 2003					
4c				Declined since 2003						
4d			Declined since 2003							
4e			Declined since 2003							

Processes	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
5a			Declined since 2003							
5b			Declined since 2003							
5c			Declined since 2003							
5d			Declined since 2003							
5e			Declined since 2003							

Customer Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
6a					Improved since 2003					
6b			Same as 2003							

People Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
7a				Improved since 2003						
7b			Improved since 2003							

Society Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
8a	Same as 2003									
8b		Improved since 2003								

Key Performance Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
9a					Improved since 2003					
9b				Improved since 2003						

## The EFQM Excellence Model

<b>1. Leadership</b>	
1a	Leaders develop the mission, vision, values and ethics and are role models of a culture of excellence.
1b	Leaders are personally involved in ensuring the organisation's management system is developed, implemented, and continuously improved.
1c	Leaders interact with customers, partners and representatives of society.
1d	Leaders reinforce a culture of excellence with the organisation's people.
1e	Leaders identify and champion organisational change.
<b>2. Policy &amp; Strategy</b>	
2a	Policy and strategy are based on the present and future needs and expectations of stakeholders.
2b	Policy and strategy are based on information from performance measurement, research, learning and external related activities.
2c	Policy and strategy are developed, reviewed and updated.
2d	Policy and strategy are communicated and deployed through a framework of key processes.
<b>3. People</b>	
3a	People resources are planned, managed and improved.
3b	People's knowledge and competencies are identified, developed and sustained.
3c	People are involved and empowered.
3d	People and the organisation have a dialogue.
3e	People are rewarded, recognized and cared for.
<b>4. Partnerships and Resources</b>	
4a	External partnerships are managed.
4b	Finances are managed
4c	Building, equipment and materials are managed
4d	Technology is managed
4e	Information and knowledge are managed
<b>5. Processes</b>	
5a	Processes are systematically designed and managed.
5b	Processes are improved, as needed, using innovation in order to fully satisfy and generate increasing value for customers and other stakeholders.
5c	Products and services are designed and developed based on customer needs and expectations.
5d	Products and services are produced, delivered and serviced
5e	Customer relationships are managed and enhanced
<b>6. Customer Results</b>	
6a	Customer results – perception measures
6b	Customer results - performance indicators
<b>7. People Results</b>	
7a	People results - perception measures
7b	People results - performance indicators
<b>8. Society Results</b>	
8a	Society results - perception measures
8b	Society results - performance indicators
<b>9. Key Performance Results</b>	
9a	Key performance outcomes
9b	Key performance indicators

### Priorities for Improvement

LHTS will be merging with Adult Social Services to form a new directorate in April 2006. It is therefore not appropriate to draw up an independent improvement plan from the LHTS EFQM feedback at this stage. Once the new directorate has been set up, a joint improvement plan will be developed.

The LHTS Management Team have agreed on the priorities for improvement in response to the EFQM Feedback Report. These are as follows:

1. Review Communications Strategy in the new directorate (taking into account geographical locations, part-time and relief staff).
2. Revise/develop directorate-wide Reward and Recognition policy.
3. Roles and responsibilities, mentoring for supervisors – many supervisors are junior staff (scale 2/3) and operate in highly remote environments.
4. Build on LHTS current Policy and Performance regime to integrate with new directorate
5. Organisational Development – Strong emphasis on planning the workforce for the future.
6. Work with other colleagues in the County Council (e.g. Fire and Rescue) to determine a more evident structured approach to partnership working which builds on current contractual and service level agreements.
7. Seek to manage/align our financial resource allocation more closely to our service priorities (Partnerships and Resources).
8. Seek to explore radical new ways in which customer service delivery can be made more efficient/effective by use of new technologies.
9. Review Performance Indicators to align more closely with service priorities.
10. Determine the service strategy within the new modernisation neighbourhood vision.

## **CAMS, Property Services and Treasurer's Departments 2005 EFQM Assessment**

### **Report of the Strategic Director of Resources**

#### **1. Introduction**

- 1.1 This report outlines the strengths and areas for consideration identified during the most recent EFQM assessments of CAMS, Property Services and Treasurer's.
- 1.2 We have put in place a process to ensure that any items of good practice currently employed by one or more areas of the organisation are captured and made use of, rather than lost, as a consequence of the implementation of 'New Ways of Working'.
- 1.3 Similarly, any areas for consideration and weaknesses will be acted upon and factored into the design and delivery of services under the new structure. Improvement activities identified will be consolidated into a combined plan for the Resources Directorate.

#### **2 Achievements Using the EFQM Model**

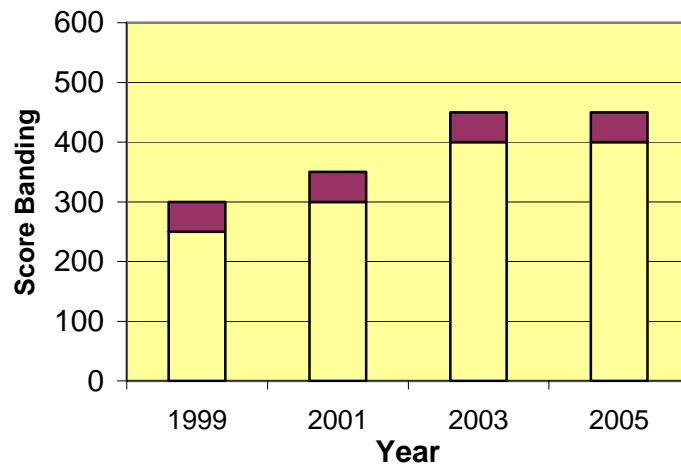
- 2.1 In recent years, all three departments have enjoyed a high level of success at both regional and national awards.
- 2.2 CAMS – Have used assessment teams comprising external EFQM experts and peers from other departments for their 2001 and 2005 assessments. This has proved highly effective in terms of drawing on good practice from both within the Council and other class-leading organisations. They also entered the 2003 Midlands Excellence Awards.
- 2.3 Property Services – Having previously been a 'Prize Winner' in the Midlands Excellence Awards, entered the British Quality Foundation UK Excellence Awards in 2001. They were short-listed as 'Finalists' in the 2003 Midlands Excellence Awards and built on this success in 2005 by again becoming a 'Prize Winner'. They were highly commended in their category, and also awarded 'Investor in Excellence' status in recognition of their achievements.
- 2.4 Treasurer's – Having previously been 'Finalist' and then three times 'Prize Winners', were overall 'Award Winners' at the 2001 Midlands Excellence

Awards, and have subsequently been 'Recognised for Excellence in Europe' at the 2003 and 2005 British Quality Foundation UK Excellence Awards.

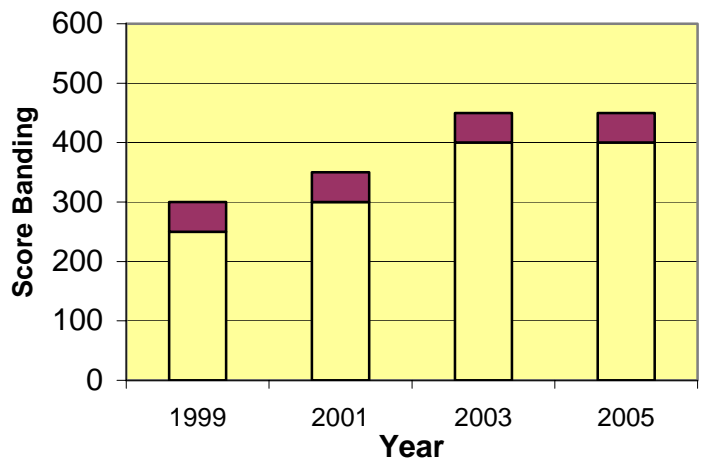
### 3 Scoring Profile

- 3.1 Although the emphasis of EFQM is on continuous improvement, the scoring profile of each of the three departments give a clear indication of the effort put into improving and sustaining performance over recent years.
- 3.2 Scores are allocated in bandings of 50 points (e.g. 401-450)

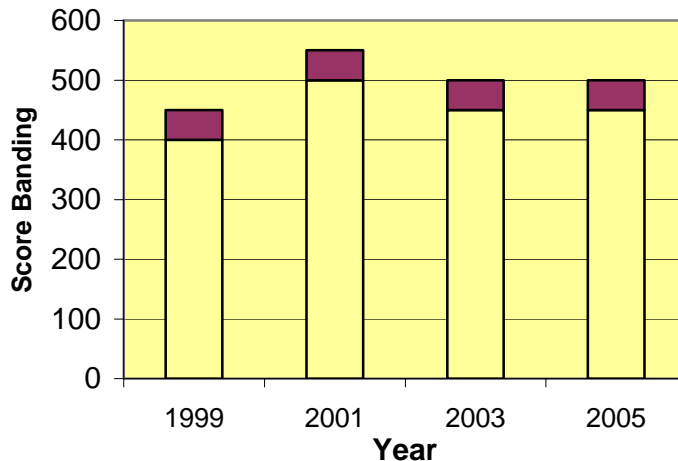
**CAMS EFQM Scoring Profile**



**Property Services EFQM Scoring Profile**



### Treasurer's EFQM Scoring Profile



## 4 Strengths and Areas for Consideration

4.1 During the 2005 round of assessment, the following were identified as the main strengths and areas for consideration for each of the three departments.

### 4.2 CAMS

#### Strengths:

- There is clear evidence that all leaders and managers were involved in a fundamental review of the Department's future aims leading to a revised Vision, Mission and a statement of Values.
- Personal leadership skills are reviewed and improved by several methods including Upwards Appraisal, staff survey, and the Competency Framework. There is evidence of improved leadership across the Department resulting from these reviews.
- The Managers Forum provides an excellent platform to enable collaboration and sharing of ideas/good practice amongst the Department's 50 leaders.
- The Director personally communicates the Vision, Mission, Values and key policies & strategies to all new starters at the Shire Hall. Managers at other locations follow this
- Risk management is an integral part of the business planning process for all services e.g. risks are identified and analysed for both service risks and for those associated with change initiatives.
- All Shire Hall based staff receive an annual appraisal to review performance, set targets and agree training & development for the following 12 months.

### **Areas for consideration:**

- Although there is evidence that leaders recognise and subscribe to the Values, the expectations of leaders have not been explicitly articulated through the management structure which may be inhibiting their ability to fully act as role models, behaving in a manner consistent with the Department's Values.
- There is some evidence that leaders do not always communicate or explain the reasons for change to site based staff (or the method used does not always ensure the change is understood/comprehended by staff).
- There is limited evidence that the evaluation of stakeholder awareness is being used to improve the communication of policy and strategy as many of the measures referred to show a significantly declining trend.
- There is limited evidence to demonstrate that the Department uses the annual Appraisal or other mechanisms to capture the information and knowledge accumulated by staff in order to share it with others.
- Many of the partnerships identified by CAMS appear to operate as customer/supplier or informal relationships and there is no clear approach to the management and development of these partnerships to ensure they add value for the customer or directly benefit the organisation.

## **4.3 Property Services**

### **Strengths:**

- The department makes good use of ICT to improve its services to stakeholders and the performance of staff.
- A very strong commitment to training and professional development.
- A commitment to quality through the Quality Management System, accredited to ISO 9000:2000.
- Managers have regular meetings with customers and there is a strong partnering philosophy.
- One third of the department has been involved in EFQM Excellence Workshops over the past seven years.

### **Areas for consideration:**

- The scoring on the enablers would be improved by more comprehensive evidence of assessment and review.
- Targets and benchmarks need to be expanded and the rationale for them explained.
- There does not appear to be a process to ensure that the outputs from learning activities and benchmarking are fed into policy and strategy.
- More clarity required over business continuity and risk management



- More evidence required of measurement, assessment and review of all approaches described.

#### **4.4 Treasurer's**

##### **Strengths:**

- A rolling 3-year business plan that defines the medium term strategic direction (incorporating clear vision, mission, objectives and values) is reviewed via the performance management system. The business plan and management meetings are structured using the EFQM criteria.
- There is evidence of the organization understanding customer needs and working with major customers to meet their expectations and to ensure consistency in the delivery of policies and strategies.
- Performance against a wide range of indicators within the department business plans and group service plans is regularly reviewed and use via the business planning process to support the review and development of policy and strategy.
- There is a strong focus on care, development and recognition of staff. All staff are given the opportunity to be involved in the development of plans and to assess and review policies. They are given a number of opportunities to become involved in working groups outside their normal working arena.
- The department had identified three categories of partnerships each with its own management arrangements. They were handled differently according to the nature of the partnerships to ensure that their needs were met and added value could be gained where appropriate.

##### **Areas for consideration:**

- Given the wide range of stakeholder needs and improvement activities that are identified by the management team, it may be beneficial to implement a structured process for prioritising them.
- As part of a more consistent and integrated approach to career development, the department could consider a more structured and consistent top-down approach to the planning and of training and development and succession planning.
- The department could consider how the impact of new technologies on its design and development of services can be better understood or anticipated so that its services can better anticipate customer requirements.
- There seems to be little or no benchmarking for a number of areas. The department may wish to consider seeking benchmarking opportunities, both within the Council and with public and private sectors.
- Whilst the results presented are generally positive, explanations are not provided as to why some targets have not been met and what is being done to improve performance.

## **5 Development Activities 2006/07**

- 5.1 The Resources Directorate Management Team are in the process of agreeing planned improvement activities, taking into account the areas for consideration that have been identified. These activities are being incorporated into the 2006/07 Business Plan with key targets and measurable outcomes identified.
- 5.2 One of the first planned activities to take place during 2006/07 is the consolidation of departmental practices from the three merging departments. We are doing this using the EFQM model, and the Organisational and Service Development Group are constructing a model of where the directorate currently is and where it aspires to be. This will give a clear indication of the main areas of development required and enable the Directorate Management Team to prioritise actions.
- 5.3 The most recent EFQM submissions and feedback reports will be used as the primary input to this activity, enabling all areas for consideration to be addressed as part of the process, as well as ensuring that all existing strengths and good practice are captured and factored into the process.

DAVE CLARKE  
Strategic Director of Resources

Shire Hall  
Warwick

April 2006

# Fire and Rescue EFQM Assessment Results and Action Plan

## Report of the Strategic Director of Community Protection and County Fire Officer

### 1.0 Introduction

- 1.1 In accordance with Warwickshire County Council policy, the Service utilises the EFQM Excellence Model as a tool for continuous improvement. In 2005/06 the Service prepared a summary EFQM submission document for assessment by Excellence in Business, which accompanied the CPA self-assessment. The rationale for this approach was that a large proportion of the EFQM criterion had been assessed via the CPA process and therefore, a link document was produced covering elements of the EFQM model not assessed.
- 1.2 Given that the Service had undertaken a three day per review and five day Audit Commission CPA assessments during March and April 2005 respectively, a one day EFQM site visit programme was agreed. In addition, the Service utilised the services of Excellence in Business to undertake process mapping and important activity for key Human Resources (HR) processes. This involved members of staff from HR and others as internal customers.

### 2.0 Assessment Results

- 2.1 In demonstration of the progress made by the Service in recent years (including a 'Good' CPA rating) the overall score for the Service improved from score band 350-400 to 400-450 points. This compares with exemplar companies such as TNT, that on average achieve scores in the region of 700 – 750 points.
- 2.2 The feedback report has identified a number of areas of best practice, these include:
  - Improving approach to consultation and engagement.
  - Close co-operative work with the Police, including shared targets.
  - Staff are perceived as being free at all levels to air their views and there are a variety of means to achieve this. Senior officers visit staff on site and meaningful and frank discussions take place.
  - Staff are clear about what is expected of them (83% of respondents of the annual staff survey 2005).
  - Effective dialogue with partners in the changing of priorities.
  - Community leadership is strong and there are some excellent examples of partnering and working within the community which is well received by partners and the wider community. The Authority is held in very high regard by key/influential partners and other emergency service providers.
  - Above average performance in many indicators underpinned by the introduction of the area risk managers.

- Improved performance in at least 50% of incident response indicators and a number of indicators in the upper quartile.

2.3 The Service has agreed and prioritised three key improvement themes over the next 2-3 years, which are listed below. The key improvement themes are consistent with the development areas identified within the CPA Improvement Plan.

Key improvement themes	Action Taken or Planned
<p><b>Business and Operational Planning:</b> Following the move to the area risk based structure there is an opportunity to formalise the approach to the business planning process which in turn will enable the Service to further imbed its approach to performance management and address the need to improve the alignment of business and operational planning.</p>	<p>A medium term approach to the development of the 2006/07 Service Plan is being implemented and includes involvement of all operational managers and staff.</p> <p>The performance management arrangements from 2006/07 will be extended to include reports on Finance and HR aspects. This will provide an overall picture of performance when analysing operational activity.</p>
<p><b>Communication:</b> There is an opportunity to utilise the changes in structure to address the ongoing issue in relation to communication and feedback. Staff have, in the last year, had a much greater opportunity to share their views and feedback on what is working well and where there is room for further improvement. On this basis the Service may wish to consider establishing a cross representative group of staff to identify some bespoke improvement projects.</p>	<p>Following the results of the 2005 staff survey the Service has set up a number of staff focus groups facilitated by an independent consultant. The feedback report is awaited and the outcomes will be considered and a prioritised action plan produced.</p> <p>A programme of Policy Board visits for 2006/07 has been agreed and launched.</p> <p>With the formation of the Community Protection Directorate, a Business Change Group has been established. Communication is an aspect that is being considered by the Group, which includes the production of a modernisation bulletin.</p>

Key improvement themes	Action Taken or Planned
<p><b>Financial Planning:</b>            There is a need to improve the linkages between business and operational planning and the financial planning cycle within the County Council. Whilst linked to the business and operational planning there is an opportunity here to establish a specific improvement team to develop an improved model that enables the service to link its approach to assessing risk, resource planning and planning and budgeting.</p>	<p>A medium term approach to the development of the 2006/07 Service Plan is being implemented and includes involvement of all operational managers and staff. The outcome will be a Service Plan that is fully costed in accordance with the requirements for CPA.</p> <p>The development of a Service specific medium term financial plan, that links to the County medium term financial plan.</p> <p>The risk management arrangements are being reviewed to align with the County Council model and will be implemented during 2006/07.</p>

### 3.0 Conclusion

The improvement activity outlined above will form part of a prioritised set of projects that will be incorporated in the 2006/07 Service Plan. The Service Plan will aim to contribute to the delivery of two larger programmes of change, Warwickshire County Council and Fire and Rescue Service modernisation.

William Brown  
 Strategic Director of Community Protection and County Fire Officer

Shire Hall  
 Warwick

April 2006

## **Social Services EFQM Assessment Report**

### **Joint Report of the Director of Adult, Health and Community Services and the Strategic Director of Children, Young People and Families**

Social Services was assessed against the EFQM Excellence Model by Midlands Excellence towards the end of 2005 and received a feedback report in January 2006 (Appendix A). The assessors gave the department a score of 351/400 points, a drop in banding since 2003, but nevertheless a strong performance putting the organisation towards the top of regional performers. Criterion which showed improvement were People enablers, criterion which slipped included Policy and Strategy, and our Results Criterion.

This was a somewhat disappointing outcome, but we feel we have been subjected to a very rigorous and strict interpretation of the Criterion, which will help us to focus on how to maintain our high performance and push for improvement in the future.

The priorities for improvement will be agreed as part of the two new Directorates' service planning cycles. We will aim to identify common themes across the new Directorate configurations based on the feedback reports, as well as issues specific to particular service areas.

The key documents attached to this report are:-

- Appendix A: Overview of the Feedback Report
- Appendix B: Scoring Profile
- Appendix C: Key Themes and Issues

### Overview of the Whole Application

#### KEY THEMES

The Social Services Department is well led and has clear aims, objectives and plans in place to support the delivery of high quality social care.

Leaders are accessible, actively listen to people and provide help and support for people to achieve their objectives. Leaders are actively involved in business improvement activities.

The Department is committed to continuous improvement and makes effective use of a number of approaches including EFQM self-assessment to achieve its aims.

People throughout the Department are professional, committed and well cared for. They value the flexibility and autonomy they are given to carry out their day to day roles, respect their colleagues and enjoy coming to work.

The Department recognizes the importance of partnering to achieving its objectives however the approaches to introducing, maintaining and ending partnering arrangements as appropriate are not clearly identified. The mutual value of specific partnerships is not periodically reviewed.

Overall there is limited evidence of the assessment and review of the approaches adopted.

The distinction between what the Department provides as a service to its customers and what the Department is achieving in relation to Society and the reputation it enjoys is not identified.

Although a large number of measures are presented they appear to be collected as a result of external demands from other agencies. The measures that are key to the operation of the Department are not clearly identified.

In general the results presented are difficult to interpret, do not have realistic targets and demonstrate few meaningful comparisons.

#### LINKAGES

Assessment and review of both improvement activities and approaches to identify improvement needs is not systematically conducted and little explanation is given of the reasons behind the results attained.

Although sound approaches are identified throughout the submission they are not generally reflected in the results presented.

#### PRESENTATION OF INFORMATION

The overall format of the information in the submission document is clear and professionally presented. However, in general, members of the assessment team do not feel that the evidence presented reflects the performance of the Department. Approaches described often appear anecdotal and the results presented unstructured and unrelated to approaches.

Overall the assessment was significantly improved as a result of the site visit and the assessment team recognizes the limitations associated with gaining an understanding of a large multi-service Department during a one day visit.

## **THANK YOU**

Members of the Assessor Team would like to thank the Social Services Department for the opportunity to carry out this assessment. The Department's help, openness and hospitality during the site visit and preparatory meetings made the process worthwhile and enjoyable for the team members. The people met by the assessment team were impressive, good ambassadors of the Department and excellent role models of the Department's purpose. We wish all the people of the Department every success for the future.



**CRITERION SCORES**

**Scoring Summary**

The table below shows the score awarded for each criterion and compares them with the scoring profile for 2003. The comparison shows that whilst the banding for Results Criterion have dropped, the overall profile remains very similar, and indeed many of the comments made by the assessors this time are similar to those made in 2003. Whilst it appears that some of the criticism relates to how the information was presented, and therefore provides us with valuable information about how to present future submissions, there are clearly critical lessons which can be learnt, given the consistency of the feedback and scoring profiles over time.

	Percentile Ranges									
Criterion	0 - 10	11- 20	21- 30	31- 40	41- 50	51- 60	61- 70	71- 80	81- 90	91-100
Leadership					■					
Policy and Strategy				■	■					
People					■	■				
Partnerships & Resources					■					
Processes					■					
Customer Result			■	■						
People Results		■	■							
Society Results		■	■							
Key Performance Results				■	■					

- 2005
- 2003

**Comparison Scores**

The table on the following page shows the score for each criterion part and how it compares with the score received in 2003 (see key).

Social Services EFQM Scores 2005

Improved since 2003

Same as 2003

Declined since 2003

New/changed criterion part

Leadership	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
1a						Same as 2003				
1b					Same as 2003					
1c				Declined since 2003						
1d				Same as 2003						
1e					New/changed criterion part					

Policy & Strategy	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
2a				Declined since 2003						
2b					Same as 2003					
2c				Declined since 2003						
2d				New/changed criterion part						

People	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
3a						Improved since 2003				
3b						Improved since 2003				
3c					Improved since 2003					
3d					Same as 2003					
3e					Improved since 2003					

Partnerships & Resources	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
4a					Same as 2003					
4b						Same as 2003				
4c					Same as 2003					
4d				Declined since 2003						
4e			Declined since 2003							

Processes	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
5a				Declined since 2003						
5b				Declined since 2003						
5c				Declined since 2003						
5d					Same as 2003					
5e						Improved since 2003				

Customer Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
6a			Declined since 2003							
6b		Declined since 2003								

People Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
7a		Declined since 2003								
7b		Declined since 2003								

Society Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
8a		Same as 2003								
8b		Declined since 2003								

Key Performance Results	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
9a				Declined since 2003						
9b				Declined since 2003						

## The EFQM Excellence Model

<b>1. Leadership</b>	
1a	Leaders develop the mission, vision, values and ethics and are role models of a culture of excellence.
1b	Leaders are personally involved in ensuring the organisation's management system is developed, implemented, and continuously improved.
1c	Leaders interact with customers, partners and representatives of society.
1d	Leaders reinforce a culture of excellence with the organisation's people.
1e	Leaders identify and champion organisational change.
<b>2. Policy &amp; Strategy</b>	
2a	Policy and strategy are based on the present and future needs and expectations of stakeholders.
2b	Policy and strategy are based on information from performance measurement, research, learning and external related activities.
2c	Policy and strategy are developed, reviewed and updated.
2d	Policy and strategy are communicated and deployed through a framework of key processes.
<b>3. People</b>	
3a	People resources are planned, managed and improved.
3b	People's knowledge and competencies are identified, developed and sustained.
3c	People are involved and empowered.
3d	People and the organisation have a dialogue.
3e	People are rewarded, recognized and cared for.
<b>4. Partnerships and Resources</b>	
4a	External partnerships are managed.
4b	Finances are managed
4c	Building, equipment and materials are managed
4d	Technology is managed
4e	Information and knowledge are managed
<b>5. Processes</b>	
5a	Processes are systematically designed and managed.
5b	Processes are improved, as needed, using innovation in order to fully satisfy and generate increasing value for customers and other stakeholders.
5c	Products and services are designed and developed based on customer needs and expectations.
5d	Products and services are produced, delivered and serviced
5e	Customer relationships are managed and enhanced
<b>6. Customer Results</b>	
6a	Customer results – perception measures
6b	Customer results - performance indicators
<b>7. People Results</b>	
7a	People results - perception measures
7b	People results - performance indicators
<b>8. Society Results</b>	
8a	Society results – perception measures
8b	Society results - performance indicators
<b>9. Key Performance Results</b>	
9a	Key performance outcomes
9b	Key performance indicators

### Key Themes and Issues Identified in the Full Feedback Document and Feedback Workshops

1. Whilst the general approach to leadership was felt to be good, a gap was identified in the lack of checks made on how effective the leadership approach was considered by staff, customers and partners
2. Policy and strategy, whilst communicated well to staff, was not as well communicated to other stakeholders, such as customers and partners
3. The assessors, whilst generally favourably impressed by our People enabling approaches, felt that there needed to be clearer and more systematic review of our approaches to managing and improving our people resources
4. Whilst we were applauded for recognising the critical importance of partnering to achieve our aims and objectives, there was felt to be insufficient evidence of how we identified key partnerships, and ensured their subsequent development, management and review
5. The assessors felt that there was a pressing need for an effective overarching knowledge management strategy
6. A clearer linkage was needed between process improvements and anticipated subsequent performance improvements
7. Overall, whilst we were felt to have a good range of sound enabling approaches, we were unable to demonstrate systematic assessment and review of our approaches, and clarity about the extent of their deployment
8. The assessors felt that our key performance results were primarily driven by statistical requirements imposed by key stakeholders, and were therefore reactive. They urged a more proactive approach to identifying and understanding our own local critical performance measures, ensuring we have our own rationale for how we measure our own success.
9. Part of this process would be to ensure that the “cause and effect” relationship between an enabling approach and its impact on performance would be clearly monitored
10. They felt this would enable us to then develop a clearer framework for setting targets and benchmarking performance
11. The assessors also felt that the linkage between results and impact on service development and delivery needed to be made clearer
12. There was a need for a clear approach and strategy to meet the Corporate Social Responsibility theme which runs across all the Criteria. In particular, there needed to be an explicit recognition of the need to develop reputation within the local community, prioritisation of actions most likely to achieve this, and systematic measurement of results and subsequent impact.

## Item 2 Appendix 6

# Planning Transport & Economic Strategy EFQM Update

## Report of the Strategic Director for Environment and Economy

### 1. Introduction

- 1.1 This report provides a brief overview of EFQM assessment results in the former Department of Planning Transport & Economic Strategy, highlighting some of the strengths identified by the assessors, areas for improvement and actions we have taken to achieve these.
- 1.2 We will continue to implement improvement opportunities and new ways of working in the Environment and Economy Directorate, as well as building on the many strengths that were identified through the EFQM process.

### 2. Assessment Results

- 2.1 PTES were initially assessed for EFQM in 1999, and then again in 2001 and 2003. The assessment scores for the Department over that period show the improvements achieved took us to progressively higher banding levels, as shown in the table.

Total points awarded	EFQM Assessment Scores									
	0-100	101-200	201-300	301-400	401-500	501-600	601-700	701-800	801-900	901-1000
PTES			1	2	3					

Key; 1 = 1999  
2 = 2001  
3 = 2003

- 2.2 Our assessors, Midlands Excellence, identified a number of strengths in the department following their most recent assessment, notably;
- PTES have a clear strategy to implement its vision and mission with processes owned and reviewed and communicated to all staff and public
  - Cultural Change programmes used as drivers for change within the organisation, e.g. RECHARGED (launched in 1995) and FIT (launched in 2001)
  - A genuine and committed approach from DMT to lead and to achieve Excellence

- Good evidence to show how PTES assess and review the effectiveness of approaches e.g. Vision, Mission, Values, RECHARGED, amending approaches as a result of impact, feedback (staff survey) and learning
- An Improvement Plan within the Service Plan which is aligned to EFQM criteria and developed following feedback from internal and external stakeholders and assessments
- PTES have a high level of involvement with community – charity work, local schools, racial and disability equality, etc.
- Clear and definitive explanation to show how PTES use Key Performance Outcomes and where possible, compare results data with other authorities and increase target setting to drive performance
- Agreed standards are identified for DMT to promote empowerment (e.g. communications, service planning and appraisal) and evidence of review of effectiveness (via staff survey) with further development activity targeted
- A high level of staff involvement in policy development, initiatives and personal development.

### **3. Areas for Improvement**

3.1 The feedback from the Midlands Excellence Assessment in 2003 also highlighted a number areas for improvement. These included suggested areas for improvement touching on all nine EFQM criteria.

3.2 Importantly, the Department has included an Improvement Action Plan in our Service Plan over the last three years, which reflects the criteria in the EFQM model.

3.3 The following examples demonstrate some of the improvement activities the Department implemented in relation to those criteria with the lowest scores;

- People Management
- Customer Results
- People Results
- Society Results.

#### **3.4 People Management**

There were areas in this criteria where it was suggested PTES could improve by building on what we were already doing. In particular;

- Our 'FIT' pages have been updated and monitored on an on-going basis so that staff have access to the most up-to-date and relevant information to help them do their job well

- We conducted four focus group sessions as a follow on from our last staff survey exploring the less positive results to understand and act on the underlying issues. These sessions involved a range of staff at different levels across PTES
- Staff have had the opportunity to become more actively involved in the development of strategy and policy at much earlier stages in the process.

### 3.5 Customer Results

Since the assessment in 2003 satisfaction with our services has increased and we monitor customer feedback in a more co-ordinated way. Examples for PTES services include;

- Satisfaction with our Recycling Centres increased from 76% in 2002 to 81% in 2005
- Satisfaction with parks and open spaces has risen to now reach 80%
- Satisfaction with the local bus service amongst bus passengers has risen to reach the high 50% range
- Satisfaction with public transport information has increased from 68% to 75% amongst customers
- We carry out a number of customer surveys on a regular basis providing both quantitative and qualitative data, identifying areas for improvement for specific services
- All teams in PTES have undertaken Customer Care training, to promote customer care, opportunities for using customer feedback to shape our services, and to encourage high standards in the delivery of what we do.

### 3.6 People Results

Improvement areas highlighted within the feedback report from the 2003 assessment have helped to improve our People results;

- Staff Satisfaction – measured by an annual staff survey

Statement	2002 Agree	2003 Agree	2004 Agree	2005 Agree
I am proud to be part of PTES	56%	60%	85%	Not asked in corporate survey
My achievements are acknowledged and recorded appropriately	52%	68%	65%	75%
My manager has a positive attitude to reward and recognition of staff	55%	69%	63%	Not asked in corporate survey

- Mystery Shopping results have improved for the levels of satisfaction with telephone calls, letters and visits to PTES.
- These have been influenced by the importance placed on staff putting customers first and being more responsive to customers needs.
- Our Investors in People assessor described PTES as the best public sector organisation she had assessed.

### **3.7 Society Results**

We were recognised through the assessments as having an important impact on society. However, in addition;

- we achieved our Local Public Service Agreement for both Recycling and Road Safety
- Our increased emphasis on linking with schoolchildren through our education activities will contribute to promoting sustainable development in the county for future generations
- WCC is in the upper threshold for road casualties Killed/Seriously injured and slight injuries. There have been significant reductions in these in recent years
- In March 2006 PTES achieved the Environmental Management System ISO 14001 accreditation
- We will be the lead Directorate helping the County Council to achieve ISO14001 accreditation across the Authority by May 2008.

## **4. Improvement Activities for new Environment and Economy Directorate**

- 4.1 The new Environment and Economy Directorate includes many functions from PTES consolidating with activities previously carried out in the Property Services, Social Services, and Education departments.
- 4.2 We will continue to build on our existing strengths and implement further improvements in the new Directorate over 2006/07. We will do this using collective EFQM feedback reports in addition to other external assessments, such as ISO14001, Charter Mark, and Investors in People, to help shape our Improvement Action Plan and promote opportunities for better alignment in the way we work together.
- 4.3 Whilst EFQM assessments within the County Council have previously been carried out by individual departments, we would support a move towards a single corporate assessment for the future. Not only would this demonstrate a 'one council' culture, but also further underpin our new ways of working.

JOHN DEEGAN  
Strategic Director for Environment and Economy  
Shire Hall  
Warwick

27 April 2006



## **2005 EFQM Assessment of the Education Department**

### **Report of the Strategic Director for Children, Young People and Families**

#### **1. Introduction**

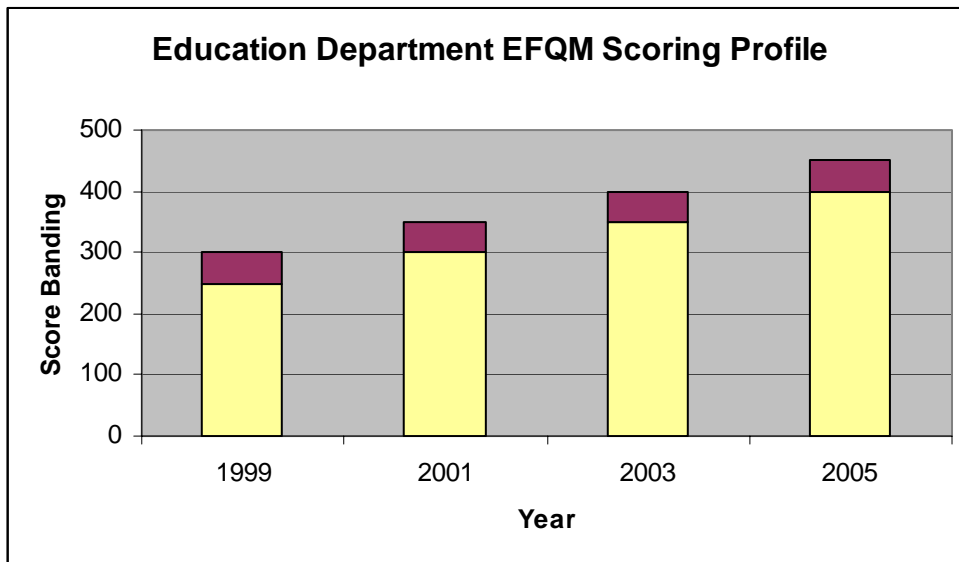
- 1.1 This report outlines the strengths and areas for consideration identified during the most recent EFQM assessment of the Education Department.
- 1.2 With the transfer of 'the Children's Services' sections of the Social Services department to the new Children, Young People and Families Directorate we are in the process of introducing systems to ensure that any areas of good practice currently undertaken in one of the 'old' departments is shared, rather than lost, as a consequence of the implementation of 'New Ways of Working'.
- 1.3 Similarly, actions to address any areas for improvement will be introduced into the design and delivery of services within the new Directorate and incorporated into an Improvement Plan for 2006/07.

#### **2 Achievements Using the EFQM Model**

- 2.1 In recent years, the department has enjoyed a high level of success at regional award level.
- 2.2 In 2003 the department was short-listed as 'Finalists' in the Midlands Excellence Awards. In 2005 the department built on this success by becoming a Public Sector 'Prize Winner' and in addition we were awarded 'Investor in Excellence' status in recognition of our achievements.

#### **3 Scoring Profile**

- 3.1 The emphasis of the EFQM Model is on continuous improvement and the scoring profile below gives a clear indication of the efforts made by the department over the last 6 years.
- 3.2 Scores are allocated in bandings of 50 points (e.g. 401-450)



## 4 Strengths and Areas for Consideration

4.1 During the 2005 round of assessment, the following were identified as the main strengths and areas for consideration for the departments.

### Strengths:

- The external success and recognition achieved by the department has been built on a close and productive relationship with customers & partners
- The department has an excellent reputation for financial management
- There are many examples of how new approaches and innovations have been deployed by maximising the use of ICT
- There is evidence of strong active leadership with a passion for the mission and vision of the department which is deployed through effective policies and strategies
- The way in which performance information is recorded and communicated is good practice
- Top down communication clearly works well

### Areas for Improvement:

- The deployment of well developed and consistent assessment and review processes within the department is a key area for improvement
- A key area is the deployment of process improvement at all levels within the department

- Areas for improvement exist in understanding the links between performance information and using the information to establish root causes of problems to lead to process changes and embedded continuous improvement
- Although there is strong evidence of benchmarking and sharing of learning within the council and local authority sector, there is little evidence of benchmarking with other sectors
- Bottom up and horizontal communications could be improved
- Staff satisfaction survey results do not show significant improvement over the past couple of years despite the deployment of a variety of new approaches to people management
- The financial backlog of repairs to buildings managed by the department is a significant issue for future policy and strategy

## 5 Improvement Actions

- 5.1 In December 2005 the Departmental Management Team (DMT) agreed to the commissioning of the departmental HR Forum to build a "People Action Plan" using the feedback from the EFQM Assessment, the liP Feedback Report and the results from the 2005 Staff Survey. DMT agreed that the process for the overall Improvement Plan was to be further discussed and agreed at a future DMT.
- 5.2 The process of producing the People Action Plan has been enhanced by the use of the same 'base data' at a recent senior staff conference held at the end of March. Nearly 200 managers attended the conference and at the time of writing we are still consolidating/analysing the feedback on proposed actions.
- 5.3 Other areas for improvement are to be identified and prioritised and we anticipate that the new Directorate Management Team will carry this forward during the early part of the summer term combining areas from both 'old departments' (Education and Social Services).

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