



# Corporate Resources Overview and Scrutiny Panel

Date: **Tuesday 16 July 2013**

Time: **10:00am**

Venue: **Edwards Room, County Hall, Norwich**

**Persons attending the meeting are requested to turn off mobile phones.**

## **Membership**

Mr C Jordan (Chairman)

Mr S Clancy  
Ms E Corlett  
Mr A Dearnley  
Mr P Hacon  
Mr S Hebborn  
Miss A Kemp  
Mr I Mackie  
Mr J Mooney

Mr R Parkinson-Hare  
Mr A Proctor  
Mr D Ramsbotham  
Mr W Richmond  
Mr B Spratt  
Mrs A Thomas  
Mr B Watkins  
Mr T White

## **Cabinet Members (Non-voting)**

Mr S Morphew                      Finance, Corporate and Personnel  
Mr D Roper                        Public Protection (Public Health)

**For further details and general enquiries about this Agenda  
please contact the Committee Officer:**

Catherine Wilkinson on 01603 223230 or email [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

**For Public Questions and Local Member Questions please contact:  
Committees Team on [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk) or telephone 01603 223230**

# A g e n d a

1. **To receive apologies and details of any substitute members attending**

2. **Minutes**

(Page 5)

To receive the minutes of the meeting held on 13 June 2013.

3. **Members to Declare Disclosable Pecuniary Interests (DPI) and Other Interests**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter.

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects:

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4. **To receive any items of business which the Chairman decides should be considered as a matter of urgency**

5. **Public Question Time**

Fifteen minutes for questions from members of the public of which due notice has been given.

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 223230) by **5pm on Thursday 11<sup>th</sup> July 2013**. For guidance on submitting public questions, please view the Council Constitution, Appendix 10.

6. **Local Member Issues/Member Questions**

Fifteen minutes for local members to raise issues of concern of which due notice has been given.

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 223230) by **5pm on Thursday 11<sup>th</sup> July 2013**.

7. **Cabinet Member Feedback**
8. **2012/13 Resources Integrated Performance, Finance and Risk Monitoring Report** (Page 13)  
Report by the Head of Planning, Performance and Partnerships and the Head of Finance
9. **Scrutiny Forward Work Programme** (Page 43)  
Report by the Head of Democratic Services
10. **Compliments and Complaints Service April 2012 to March 2013 Performance Review** (Page 46)  
Report by Head of Customer Services and Communications
11. **Employee Health, Safety and Well-being Annual Report** (Page 55)  
Report by Health, Safety and Well-being Manager
12. **Digital Norfolk Ambition (DNA) Programme** (Page 94)  
Report by Head of ICT and Information Management

#### **Group Meetings**

|                       |         |             |
|-----------------------|---------|-------------|
| Conservative          | 9:00 am | Colman Room |
| UK Independence Party | 9:00 am | Room 504    |
| Labour                | 9:00 am | Room 513    |

**Chris Walton**  
**Head of Democratic Services**  
County Hall, Martineau Lane, Norwich, NR1 2DH

Date Agenda Published: 8 July 2013



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**Corporate Resources**  
**Overview and Scrutiny Panel**  
Minutes of the Meeting Held on Thursday 13 June 2013  
2:00pm Edwards Room, County Hall, Norwich

**Present:**

|                     |                 |
|---------------------|-----------------|
| Mr S Clancy         | Mr D Ramsbotham |
| Mr A Dearnley       | Mr W Richmond   |
| Mr P Hacon          | Mr B Spratt     |
| Mr S Hebborn        | Mrs A Thomas    |
| Mr C Jordan         | Miss J Virgo    |
| Mrs J Leggett       | Mr B Watkins    |
| Mr R Parkinson-Hare | Mr A White      |
| Mr A Proctor        |                 |

**Non-Voting Cabinet Members:**

Mr S Morphew          Finance, Corporate and Personnel

**1          Election of Chairman**

1.1          Mr C Jordan was elected as Chairman for the ensuing year.

**2          Election of Vice Chairman**

2.1          Mr R Parkinson-Hare was elected as Vice Chairman for the ensuing year.

**3          Apologies and Substitutes**

3.1          Apologies were received from Ms E Corlett and Mr D Collis.

**4          Minutes**

4.1          The minutes of the meeting held on 12 March 2013 were approved and signed by the Chairman.

**5          Declarations of Disclosable Pecuniary Interests (DPI) and Other Interests**

5.1          There were no declarations of interest.

**6          Items of Urgent Business**

6.1          There were no items of urgent business.

**7          Public Question Time**

7.1 There were no public questions.

## **8 Local Member Issues/Member Questions**

8.1 There were no Local Member Issues/Member Questions.

## **9 Cabinet Member Feedback**

9.1 There was no Cabinet Member feedback.

## **10 Resources Integrated Performance, Finance and Risk Monitoring Report for 2012/13**

10.1 The annexed report (10) by the Head of Planning, Performance and Partnerships and the Head of Finance was received. The report provided details of the financial outturn for 2012/13 on areas covered by the Panel.

10.2 During the discussion the following points were raised:

- The Council's reserves were held for two purposes:- to manage financial risk and to fund future spending plans. The Audit Commission had published a report titled 'Striking a Balance 2012' regarding the level of reserves held by local government. The report posed a number of questions for members to consider. These were reported to and considered in detail at the April 2013 Audit Committee.
- It was anticipated that the majority of the remaining Icelandic banks investments would be returned although this would be over an extended period of time. Some of the distributions received to date had been in Icelandic Krona which could not yet be transferred out of Iceland. The Landsbanki investment was being administrated in Iceland and subject to Icelandic legislation, and payments were expected over a period of years with final payment around 2019. Norfolk County Council had been granted preferred creditor status in this matter and therefore it was expected that 100% of the claim would be recovered over time. The Kaupthing investments were subject to UK legislation, dividends had been received for the majority of the claims, although it was not expected that 100% of that investment would be recovered.
- The financial outturn for 2012-13 had shown robustness with a strong financial position to carry into 2013-14. It was noted that the Council had carbon reduction targets to meet, and that money would need to be invested to meet this requirement.
- The 'Other Miscellaneous' overspend figures related to under spend drawn in from other budget areas to create initiatives such as the Community Construction Fund. It also included transfers to General Balances which was agreed by County Council as part of approving the 2013-14 budget in February.

10.3 The Panel **RESOLVED** to note the report.

## **11 Scrutiny Forward Work Programme**

11.1 The Panel received the annexed report (11) by the Head of Democratic Services. The report asked Members to review and develop the programme for scrutiny.

11.2 During the discussion the following points were raised:

- It was suggested that the update report on the Usage of Water Working Group due in September could be an opportunity to determine whether periodic reports would be presented to the Panel. It was confirmed that the scrutiny had focussed on Norfolk County Council's usage of water, and not wider schemes such as rain water harvesting.
- It was agreed that a summary of the outcome of the Post Office Network Working Group would be circulated to members (see Appendix A).

11.3 The Panel **RESOLVED** to note the report and to agree that an update report on the Usage of Water Working Group would be presented to the September Panel meeting.

## 12 Establishment of Constitution Advisory Group

12.1 The annexed report (12) by the Head of Democratic Services was received. The report informed the Panel of the role of the Constitution Advisory Group. It was noted that paragraph 3.3 should read 'appoint a ~~non-political~~ non-politically balanced CAG'.

12.2 During the discussion the following points were noted:

- The composition of 6 members for the Advisory Group had worked well previously, and it was suggested that for continuity around the issues of discussing alternative governance structures, nominated substitutes could be appointed. It was proposed and seconded and **AGREED** that the Chairman of Corporate Resources Overview and Scrutiny Panel would chair the Constitution Advisory Group.
- It was proposed and seconded that a member of the Green Group be included to allow cross party representation, increasing the membership to 7. Following a show of hands, this motion **FELL**.
- Minutes and briefings relating to the CAG would be available to all members.

12.3 The Panel **RESOLVED**

- That the Constitution Advisory Group be made up of 6 members (3 Conservative, 1 UKIP, 1 Labour, 1 Liberal Democrat).
- That a quorum of 3 would apply for meetings.
- That named substitutes would be appointed to the Group.
- That the Chairman of the Corporate Resources Overview and Scrutiny Panel would Chair the Constitution Advisory Group.

## 13 Update on Progress of Shared Services

13.1 The annexed report (13) by the Heads of Shared Services was received. The report reflected on the operation of shared services, highlighting how shared services were helping to support the organisation in moving forward.

13.2 During the discussion the following points were noted:

- Shared services had delivered significant financial savings as well as improved ways of working. There was still plenty of work to be done around shared services, which would continue to be reported to the Panel.
- There was a balance to be made between increasing the capacity of a service, and income that could be generated. The main driver of shared services was to support other public sector organisations in Norfolk. An example included sharing ICT services with district councils. Opportunities would be explored as they arose, especially where they supported the core objectives of Norfolk County Council.
- Opportunities to share learning between authorities were encouraged, however the impact on officer time was acknowledged. It was suggested that shared services could be marketed appropriately.
- Significant improvements had been made in procurement, with new techniques being introduced which would result in increased productivity and measurable savings.

13.3 The Panel **RESOLVED** to note the report.

#### **14 Customer Services Strategy – 6 month progress report**

14.1 The annexed report (14) by the Head of Customer Service and Communications was received. The reported updated Members on the progress of the strategy following the Panel's last scrutiny. It was noted that the strategy would be refreshed in 2014, and that much of the recent work had been around taking over the social care first lines of communication.

14.2 During the discussion the following points were noted:

- The Social Care Centre of Expertise was structured into three hubs. The call operators were Assistant Practitioners, and each hub also had three qualified members of staff.
- New additions to the website included videos giving Council information in British Sign Language. Customers were seeking increasingly more diverse methods of contact including Facebook (which supported more marketing-based approaches) and Twitter (which gave more live, up to date information with wider interaction).
- The tracker survey monitored satisfaction across services against indicators, using a variety of methods. Targets would be compiled from the results of the postal survey.
- It was difficult to measure website use with comparable authorities as the figures only showed page 'hits' – which could be both internal and external. Measurement tended to be by transaction and fulfilment of query.
- Some areas of the web, such as libraries, were consistently popular, while others were more seasonal, such as school admissions.
- The authority was actively encouraging more web-based self-service interactions,



and acknowledged that customers expected to receive information at a time and place convenient to them. The website had been redesigned to appear correctly on tablets. Staff were tasked with suggesting efficiencies as part of their role.

- The authority was always seeking to improve services, and was regularly at the top of local authority benchmarking clubs. Norfolk County Council had received a Cabinet Office Excellence Standard. Of the complaints received, very few were taken into formal complaints processes. Feedback during mystery shopping was always good.
- The size of the Customer Service Centre was based on the number of expected customer contacts and was at the right level. Part of the staff's job was to listen and identify queries that could be resolved online rather than making a telephone call. Normal customer service functions were available from 9am to 5pm but key services were available 24/7. An answer phone monitored out of hours demand.

14.3 The Panel **RESOLVED** to note the report.

## **15 Terms of reference for scrutiny of the feasibility of supporting local businesses through changes to the current business rates regime**

15.1 The annexed report (15) by the Head of Democratic Services was received. The report provided the Panel with a suggested approach for conducting the scrutiny. It was suggested that an officer report could precede a scrutiny working group, and that consideration could be given to remitting this scrutiny to the Environment, Transport and Development Overview and Scrutiny Panel.

15.2 During the discussion the following points were noted:

- The suggested scrutiny had arisen from the move to pooling of business rates, and that any decision of where this scrutiny should sit could be made after an officer report had been received. It was noted that small businesses could benefit from this scrutiny, and that it could influence other organisations outside of the council.
- It was proposed and seconded and **AGREED** that this scrutiny would be remitted to the Environment, Transport and Development Overview and Scrutiny Panel.

15.3 The Panel **RESOLVED** to remit this scrutiny to the Environment, Transport and Development Overview and Scrutiny Panel.

## **16 Risk Reporting for the Council's Public Health Function**

16.1 The annexed report (16) by the Interim Director of Public Health was received. The report provided further assurance on the risks associated with the transfer of Public Health services from the former NHS Norfolk and Waveney to Norfolk County Council, together with the measures being taken to mitigate these risks.

16.2 During the discussion the following points were noted:

- It was confirmed that the global headings in Appendix 1 included internal Public Health staff costs but not components of other services.

- Funding for the Out of Hours Agreement, which was due to finish at the end of June, had not been resolved and was being discussed regionally and nationally. Concern was expressed that Norfolk would be left without either cover or funding. Political lobbying from councillors was welcomed, it was agreed that the Cabinet Member would write to national government on this matter.

16.3 The Panel **RESOLVED** to note the report and **AGREED** that the Cabinet Member would write to national government regarding funding for the Out of Hours Service.

The meeting concluded at 3.20pm.

#### CHAIRMAN



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## Corporate Resources Overview and Scrutiny Panel Action Log

| Agenda Item Number | Report Title                    | Action  |
|--------------------|---------------------------------|---|
| 11                 | Scrutiny Forward Work Programme | Summary briefing of the Post Office Network Working Group |

### Response:

#### Background

Following a motion to full Council on 8 May 2012, the Corporate Resources Overview and Scrutiny Panel was asked to investigate the potential benefits of working more closely with Post Office Ltd, and through consideration of the government's position on the future of post offices, consider how Norfolk County Council services might be delivered through the post office network.

The item was considered by CROSP at its meeting on 22 May 2012 and it was agreed that a scrutiny item on Post Offices be timetabled. It was also agreed that prior to any further consideration of the topic, a background report would be prepared on the topic for the Panel to consider.

A report was received at the July 2012 CROSP meeting which covered some background information about Post Office in Norfolk including NCCs 2003 work on rural shops and post offices, and our response to the 2008 consultation on the proposed closure of 52 branches in Norfolk. It also touched on the Government's current policy position on Post Office and the context about Post Office's current national change programme. This paper is available to read here: <http://www.norfolk.gov.uk/view/carp100712item15pdf>. At the meeting it was agreed that representatives from Post Office would be invited to a future meeting of CROSP to engage in a discussion with Members about the potential benefits of a pilot in Norfolk.

#### Pilots

Officers scoped a small number of pilots which we could offer to Post Office as potential areas in which to investigate a closer working partnership. These were presented in a background paper for the November 2012 CROSP meeting at which 2 representatives from Post Office Ltd. attended. Details of the pilots can be read in the paper here: <http://www.norfolk.gov.uk/view/carp131112item9pdf>

Following discussions at that meeting, it became clear that a number of pilots that we would have liked to progress conflict with other priorities for Post Office, for example we proposed using their video screens to promote local services and as part of wider communications, but were not able to progress this as the screens are part of the Post Office's revenue generation strategy. However there were three areas that the Post Office felt may be potential candidates for joint work:

- The first is a pilot offering a council customer information and access model similar to our "**Council @ your library**" offer but in Post Offices.

- The second is a pilot involving **concessionary bus passes**, as we already offer an "in person" premium service at some locations, which attracts a small additional payment by the customer. The approach is similar to that of the Identity and Passport Service where you can apply for a passport directly, or do so via a Post Office using their "Check and Send" service which attracts an additional payment from the customer. A similar model could be used for "in person" applications for **Blue Badges**.
- Finally a pilot with **Public Health** colleagues extending the NHS "Make Every Contact Count" approach to post offices with targeted messages given directly from staff to customers.

The outcome of the November CROSP meeting and discussion with Post Office Ltd. was a resolution to endorse the work being carried out by officers to continue to explore further possible joint working with The Post Office and where relevant other partners.

### **June 2013 Update**

Officers have continued to develop the pilots and discussed these again with Post Office most recently in June 2013. The Post Office has moved on quite considerably in their approach since they spoke with Members in November 2012.

The Post Office have now reviewed their pathfinder projects and refined their objectives:

- their appetite now is to partner with Local Government where it delivers value for us, but with a commercial proposition that works for both partners
- they recognise the importance of the social value of Post Offices but their business driver is to move forwards the profitability of the Post Offices

This means that anything they develop moving forward must be commercially viable for them.

In terms of NCC pilots this makes all of our pilots unviable from the Post Office's perspective for the time being. It may be that as Post Office continues to make changes to customer channels and online access in Post Offices we could revisit some of the proposals at a future date.

## 2012/13 Resources Integrated Performance, Finance and Risk Monitoring Report

Report by Head of Planning, Performance and Partnerships and Head of Finance

### Executive Summary

This report provides an update on performance, finance and risk monitoring for services within Corporate Resources. It also reviews the delivery of aspects of the County Council Plan that are covered by the Corporate Resources Overview and Scrutiny Panel. It provides a balanced view of Norfolk County Council's performance – presenting information on managing change, service performance, managing resources and improved outcomes for Norfolk people. The report indicates where performance is moving in the right direction, identifies where there is a need to improve, and where possible provides an indicator of how Norfolk compares to the national picture.

#### • Performance

##### Key measures that are meeting targets

- The Norfolk Forward programme continues to deliver a large change and service transformation programme. The majority of savings and projects have been successfully delivered. Its Amber rating in 2012/13 reflects resources and timescale issues that have been effectively managed.
- We achieved £25.272m of efficiency savings, exceeding our target.
- Through good staff management there have been 322 redeployments since April 2011, saving of over £1m in redundancy payments.
- Overall customer satisfaction with the Council is better than last year with more people believing the authority provides value for money.
- Satisfaction with customer access channels has remained consistent. The Customer Service Centre has been enhanced and now responds to complex social care enquires.
- People's sense of belonging to the local area has increased and there is a greater feeling that people are pulling together to improve their neighbourhoods.

##### Key measures that are an area for focus

- We will continue to review and manage the use of our property and reduce energy use to minimise the cost of our premises.
  - Across the council, sickness levels fell for the fourth year, but we failed to meet our ambitious stretch target. Within Corporate Resources sickness levels rose as a result of an increase in long term sickness. Sickness absence will continue to be actively managed to support employees in returning to work.
  - Although there was a slight dip in overall satisfaction with the way complaints are handled, there was a 9% increase in customers who said they were very satisfied. We will continue to monitor customer compliments and complaints and use this feedback to improve services.
- **Revenue Budget** – The overall revenue budget for this panel was £63.243m at the end of March 2013, against which there was a net underspend of -£3.543m. Against the overall

County Council revenue budget of £595.809m, there was a net underspend of -£3.908m at the end of March.

- **Reserves and Provisions** – The combined balances for this panel increased from £54.889m to £55.398m at the end of March 2013. The Council's reserves and provisions (excluding schools) totalled £111.804m at the 31<sup>st</sup> March 2013, a decrease of £0.503m during the year.
- **Capital Budget** – The overall capital budget for this panel was £12.150m at the end of March 2013, against which there was slippage and net underspend of -£2.874m. The Council's total capital programme was £133.893m, against which there was an underspend of -£11.400m at the end of March.
- **Risks** –. A full update on the Resources Risk Register is provided along with a summary of the key developments within Strategic Risk Management during 2012/13. Benchmarking shows that the Council's approach to risk management has continued to improve in maturity.

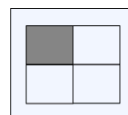
### Action Required

Members are asked to note progress and the changes to the Resources Risk Register and to consider whether any aspects contained within this report should be identified for further scrutiny.

## 1. Background

- 1.1 Norfolk County Council's performance framework provides a broad assessment of organisational performance covering four themes:
  - Managing change
  - Managing resources
  - Quality and Performance of Services
  - Outcomes for Norfolk People
- 1.2 It places greater emphasis on efficiency and value for money measures, and the need to balance the demanding change agenda with continuing to deliver high quality essential services as effectively as possible.
- 1.3 A dashboard providing an 'at-a-glance' summary of key performance indicators monitored by the Corporate Resources Overview and Scrutiny Panel is attached as Appendix 1 to this report. Appendix 6 contains definitions of the measures included within the dashboard.

## 2. Managing change



### Norfolk Forward

- 2.1 Norfolk Forward is Norfolk County Council's current programme of change. The projects included were identified through the 2010 Big Conversation, and look to transform the way the Council works to deliver 3-year budget savings. The scale of change activity is considerable, undertaking to deliver £141m over three years to 2014.
- 2.2 This report reviews the progress of those programmes that are within the remit of the Corporate Resources Overview and Scrutiny Panel. Of the 7 programmes within the remit of this Panel at the end of 2012/13, 5 were rated Amber and 2 Green.

## **Organisational change**

- 2.3 This programme provides the HR resources necessary to support all transformation and change management projects across the Council. We want to ensure that there is a straightforward, consistent approach to managing change to organisational structures and staff.
- 2.4 The projects within this programme were moved into the Shared Services programme at the end of 2012. Organisational change will therefore no longer be reported separately. The programme was Amber when this realignment took place. However the projects have since moved to a Green status and the majority have now successfully closed.

## **Organisational development and behaviours**

- 2.5 This programme is designed to ensure that the culture and behaviours of staff align with the strategic direction and objectives of the Council. The programme is rated Amber based on an assessment of the risks around employee engagement levels given the current scale of change. Future reporting of OD and behaviours will be through Enterprising Norfolk
- 2.6 This programme has delivered:
- Performance management sessions to all managers across the authority to communicate changes to the appraisal process
  - A management development programme for team managers in Community Services. This is now being developed for Children's Services.
  - An organisation development plan of activities to support the Work Style programme and resources are in place to progress this work.

## **Income generation**

- 2.7 This programme is on track (Green) and covers all aspects of income generation.
- 2.8 Achievements include:
- Additional NORSE income of £350k embedded in the budget.
  - An Energy Services Company (ESCO) has been established and activity commenced. Investment in 19 small-scale wind turbines has seen income to date of over £11k and online monitoring shows that they are on track to provide a predicted return on investment of 12% over their lifetime.
  - Increasing trading opportunities secured by NPlaw.

## **Norfolk Work Style**

- 2.9 The Norfolk Work Style programme will contribute to improved productivity and a more efficient use of Council buildings. The programme is rated Amber due to limited resources and budget, and some slippage in project timescales - mitigating actions are in place to address this.
- 2.10 Achievements include:
- E-democracy has made good progress and mobile technology is available for Members and an audio visual solution has been installed in the Council Chamber and member meeting rooms.
  - The enabling social care project has been established with the aim of exploiting enablers like ICT, information management, property, training and development that could be used by any member of staff across NCC to save time, or help manage their interactions with customers. An initial pilot is currently underway within Children's Services and Adult Social Care teams in North Norfolk.

- Delivery of the print to post service
- Installation of WiFi in County Hall and all fire stations
- Establishment of a touch down area at County Hall to provide flexible working for visiting staff which is proving very popular and is facilitating flexible working.

## **Carbon Reduction**

2.11 This programme was set up to establish the framework needed to manage the delivery of the County Council's commitment to reduce the authority's carbon dioxide emissions. This included establishing the Carbon Energy Reduction Fund (CERF) to upgrade the physical infrastructure of our buildings, identifying areas for business and behaviour change and developing a process to track and monitor our carbon emissions. As the framework is now in place the programme is now considered 'business as usual' and ceased to be a Norfolk Forward programme in April 2013 with a Green rating. However, work to reduce and monitor the authority's carbon emissions will continue to be delivered within the framework that has been established. For more information about carbon reduction see paragraphs 3.10-3.15 of this report.

## **County Hall**

2.12 This programme was created in November 2012 to bring together the building maintenance and work style activities required to complete the re-development of County Hall. The programme is rated as Amber due to tight timeframes, and resource and budget constraints – mitigating actions are in place to address this.

2.13 Achievements include:

- Contractors appointed and work underway
- Management plans have been developed for controlling noise, vibration, hours of working and asbestos to reduce impact on NCC staff.
- Concrete testing and other surveys for structural analysis and monitoring have been carried out.
- The energy audit and strategy reports have been completed with recommendations for proposed contributions from the Carbon Energy Reduction Fund.

## **Shared Services**

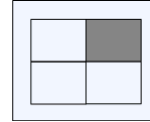
2.14 The 2012/13 Shared Services transformation and efficiency programme involves the continued redesign of support services, increasing the use of self-service, increasing project delivery capacity, building on partnership and collaborative opportunities, whilst at the same time supporting change across the whole organisation. The programme has delivered £1.295m of savings in 2012/13 and is currently rated Amber due to challenging delivery dates - mitigating actions are in place to address this. An update about the progress of Shared Services was considered by CROSP at its June meeting.

2.15 Achievements include:

- Delivery of a new Local Assistance Scheme in response to changes to the government's Social Fund and Community Care Grant as part of Welfare Reform.
- Online payslips have been rolled out, significantly reducing the production and postage of paper payslips.
- A new information management service and strategy have been developed
- Introduction of a new online recruitment system, the applicant tracking system
- Improved procurement processes in finance, introducing e-invoicing
- Developed an on-line member expenses solution for the new Council.



### 3. Managing our resources



#### Managing the budget

- 3.1 This Panel is responsible for monitoring the capital budgets, revenue budgets and provisions and reserves for Shared Services, Public Health and the corporate budgets in Finance General. The detailed financial outturn for 2012/13 for these areas was reported to Panel at its last meeting in June and are summarised below:
- Revenue Budget – The overall revenue budget for this panel was £63.243m at the end of March 2013, against which there was a net underspend of -£3.543m. Against the overall County Council revenue budget of £595.809m, there was a net underspend of -£3.908m at the end of March.
  - Reserves and Provisions – The combined balances for this panel increased from £54.889m to £55.398m at the end of March 2013. The Council's reserves and provisions (excluding schools) totalled £111.804m at the 31<sup>st</sup> March 2013, a decrease of £0.503m during the year.
  - Capital Budget – The overall capital budget for this panel was £12.150m at the end of March 2013, against which there was slippage and net underspendings of -£2.874m. The Council's total capital programme was £133.893m, against which there was an underspend of -£11.400m at the end of March.
- 3.2 In addition, the Council met our £22.109m target for efficiency savings in 2012-13. Whilst not all the individual predicted efficiency savings were achieved, additional savings were made in other areas which meant overall the council made £25.272m of efficiency savings (provisional figures). All departments delivered their predicted efficiency savings with Children's Services and Community Services exceeding their targets.
- 3.3 In the March report to this Panel, Children's Services were predicting a shortfall in efficiency savings as the home to school transport savings were below target due to increased costs of Special Educational Needs home to school transport. However, the end of year position shows that overall Children's Services exceeded their target by £62k and achieved total efficiency savings of £8.755m. This was due to additional saving on reduced provision for additional school staff early retirement and redundancy costs.

#### Using our property

- 3.4 The Council's programme of transformation is changing the way services are delivered, which means we have to continue reviewing the premises we use and occupy to ensure that they best meet service needs. Our accommodation strategy proposes consolidation of accommodation in three main hubs (Great Yarmouth, Kings Lynn, and Norwich) with a limited number of smaller sites to serve more remote parts of the county, ensuring that the services we deliver are as accessible as possible.
- 3.5 One of the ways that we monitor progress is to look at how much it costs us to provide staff premises. When we calculate how much premises cost we include general costs such as repairs, ground costs, energy, rent, rates, water, building fixtures, cleaning, insurance, building maintenance expenditure and office accommodation costs. These are common to all premises we occupy.
- 3.6 The following table shows that whilst the total premises cost has gone down by around £3m over the last three years, the cost per FTE has increased. With a 22% reduction in staff, there are now fewer people occupying some buildings.

| <b>Whole council</b>                                  | <b>2010/11</b>   | <b>2011/12</b>   | <b>2012/13</b>   | <b>Difference between 2012/13 and 2010/11</b> |             |
|---|------------------|------------------|------------------|---|-------------|
| Premises cost   | £23,304,233      | £20,652,868      | £20,155,495      | <b>-£3,148,738</b>                            | <b>-14%</b> |
| FTE   | 8,186            | 6,639            | 6,369            | <b>-1,817</b>                                 | <b>-22%</b> |
| <b>Premises related costs per FTE (excl. schools)</b> | <b>£2,846.82</b> | <b>£3,110.68</b> | <b>£3,164.77</b> | <b>+£317.95</b>                               | <b>+11%</b> |

- 3.7 In 2012/13, 20 property assets were disposed of from the property portfolio, reducing floor space by 13,500 m<sup>2</sup>. Property which is currently projected to be disposed of in 2013-14 amounts to a reduction of 7,000 m<sup>2</sup> of floor space and a further 7,650 m<sup>2</sup> of building floor space has been declared as surplus.
- 3.8 In addition to rationalising our property portfolio, we have worked to reduce premises cost by reducing energy consumption and investing in energy efficient technologies. Since 2008 we have saved over £3m off our energy bill as part of the carbon reduction programme.

### **Overall picture and next steps**

- 3.9 The Council will continue to manage its accommodation to ensure that it meets business needs and is working to reduce the costs of premises. The County Hall, Norfolk Work Style programmes and on-going work to reduce carbon emissions and energy bills will continue to influence the cost of providing premises.

### **Procurement that supports business**

- 3.10 Government has awarded the Council one of ten 'best council to do business with' awards for its efforts to make it easier for small businesses to win contracts. The Council has hundreds of contracts with companies supplying us with goods and services, worth more than £600 million per annum. These vary from stationery supplies to contracts to build and repair roads and from care services to large construction projects, such as the new £1 million Thetford Recycling Centre which opened in December last year. The award recognises the steps taken to simplify the way we tender for contracts to enable and encourage businesses of all sizes to work with the council.

### **The Council's carbon footprint is reduced**

- 3.11 The Council is committed to reducing energy costs and increasing energy efficiency across our buildings, business travel, street lighting and traffic signals, reducing our carbon footprint by 25% by 2014/15 (or to 75% of a baseline set in 2008/9). This equates to a reduction of 23,658 tonnes of carbon dioxide.
- 3.12 Due to the complexity of bringing together information, complete carbon reduction figures are normally reported on an annual basis. The latest available annual data from 2011/12 shows that since 2008/09 our carbon footprint fell by 17%, or 16,096 tonnes and the amount of money being spent on energy reduced from £12.759m to £12.225m, a saving of £0.534m.
- 3.13 As one of the 2,000 organisations with an annual electricity demand of over 6,000 mega watts per hour, we participate in the Carbon Reduction Commitment (CRC) Energy Efficiency scheme. As such, we must pay the CRC an annual tax on carbon emissions from our gas and electricity use. In 2011/12 the authority's liability was £650,184, of which

£476,473 directly related to schools. The latest CRC public league tables show that the County Council is in the top 2% of all CRC participants- ranked 25th out of 2,097 participants overall, and 13th in the public sector table.

- 3.14 Whilst performance up to 2011/12 has been positive, work is currently underway to see the effect that the sustained cold weather in 2012/13 has had on energy consumption and carbon emissions. A full evaluation of this is underway and will be available for reporting to the Department of Energy and Climate Change in July 2013. CROSP and Cabinet will receive a report in the autumn 2013.

### **Overall picture and next steps**

- 3.15 In summary, we have been making good progress towards achieving the Council's carbon reduction target, putting in place measures to help reduce energy consumption and drive down energy costs. Work is underway to collate and analyse data from 2012/13 to provide an update on how the Council is delivering against its 25% reduction target.

### **Staff Resourcing**

- 3.16 Staff resourcing is about our capacity to deliver services through the workforce. Overall, this continues to be Green reflecting a more measured level of organisational change. In 2012/13 a total of 56 members of staff from across the Council were successfully redeployed, bringing the overall number of employees redeployed since April 2011 to 322. Through this process the organisation has saved over £1m in redundancy payments and secured continued employment for many individuals.

### **Managing key business risks**

- 3.17 The Resources Departmental Risk Register reflects the key business risks that require strong management and which, if not managed appropriately, could result in the department failing to achieve one or more of its key objectives and/or suffer a financial loss or reputational damage. The risk register is a dynamic document that is regularly reviewed and updated in accordance with the Council's "Well Managed Risk – Management of Risk Framework".
- 3.18 Appendix 2 contains a summarised version of the Resources Departmental Risk Register as at 12 June 2013. Appendix 3 displays detailed updates of new risks plus existing risks scored at ten or above and assessed as having 'serious or some concerns' around meeting their target risk scores by the target date.
- 3.19 There are 10 risks on the Resources Risk Register, one is reported as 'Low' and nine risks 'Medium', all of these are listed on the Corporate Risk Register. Recent changes to the risk register are:
- Risk RM14025 has been removed as the Council has successfully achieved the required corporate budget savings for 2012/13.
  - Risk RM13917 "Loss of core infrastructure or resources" has been removed from the Corporate Risk Register and replaced with two new risks:
    - RM14097 "Shortage of personnel through illness, sustained industrial action etc" and
    - RM14100 "Loss of key ICT systems."
- This change has been made to more clearly describe the risks within the business continuity arena. It is intended that this separation will provide members with greater clarity and assurance in the mitigation process, especially in regard to any risks in relation to the current major refurbishment work being undertaken at County Hall.
- 3.20 At its June meeting CROSP received and discussed a paper on risk reporting for the

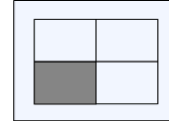
Council's Public Health function. A copy of the updated risk register relating to Public Health is shown as Appendix 4. Of the ten risks on the register, four are rated 'Green', five are 'Amber' and one (out of hours cover) is shown as 'Red'. An update about out of hours cover arrangements will be reported verbally at the Panel meeting. Work is currently underway to integrate these risks into the Council's risk management framework.

- 3.21 There are 3 risks relating to the County Council's ownership of the Norse group. These have been reviewed and continue to have their prospects shown as 'Green' - on track to achieve target scores. These are shown as Appendix 5.
- 3.22 During 2012/13 a number of strategic risk management developments have taken place including:
- 'Well Managed Risk', the County Council's management of risk policy and framework documents were reviewed, updated and approved by Full Council.
  - The Strategic Risk Management intranet site was developed and rolled out across the County Council, as were a variety of standardised, simpler tools and documents designed to be more user-friendly, efficient, consistent and meaningful as well as assisting staff at all levels through the management of risk process.
  - Working with a variety of management teams across the County Council, strategic risk management continued to be embedded, concentrating on developing and delivering one cohesive and standardised approach to the management of risk.
  - The self-serve e-learning 'How to Manage Risk' training package, tutor led training courses and various presentations tailored to suit their intended audience, have been developed and improved to enhance the understanding of risk management at all levels throughout the County Council.
- 3.23 The Council participated in the Alarm CIPFA Risk Management Benchmarking Club (a joint venture between the Association of Local Authority Risk Managers (Alarm) and the Chartered Institute of Public Finance and Accountancy (CIPFA)). With 55 member organisations from within the UK public sector an annual benchmarking exercise tests each organisation's performance against the major risk management standards, expectations of inspection bodies and criteria that inform the risk management element of the annual governance statement, as well as providing an in-depth picture of the maturity of risk management within the organisation, highlighting strengths and weaknesses. The exercise enables the level of risk management performance to be measured internally, against prior years and externally against other member organisations within the public sector.
- 3.24 Interim results indicate that that the Council has achieved an improvement, attaining an overall rating of 95%. This result compares favourably with 2012 when 89% was achieved, which in itself was an improvement on the 88% achieved in 2011.

### **Overall picture and next steps**

- 3.25 An on-going clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives. The items outlined above help to provide assurance that the Council's arrangements for risk management are acceptable. There remains a strong corporate commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change.

## 4. Quality and performance of services



### Satisfaction with Shared Services

- 4.1 Customer feedback provides helpful information on how services are performing and where they need to improve. A methodology to monitor customer satisfaction with Shared Services has been developed. The Corporate Programme Office have used it to evaluate customer satisfaction with the training programmes the CPO offers. 81.6% of the people who gave feedback said the service provided was excellent/ good.
- 4.2 The HR Shared Service is in the process of conducting its second customer survey with a view to identifying how well it is doing and how it can further improve and develop its service in line with customer needs.

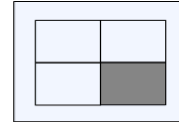
### Supporting staff health and well-being

- 4.3 The County Council actively monitors and manages sickness absence to make sure that appropriate measures are in place to ensure the safety and well-being of staff and that staff are productive. In 2012/13:
  - Although sickness absence fell for a fourth year we failed to meet our target of 6.6 days absence per FTE. The average number of days sickness was 7.06 per FTE at year end. This is below the latest benchmarking data which reports 8.9 days per FTE for Counties/Single unitaries (Local Government Workforce survey 11/12).
  - A breakdown of absence data across the authority shows that the greatest reduction in absence levels was achieved in Community Services (Adults) with 0.77 days reduction. The greatest increase in sickness absence was in Resources which rose from 7.5 days per FTE in 2011/12 to 8.91 days in 2012/13. This high level is attributed to long-term sickness issues which are being addressed.
  - The average length of each absence has reduced from 9.08 days in 2009/10 to 7.72 days in 2012/13. This compares to national data of 7.7 days for Private Sector employees and 8.6 days for Public Sector employees (Chartered Institute of Personnel and Development Annual Absence Survey October 2012).
  - Whilst the percentage of absence attributed by employees as being work related rose from 2.01% to 2.83% it remains a low proportion of overall sickness and is favourable compared to the latest national figure of 3.2%.
  - The top three causes of sickness absence continue to be short term viral infections, mental well-being and musculoskeletal. An annual report on Employee Health, Safety and Well-being is a separate item on this agenda and provides more detail.

### Overall picture and next steps

- 4.4 Over the year there have been improvements in organisational productivity across the Council, with sickness levels continuing a downward trend, however we failed to meet our target and there was an increase across the Resources department. Over 2013/14 sickness absence will continue to be a priority, with work on going with managers to tackle long term sickness issues.

## 5. Outcomes for Norfolk people

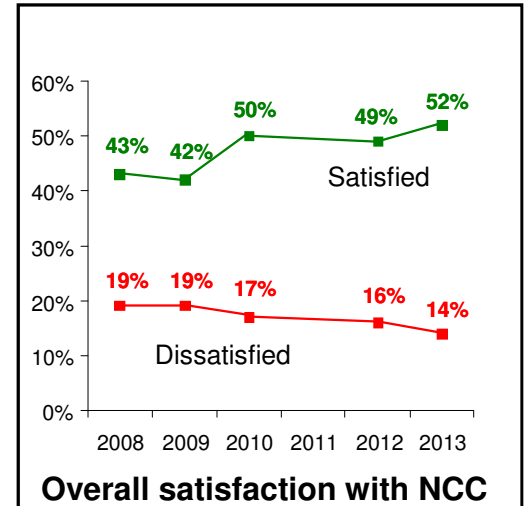


### Customer satisfaction

5.1 Knowing what our customers think about the services we provide acts as a 'health check' for the organisation. Each year Ipsos MORI undertakes a postal Customer Satisfaction Survey which provides information on how customers feel about the local area and the services we provide.

5.2 Overall customer satisfaction with the Council is at its highest level in five years at 52% (see graph). There has also been a continued improvement in the percentage of people saying that the Council provides value for money which is now 63%. This has risen from 47% in 2006/7.

5.3 More people are also satisfied with our customer service, 76% of people were satisfied with how quickly we dealt with their query, 74% with the information they were given and 80% with the helpfulness of staff. However of those making a complaint to the Council, there has been a slight drop in the proportion satisfied with how their complaint was handled- 44% compared to 47% last year. This is due to customers who were previously fairly satisfied moving either to very satisfied (up 9%) or moving to neither satisfied nor dissatisfied (up 3%). A performance review of Compliments and Complaints is a separate item on this agenda.



### Overall picture and next steps

5.4 People's satisfaction with the Council is improving, and there has been a steady increase in the proportion of residents who feel that we deliver good value for money. Going forward, the focus will be on achieving greater consistency in customer service performance across the council as a whole. We will continue to monitor customer compliments and complaints and use this feedback to improve services.

### Customer access channels

5.5 Throughout the year we monitor satisfaction and record customer feedback across all our customer access channels – telephone, website, etc. and use this feedback to identify improvement opportunities. Over the last year:

- Satisfaction with accessing Council information online remained consistent at around 80%
- 97% of people accessing the Council via the telephone were satisfied
- We also track avoidable contacts – those in which customers call us to chase progress of an earlier enquiry. The proportion of avoidable contacts remains consistent, at around 17%
- 90% of contacts are resolved by the Customer Service Centre within one phone call
- The Council's Customer Service Centre continues to be ranked first out of a sample of 20 Local Authorities from across the country for handling telephone customer enquiries and also for our handling of email enquiries. (Mystery shopping exercise carried out by Mystery Shopper Ltd on behalf of the Local Government Customer Service Benchmark Group, July 2013).

- 5.6 In June CROSP received a six month update on the Customer Services Strategy which included the following examples of how we are improving the ways in which customers can contact us and find out information about our services:
- In September we brought together a new shared service to manage the content on our website and to ensure customers have the best possible experience online
  - In April the Customer Service Centre was enhanced so that it can also now respond to complex social care enquires, undertake assessments for customers and arrange some social care services directly for them. The expanded service will enable us to respond more quickly and effectively to social care enquires and provides a better service for customers when they need it the most.

### **Overall picture and next steps**

- 5.7 The Council has implemented a number of customer service improvements that make it easier and simpler for people to contact our services and widen their choice of access. Customer access channels continue to perform well and with good levels of customer satisfaction. Over the next year we will continue to improve the different ways people can contact us, creating new ways to meet changing customer expectations.

### **Communities working together**

- 5.8 Our Customer Satisfaction survey carried out by Ipsos MORI showed that 1 in 3 residents (35%) felt that they could influence decisions that affect their local area. This is closely consistent with previous survey results for the Council.
- 5.9 People are more likely to feel they have influence over local decision making if their local neighbourhood pulls together to make improvements. It is encouraging that our Customer Satisfaction survey shows that people's sense of belonging to the local area has shown a significant increase from 65% to 72% and that the number of people who think that local people pull together to improve the neighbourhood as increased from 57% to 63%.

### **Overall picture and next steps**

- 5.10 There have been a number of successful initiatives to enable communities to take action themselves to address locally important problems over 2012/13. These have been received positively and there has been a high level of commitment from communities to take activities forward. Our work will look to build on this throughout 2013/14.

### **Promoting accessibility and equality for potentially vulnerable service users**

- 5.11 The Council has a legal responsibility under the Equality Act 2010 to have due regard to eliminating discrimination, harassment and victimisation, advancing equality of opportunity and fostering good relations between people. This is called the Public Sector Equality Duty. Fulfilling this also makes good business sense, enabling us to ensure our services best meet the needs of our customers, especially more vulnerable service users.
- 5.12 Over 2012/13 strong progress has been made in engaging with residents to deliver activities to promote equality of opportunity and ensure our services are accessible. The following work highlights some of our achievements over the year. We have:
- Built on the Olympic and Paralympic legacy by further promoting inclusive sport and leisure activities. We held an event for sports coaches, disabled and non-disabled people to talk about mainstreaming inclusive community sport and leisure activities, and have since run a number of sports taster sessions for disabled people.
  - Worked with The Bridge Plus, an organisation supporting Black, Asian and Minority Ethnic (BAME) communities, to deliver a range of projects including training for commissioners in Adults and Children's Services; a mystery shopping exercise of our

frontline customer services; creating a link between BAME communities and Youth Advisory Boards to ensure community concerns are addressed; and working with trading standards to improve the advice given to BAME businesses.

- Worked with people who have learning difficulties to ensure that new bus information in Norwich is easy to understand and is being used effectively, helping to ensure residents are confident when using the bus network
- Helped establish a new Community Relations and Equality Board for Norfolk, which brings together partners from the public and voluntary sector to work together on a joint approach to addressing equality and cohesion issues. A new county coordinator post has been created to support the group and work across partners in Norfolk.

## **Overall picture and next steps**

- 5.13 A range of positive activities are underway to enhance the accessibility of our services and ensure we take adequate account of equality in all that we do. We will continue to build on this over the next year.

## **6. Equality Impact Assessment (EqIA)**

- 6.1 This report provides a summary of performance information on a wide range of activities monitored by the Corporate Resources Overview and Scrutiny Panel. Many of these activities have a potential impact on residents or staff from one or more protected groups. Where this is the case, an equality assessment has been undertaken as part of the project planning process to identify any issues relevant to service planning or commissioning. This enables the Council to pay due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.
- 6.2 Details of equality assessments are available from the project lead for the relevant area of work, or alternatively, please contact the Planning, Performance and Partnerships team.

## **7. Section 17 – Crime and Disorder Act**

- 7.1 There are no direct implications of this report for the S17 Crime and Disorder Act.

## **8. Conclusion**

- 8.1 As the Council continues to go through a significant programme of change, financial budgets and risks are being well managed and levels of performance are generally being sustained. Customer satisfaction is improving in a number of areas and we continue to make improvements to ensure our services are equitable and accessible. Over the next year we will continue to closely monitor and manage a number of areas of focus including sickness absence, the cost of premises, levels of carbon emissions and satisfaction with complaint handling.

## **9. Action Required**

- 9.1 Members are asked to note progress and consider whether any aspects should be identified for further scrutiny.



## **Background papers**

CROSP June 2013 <http://www.norfolk.gov.uk/download/carp130613agendapdf>

Item 13 Update on Progress of Shared Services

Item 14 Customer Services Strategy- six month progress report

Item 16 Risk Reporting for the Council's Public Health Function

## **Officer Contacts:**

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If you need this Report in large print, audio, Braille, alternative format or in a different language please contact Claire Dixon on 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

| Delivering Norfolk Forward   |  |   |   |                                 | Managing our resources      |               |     |       |  |
|--|--|---|---|---------------------------------|-----------------------------|---------------|-----|-------|--|
| Overall assessment of Norfolk Forward programme status [April 2013]  |  |   |   |                                 | DoT                         | Alert         |     |       |  |
|  |  |   |   |                                 | →                           | Amber         |     |       |  |
| <b>Programmes</b>  |  |   |   |                                 |                             |               |     |       |  |
| Organisational Change (now reported under Shared Services)   |  |   |   |                                 | →                           | Amber         |     |       |  |
| Organisational Development & Behaviours  |  |   |   |                                 | →                           | Amber         |     |       |  |
| Income Generation  |  |   |   |                                 | →                           | Green         |     |       |  |
| Norfolk Work Style   |  |   |   |                                 | →                           | Amber         |     |       |  |
| Carbon Reduction (removed from programme in April 2013)  |  |   |   |                                 | →                           | Green         |     |       |  |
| County Hall Programme  |  |   |   |                                 | →                           | Amber         |     |       |  |
| <b>Transformation &amp; Efficiency Programmes</b>  |  |   |   |                                 |                             |               |     |       |  |
| Shared Services  |  |   |   |                                 | →                           | Amber         |     |       |  |
| KEY  |  | DOT – Direction of travel score i.e. better or worse than the same period last year or previous quarter |   |                                 |                             |               |     |       |  |
| Green  | Performance is on target, no action required.          |   | X | Performance has got worse       |                             |               |     |       |  |
| Amber  | Performance is slightly off-track.                     |   | ✓ | Performance has improved        |                             |               |     |       |  |
| Red  | Performance is worse than the target, action required. |   | → | Performance has stayed the same |                             |               |     |       |  |
| <b>Managing the budget</b>   |  |   |   |                                 | Date                        | Value         | DoT | Alert |  |
| Revenue: projected outturn % overspend / (underspend) compared to budget (Whole Council)   |  |   |   |                                 | Mar'13                      | -0.66%        | n/a | Green |  |
| Revenue: projected outturn % overspend / (underspend) compared to budget (Resources)   |  |   |   |                                 | Mar'13                      | -2.97%        | n/a | Green |  |
| Spend against profiled capital budget (for the current financial year) (Whole Council)   |  |   |   |                                 | Mar'13                      | -8.52%        | n/a | Green |  |
| Spend against profiled capital budget (Resources)  |  |   |   |                                 | Mar'13                      | -14.25%       | n/a | Amber |  |
| Projected cashable efficiency savings (Whole Council)  |  |   |   |                                 | Mar'13                      | £25.272m      |     | Green |  |
| [A] Premises related costs per FTE (excl. schools) (surveillance measure) (Whole Council)  |  |   |   |                                 | 12/13                       | £3,164.77     | →   | n/a   |  |
| <b>Procurement (Whole Council)</b>   |  |   |   |                                 |                             |               |     |       |  |
| Compliance - % of iProc spend recorded as 'on contract' – moving average (surveillance measure)  |  |   |   |                                 | May'13                      | 90.90%        | ✓   |       |  |
| Administrative efficiency - % iProc orders going out automatically – moving average  |  |   |   |                                 | May'13                      | 78.40%        | ✓   |       |  |
| <b>Sustainability (Whole Council)</b>  |  |   |   |                                 |                             |               |     |       |  |
| [A] NCC Carbon dioxide emissions (kg) (surveillance measure) End of March 2012   |  |   |   |                                 | March 2012                  | -17%          | ✓   | n/a   |  |
| % CO2 emissions from automatically metered buildings compared to 08/09 baseline  |  |   |   |                                 | May'13                      | 87.5%         | ✓   | n/a   |  |
| <b>Organisational productivity (Whole Council)</b>   |  |   |   |                                 |                             |               |     |       |  |
| Staff performance (composite measure of sickness absence; appraisals; disciplinaries; and health & safety incidents)                                   |  |   |   |                                 | Apr'13                      | n/a           | ✓   | Amber |  |
| Staff engagement (composite measure of resilience; employee advocacy; grievances)  |  |   |   |                                 | Apr'13                      | n/a           | →   | Amber |  |
| Staff resourcing (composite measure of recruitment activity; redeployment; redundancy; HR Direct resolution; management of change; and culture change) |  |   |   |                                 | Apr'13                      | n/a           | →   | Green |  |
| <b>Key risks from the Corporate Risk Register (Resources)</b>  |  |   |   |                                 |                             |               |     |       |  |
| ICT loss of key systems  |  |   |   |                                 | Apr'13                      | n/a           | →   | Amber |  |
| Insufficient capacity for business transformation  |  |   |   |                                 | Apr'13                      | n/a           | →   | Amber |  |
| Failure to follow data protection procedures   |  |   |   |                                 | Apr'13                      | n/a           | →   | Amber |  |
| Shortage of personnel through illness, sustained industrial action etc   |  |   |   |                                 | Apr'13                      | n/a           | →   | Amber |  |
| Service performance  |  |   |   |                                 | Outcomes for Norfolk people |               |     |       |  |
| <b>Organisational development (Whole Council)</b>  |  |   |   |                                 | Date                        | Value         | DoT | Alert |  |
| HR Direct resolution rate  |  |   |   |                                 | Jan '13 to March '13        | n/a           | n/a | Green |  |
| Number of redeployments (amount of redundancy payment avoided)   |  |   |   |                                 | 2012/13                     | 56 (£180,000) | n/a | Green |  |
| Average number of days employee sickness per FTE (Whole council)   |  |   |   |                                 | March '13                   | 7.06          | X   | Red   |  |
| Average number of days employee sickness per FTE (Resources)   |  |   |   |                                 | March '13                   | 8.47          | X   | Red   |  |
| <b>Customer Care Standards (Whole Council)</b>   |  |   |   |                                 |                             |               |     |       |  |
| Telephone enquiries - % answered within 15 seconds   |  |   |   |                                 | April '13                   | 87.50%        | ✓   |       |  |
| <b>Finance</b>   |  |   |   |                                 |                             |               |     |       |  |
| % invoices paid by authority within 30 working days  |  |   |   |                                 | April'12                    | 91.5%         | X   | Green |  |
| <b>Equality (Whole Council)</b>  |  |   |   |                                 |                             |               |     |       |  |
| Evaluation of equality from equality impact assessments  |  |   |   |                                 |                             |               | →   | Green |  |
| <b>People's view on Council services (Whole Council)</b>   |  |   |   |                                 | Date                        | Value         | DoT | Alert |  |
| [A] Satisfaction with services (through annual tracker survey)   |  |   |   |                                 | 2012/13                     | 52%           | ✓   | Green |  |
| [A] Satisfaction with the way in which NCC handles complaint(s)  |  |   |   |                                 | 2012/13                     | 44%           | X   | Amber |  |
| Ombudsman complaints where maladministration found   |  |   |   |                                 | March '13                   | 0             |     | Green |  |
| <b>Accessing the council including advice and signposting services (Whole Council)</b>   |  |   |   |                                 |                             |               |     |       |  |
| Quality and effectiveness of customer access channels (composite measure)  |  |   |   |                                 | March'13                    | n/a           | →   | Green |  |
| <b>Localism (Whole Council)</b>  |  |   |   |                                 |                             |               |     |       |  |
| [A] % residents who feel they can influence decisions affecting their local area   |  |   |   |                                 | 2012/13                     | 35%           | ✓   | Green |  |
| <b>Equalities (Whole Council)</b>  |  |   |   |                                 |                             |               |     |       |  |
| Tackling priorities identified by potentially vulnerable residents   |  |   |   |                                 | -                           | -             | →   | Green |  |
| [B] Reported number of hate incidents and hate crimes  |  |   |   |                                 | July – Dec 2012             | 544           | X   | Amber |  |

## Key

| Performance  | DoT - Direction of travel i.e. better or worse than the previous month.   |
|--|---|
| <b>Green</b><br>Performance is on target, no action required.        | <b>X</b> Performance has got worse.   |
| <b>Amber</b><br>Performance is slightly off-track.                   | <b>✓</b> Performance has improved.  |
| <b>Red</b><br>Performance is worse than the target, action required. | <b>■</b> Performance has stayed the same.   |
| Reporting period   | Most recently available data used; DoT compares to last period, or same time last year.<br>Unless prefixed by either a <b>[Q]</b> or <b>[A]</b> (representing Quarterly or Annually respectively) each measure is monitored monthly.<br>Unless suffixed by a <b>[Month]</b> name (describing to when the data actually relates) each measures' data represents the performance in the month immediately prior to reporting. |

## Exceptions and commentary on data and blanks

| Measure  | Detail   |
|--|--|
| <b>Delivering Norfolk Forward</b>                                      |  |
| <b>Managing our resources</b>  |  |
| Staff performance  | The measure has improved from red to amber in reflection of a new year of monitoring. Although the measure includes a monthly review of sickness figures it is too early in the monitoring cycle to determine a true picture of performance.   |
| <b>Service performance</b>   |  |
| Risks  | Two new risks (see below) have been flagged on the dashboard this month  |
| Shortage of personnel through illness, sustained industrial action etc | The risk that influenza or sustained industrial action could cause a shortage of staff. This could cause more interruption in some areas than others, particularly front facing services which are extremely dependent on employees to deliver services.   |
| ICT loss of key systems  | Loss of core or loss of a key ICT systems, communications or utilities for a significant period could impact on delivery of critical services.   |
| <b>Outcomes for Norfolk people</b>                                     |  |
| Ombudsman complaints where maladministration found                     | Wording has been amended because from the selection of responses the ombudsman can give unless there is maladministration they have more often than not find in our favour. Previously this measure was called '% complaints upheld by the Ombudsman'. The definition of upheld (i.e. 'is that upheld in our or the customer's favour?' ) is often queried so the changed wording is in order to make it more obvious what the measure related to. |

## Risk Register - Norfolk County Council - Summary (Appendix 2)

| Area   | Risk Number | Risk Name  | Risk Description  | Date entered on risk register | Current Risk Score | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner      |
|--|-------------|--|---|-------------------------------|--------------------|-------------------|-------------|---|-----------------|
| Resources Procurement                                | RM14080     | Failure of tender process  | If we do not manage the commissioning and tendering process effectively we may be subject to legal challenge from an unsuccessful bidder or we may appoint a bidder which is not capable of delivering the contract effectively.  | 16/10/2012                    | 8                  | 4                 | 30/09/2013  | Green   | Paul Brittain   |
| Resources Procurement Business Continuity            | RM14081     | Failure of supplier  | If a supplier fails to deliver in accordance with the contract (because of insolvency, capability issues, lack of contract management or a poorly drafted contract) we may be unable to deliver services to the required standard or we may incur excessive costs   | 16/10/2012                    | 9                  | 4                 | 30/06/2013  | Green   | Paul Brittain   |
| Resources HR Shared Services Business Continuity     | RM14097     | Shortage of personnel through illness, sustained industrial action etc | The risk that influenza or sustained industrial action could cause a shortage of staff. This could cause more interruption in some areas than others, particularly front facing services which are extremely dependent on employees to deliver services.  | 01/04/2013                    | 12                 | 6                 | 31/03/2014  | New Risk  | Audrey Sharp    |
| Resources Corporate Programme Office                 | RM0200      | Insufficient capacity for business transformation                      | Insufficient capacity and resources in the organisation to make required business transformation resulting in change projects not being delivered on time and risk that business as usual could fail in some areas.   | 01/04/2011                    | 12                 | 8                 | 31/03/2014  | Amber   | Anne Gibson     |
| Resources HR Shared Services                         | RM13918     | The speed and severity of change in work activities.                   | The speed and severity of the changes in work activities and job cuts outlined as necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This could lead to increased sickness absence, poor morale and a reduction in productivity.  | 23/05/2011                    | 12                 | 8                 | 31/03/2014  | Green   | Audrey Sharp    |
| Resources ICT Shared Services Information Management | RM13968     | Failure to follow data protection procedures                           | Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.   | 30/09/2011                    | 12                 | 4                 | 31/03/2014  | Amber   | Tom Baker       |
| Resources ICT Shared Services Business Continuity    | RM14100     | Loss of key ICT systems  | Loss of core or loss of a key ICT systems, communications or utilities for a significant period could impact on delivery of critical services.  | 01/04/2013                    | 12                 | 6                 | 31/03/2014  | New Risk  | Tom Baker       |
| Resources Corporate Programme Office                 | RM13919     | Organisational changes within the NHS                                  | Organisational changes within the NHS may inhibit our ability to deliver effective integrated care services. This could lead to disjointed services, a lack of clarity around roles and responsibilities, resulting in confusion for service users, greater costs and a worse service experience for service users                                | 23/05/2011                    | 10                 | 5                 | 31/03/2014  | Green   | Debbie Bartlett |
| Resources Finance                                    | RM14094     | Failure to deliver planned budget savings in 2013/14                   | The risk that planned budget savings are not delivered in full and on time could lead to imposed in-year cuts and reductions in planned service delivery. This could impact on services delivered to the public, as well as generating adverse public and media comment if cuts are made in areas that were not included in the Big Conversation. | 31/01/2013                    | 9                  | 6                 | 31/03/2014  | Green   | Paul Brittain   |
| Resources Finance                                    | RM8680      | Failure to recover outstanding funds from Icelandic banks              | Norfolk County Council fails to recover monies outstanding from Icelandic banks.  | 01/10/2008                    | 5                  | 5                 | 31/03/2014  | Green   | Paul Brittain   |

**Risk Register - Norfolk County Council Key Risk Details (Appendix 3)**

| Area   | Risk Number | Risk Name  | Risk Description   | Date entered on risk register | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk  | Progress update  | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner   | Reviewed and/or updated by | Date of review and/or update |
|--|-------------|--|--|-------------------------------|--------------------|----------------|--------------------|---|--|-------------------|---------------|-------------------|-------------|---|--------------|----------------------------|------------------------------|
| Resources<br>HR Shared Services<br>Business Continuity | RM14097     | Shortage of personnel through illness, sustained industrial action etc | The risk that influenza or sustained industrial action could cause a shortage of staff. This could cause more interruption in some areas than others, particularly front facing services which are extremely dependent on employees to deliver services. | 01/04/2013                    | 3                  | 4              | 12                 | <b>BCPE001</b><br><b>Business Partners / HR service manager / HR workforce planning team</b><br>Ensure key skills for critical activities are documented to support redeployment of staff in the event of needing staff to support critical activities. | Business Partners to remind management teams on an ongoing basis to ensure systems are in place to support critical activities. HR Workforce planning team are working with HR Business Partners to identify critical skills and roles to meet future challenges and service objectives.   | 3                 | 2             | 6                 | 31/03/2014  | <b>New Risk</b>                                       | Audrey Sharp | Lucy Hohnen                | 07/05/2013                   |
|  |             |  |  |                               |                    |                |                    | <b>BCPE002</b><br><b>Lucy Hohnen</b><br>Maintain critical skills within NCC's Corporate HR system.  | Qualifications can now be added to an employee's personal record via self service. This is available to approx 4000 employees and allows a wide range of qualifications to be recorded. Whilst this does not fully meet the need as it is not yet possible to record skills, just qualifications, a greater range of information is now available. Increased scope of both the available functionality and number of employees who can access self service is planned. |                   |               |                   |             |   |              |                            |                              |
|  |             |  |  |                               |                    |                |                    | <b>BCPE003</b><br><b>Workforce planning team / Business Partners</b><br>Ensure that succession planning is considered appropriately.  | There is guidance on peoplenet as well as in the HR Service plan. Managers reminded by HR Business Partners' to ensure succession planning considered.   |                   |               |                   |             |   |              |                            |                              |
|  |             |  |  |                               |                    |                |                    | <b>BCPE006</b><br><b>Workforce planning team / Business Partners</b><br>Ensure managers have arrangements to multi-train/skill all appropriate staff, so that activities are not reliant on a small number of individuals.                              | Business Partners to remind management teams on an ongoing basis to ensure they have arrangements in place to multi-train and skill staff. Needs to feed into management training, e-learning and bite size training courses.  |                   |               |                   |             |   |              |                            |                              |

|   |        |   |  |            |   |   |    |   |   |   |   |   |            |       |             |             |            |
|---|--------|---|--|------------|---|---|----|---|---|---|---|---|------------|-------|-------------|-------------|------------|
| Resources<br>Corporate<br>Programme<br>Office | RM0200 | Insufficient capacity<br>for business<br>transformation | Insufficient capacity and resources in<br>the organisation to make required<br>business transformation resulting in<br>change projects not being delivered on<br>time and risk that business as usual<br>could fail in some areas. | 01/04/2011 | 3 | 4 | 12 | <ul style="list-style-type: none"> <li>• Corporate Programme Office established and rigorously reviews and reports progress of the Council's business transformation programme (Norfolk Forward) on a monthly basis within a formal governance and reporting structure.</li> <li>• Capacity and resource planning is a key part of this agenda to ensure successful delivery of the strategic outcomes</li> <li>• Any issues are addressed by the Norfolk Forward Strategic Programme Board through prioritisation of projects or where necessary the utilisation of the cost of change budget</li> <li>• The corporate performance framework looks at four themes, (Managing change, Managing the budget, Quality and Performance of Services and Outcomes for Norfolk people). This enables us to assess the impact our change priorities have on our business as usual performance and resources.</li> </ul> | <p>Progress continues to be made in the implementation of resource management processes and we are currently in the process of procuring a portfolio and resource management solution to be rolled out across shared services; the initial proof of concept will be in ICT and the CPO.</p> <p>Resource discussions are taking place as part of regular management meetings in HR, ICT, CS and the CPO this is supported by discussions in the Norfolk Forward Leads meeting and the highlight report which are identifying pinch points and actions to address resource shortfalls. Resource challenges are currently being more keenly felt across the organisation particularly at a senior management level as the delivery of the existing projects portfolio is continuing in parallel with an intensive period of work for Enterprising Planning and Enterprising Solutions.</p> <p>There are a number of shared services areas which have multiple demands from transformation projects, business as usual activities and the development of their own services to enable delivery of future outcomes. Each of these areas is regularly reviewing demand and adjusting allocation, however it will be important to support the capacity in these areas by 'investing to save'; utilising temporary resources to augment the teams to either release subject matter experts to be more engaged in projects or to provide additional project management expertise under the umbrella of the CPO. As Enterprising Norfolk develops it will be increasingly important to consider this type of investment in order to effectively design and deliver desired outcomes.</p> <p>We are continuing to experience significant demand for skilled Programme and Project Managers and BPR consultants to support our complex transformation programme.</p> <p>This pressure is being managed by anticipating potential shortfalls and identifying options to address these issues across the project portfolio; options which are considered on a monthly basis including deferring non-Norfolk Forward and non critical business as usual activities, changing priorities, securing temporary resource and investigating possible funding options.</p> | 2 | 4 | 8 | 31/03/2014 | Amber | Anne Gibson | Diana Dixon | 03/05/2013 |
|---|--------|---|--|------------|---|---|----|---|---|---|---|---|------------|-------|-------------|-------------|------------|

|  |         |  |   |            |   |   |    |   |   |   |   |   |            |       |           |                   |            |
|--|---------|--|---|------------|---|---|----|---|---|---|---|---|------------|-------|-----------|-------------------|------------|
| Resources ICT Shared Services Information Management | RM13968 | Failure to follow data protection procedures | Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims. | 30/09/2011 | 3 | 4 | 12 | <p>An Information Compliance Group (ICG) has been set up with responsibility for developing policies and procedures and monitoring compliance with the DPA. New staff, volunteers, and contractors' employees do not have unsupervised access to the council's computer facilities or personal data until they have completed the data protection and information security courses (e-learning and workbook based options are provided). Refreshers at no longer than 3-year intervals are mandatory. Completion of courses is monitored and 'overdue' completions are reported to COG and line managers. In areas where sensitive personal data is held, a) rules have been introduced to ensure that recipient information is accurate before the data is sent out of the council, and b) communications plans to reminding staff of procedures are in place.</p> <p>A standard procedure for notifying, investigating, categorising the seriousness, and addressing the causes of, breaches of the DPA is now in place. Incidents are notified to and logged by the Corporate DP Officer who submits weekly reports to the Chief Information Officer and monthly updates to the ICG. COG, advised by the the Chief Information Officer and the Monitoring Officer, is required to confirm whether a breach should be notified to the Information Commissioner. In future regular reports to be provided to Departmental SMTs</p> | <p>An Information Management Shared Service has been established to integrate all information activities, including Information Compliance and Information Security. Parishioners will be co-located, and common processes and procedures introduced where they do not already exist. Formal launch of the service is scheduled for 02 May 2013. Appointments made to the new IM Shared Service. SLA developed and published in April 2013.</p> | 1 | 4 | 4 | 31/03/2014 | Amber | Tom Baker | Stephen Livermore | 18/04/2013 |
|--|---------|--|---|------------|---|---|----|---|---|---|---|---|------------|-------|-----------|-------------------|------------|

|   |         |                        |  |            |   |   |    |   |  |   |   |   |            |                 |           |           |            |
|---|---------|------------------------|--|------------|---|---|----|---|--|---|---|---|------------|-----------------|-----------|-----------|------------|
| Resources ICT Shared Services Business Continuity | RM14100 | Loss of key ICTsystems | Loss of core or loss of a key ICT systems, communications or utilities for a significant period could impact on delivery of critical services. | 01/04/2013 | 3 | 4 | 12 | Task 001 - Ensure ICT solutions are designed, implemented and operated to provide the agreed level of resilience  | Standard ICT processes are being reviewed to ensure that the business requirements for resilience are correctly identified and built into ICT projects and operational ICT solutions.  | 2 | 3 | 6 | 31/03/2014 | <b>New Risk</b> | Tom Baker | Ann Carey | 03/05/2013 |
|   |         |                        |  |            |   |   |    | Task 002 - Ensure the ICT dependencies and requirements of the business are fully understood and reflected in ICT operational services, ICT infrastructure / platforms, ICT continuity plans and ICT recovery processes | The Major Incident - Business communication process has been revised and improved to ensure appropriate key staff are automatically informed so early intervention can be made to minimise business disruption. This process is under regular review with Corporate Resilience team and service based Business Continuity leads to identify further improvements.<br>ICT recovery processes and timescales were tested as part of power down exercise and baseline established BIA exercise will be structured and managed to elicit key information on ICT dependencies and recovery time objectives. All BIA s will be reviewed and key ICT information agreed with relevant business leads and Corporate Resilience Team. |   |   |   |            |                 |           |           |            |
|   |         |                        |  |            |   |   |    | Task 003 - Ensure the increased availability of ICT platforms and services through planned migration of data centre services from County Hall and Carrow House to more appropriate and resilient environments           | The provision of alternative physical server hosting facilities and cloud hosting services are included within the scope of the proposed DNA (Digital Norfolk Ambition) programme, detail plans will be developed following formal approval of business case expected Sept 2013. Interim measures to improve environmental management of data centres (e.g. managed power supply, air conditioning, security) have been delivered as part of Data Centre Resilience Project.   |   |   |   |            |                 |           |           |            |
|   |         |                        |  |            |   |   |    | Task 004 - Ensure provision of appropriate ICT support for business services operating outside of standard business hours   | Provision of a formal ICT out of hours support service is included within scope of DNA Programme. Maintaining existing stand-by provision to ensure ICT response to a major out of hours incident  |   |   |   |            |                 |           |           |            |



## Appendix 4 Public Health Risk Register

| Risks – currently being managed |  |                |   |                              |       |
|---------------------------------|--|----------------|---|------------------------------|-------|
| Risk                            | Description  | Impact (L,M,H) | Mitigating Actions  | Owner                        | RAG   |
| 1                               | Organisational changes within the NHS may inhibit our ability to deliver effective integrated care services. This could lead to disjointed services, a lack of clarity around roles and responsibilities, resulting in confusion for service users, greater costs and a worse service experience for service users | H              | <p>The organisational changes related to the NHS Health reforms were implemented on 2 April 2013. As of 2 April 2013, the NCC NHS reforms programme has successfully set up Healthwatch, transferred public health to NCC, created a Health and Wellbeing Board and made the necessary changes to the constitution and ongoing scrutiny arrangements. The NHS reforms programme is preparing for closure and next steps related to realising integration benefits.</p> <p>The new Health and Wellbeing Board is keeping an overview of Health and Wellbeing across Norfolk, they met 17 April, reviewed progress against the new Norfolk joint wide Health and Wellbeing strategy and priorities, and agreed a forward plan and work programme. Following the implementation of the reforms, an NCC Corporate Steering Group has been set up to ensure there is an ongoing overview of health integration, to capture and address any emergent issues and risks that may arise whilst the reforms bed in.</p> <p>NCC's new Public Health department has taken ownership of their risks as part of business as usual and created a detailed risk register in line with NCC risk management policy. They will take a public health risk update paper to CROSP in July 2013 which will be reviewed as part on ongoing performance and risk monitoring.</p> | Debbie Bartlett/Lucy Macleod | GREEN |
| 2                               | NHS may not agree protocols for local authority access to health information required for effective delivery of public health service.   | H              | Awaiting outcome of national working group. Latest guidance states that any costs to access should not be borne by NCC. Access to systems being worked through but still issues around anonymising data available only in patient identifiable form.  | Lucy Macleod                 | AMBER |

## Appendix 4 Public Health Risk Register

| Risks – currently being managed |  |                |  |                              |       |
|---------------------------------|--|----------------|--|------------------------------|-------|
| Risk                            | Description  | Impact (L,M,H) | Mitigating Actions   | Owner                        | RAG   |
| 3                               | The transfer of liabilities in support of our new role may require NCC to implement new arrangements e.g. professional indemnity, pensions, transfer of assets   | M              | Risk assessment of new responsibilities and whether we need new arrangements to address them undertaken. Liaison with insurers with regards to cover from April 2013. Overview of contract liabilities checked, awaiting broker's agreement re professional indemnity. Still awaiting national guidance re on call indemnity insurance. Links made with NCC risk and insurance to capture and track ongoing risk.                      | Susanne Baldwin              | AMBER |
| 4                               | The assumption that is currently being worked to in respect of the delivery of a public health service to Waveney by NCC is incorrect.<br><br>The Health East CCG comprises Great Yarmouth and Waveney (Suffolk County Council) and services were previously provided from the transferring in Public Health service and may therefore continue to be provided by NCC in the short term. | H              | Engage with Suffolk County Council. 54% of Great Yarmouth & Waveney (GY&W) budget allocated to Suffolk on basis of population not need. Working group agreement in principle to cost sharing for 2013/14, approx £3.5 million or to detaching Waveney element of contracts.<br><br>Further meetings set up with Suffolk and key stakeholders to gain better understanding of contract liabilities and Service Level Agreements (SLAs). | Lucy Macleod                 | AMBER |
| 5                               | Allocation of money doesn't relate to actual expenditure on PH initiatives through block contracts with NHS. A view will need to be taken of the value of individual contract elements, but these may not equate to the actual future costs which may be higher due to diseconomies of scale etc.  | H              | Further financial analysis of actual expenditure on PH initiatives to breakdown costs and get clear understanding of contractual commitments, value and value for money. Notification given to Procurement of intention to retender larger contracts sitting within the NHS or former NHS organisations.   | Susanne Baldwin/Lucy Macleod | AMBER |
| 6                               | Need to clarify local 'measures' and ensure that current statements/proposed business practices are not contrary to desire for business continuity etc.  | H              | HR framework discussed and agreed.<br><br>Emergency planning and business continuity issues will be taken forward by member of PH staff working within NCC emergency planning team.  | Amanda Gray/Lucy Macleod     | GREEN |
| 7                               | Information and clinical governance roles and sources of expert advice are unclear, leading to risks around shared data, patient consent and failure to comply with data protection and FOI requirements   | H              | Involve NCC's Head of IT & Information Management to provide information governance advice to public health<br>Adopt Nplaw approach of using NCC/internal advice and buying in more specialised advice when required<br><br>Add FOI and data protection issues/risks to manager and staff events. Temporary measures to purchase clinical governance support being taken forward.  | Lucy Macleod                 | GREEN |

## Appendix 4 Public Health Risk Register

| Risks – currently being managed |   |                |  |              |              |
|---------------------------------|---|----------------|--|--------------|--------------|
| Risk                            | Description   | Impact (L,M,H) | Mitigating Actions   | Owner        | RAG          |
| 8                               | It is not yet clear how capacity and skills gaps relating to provision of support services and commissioning expertise will be identified and addressed across public health, NCC, CCG's and Commissioning Support Unit (CSU), which may lead to risks and around overall provision, quality, availability, expectations and levels of resourcing and support | M              | Further work needed to clarify the offer and what is provided from NCC to CCGs.<br>DPH is negotiating a core offer to CCG's that will make it clear what is provided and what will need to be paid for | Lucy Macleod | <b>GREEN</b> |
| 9                               | The DPH is unable to provide assurance to Members that plans are in place for the management of PH emergencies in the Local Authority area.   | H              | DPH is working with neighbouring counties and other NHS organisations to ensure that resources and protocols are in place for response to outbreaks and other PH emergencies.                          | Lucy Macleod | <b>AMBER</b> |
| 10                              | Public Health England are unable to finalise arrangements for a Public Health on call rota by the end of June leaving Norfolk without full out of hours cover.  | H              | DPH to discuss with Cabinet Member and Insurers to find way forward.   | Lucy Macleod | <b>RED</b>   |

| Risks that have been managed through to conclusion – now closed |   |                |  |              |               |
|---|---|----------------|--|--------------|---------------|
| Risk  | Description   | Impact (L,M,H) | Mitigating Actions   | Owner        | Status        |
| 1   | Public Health is only one part of the changes within the Primary Care Trust (PCT) and may at times be seen as a lower priority. | M              | The Joint PCT/NCC Programme Board no longer exists but position has strengthened as issues relating to transition can be escalated through Director of Public Health (DPH) to Executive Team meetings. | Lucy Macleod | <b>CLOSED</b> |
| 2   | Limited resources available from Public Health team to support transition   | H              | Use new cluster management team meetings to raise project issues and resolve   | Lucy Macleod | <b>CLOSED</b> |

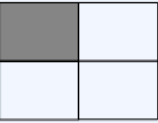
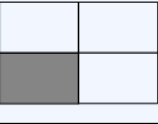
## Appendix 4 Public Health Risk Register

| Risks that have been managed through to conclusion – now closed |  |                       |   |                                  |        |
|---|--|-----------------------|---|----------------------------------|--------|
| Risk  | Description  | Impact<br>(L,M,<br>H) | Mitigating Actions  | Owner                            | Status |
| 3   | There are a number of things already in motion e.g. re-tendering, discussions with Clinical Commissioning Groups (CCG's) that may complicate new service design  | H                     | Include in baseline capture exercise to understand exact position and build into service design planning. Revisit when budget position known. Engage to ensure contractual commitment decisions are being made jointly across such services | Tony Trotman/<br>Susanne Baldwin | CLOSED |
| 4   | Opportunity for contractors to take advantage of transition  | M                     | Understand contracts currently in place and current plans. All transferring contracts now understood, suppliers letters circulated  | Tony Trotman/<br>Susanne Baldwin | CLOSED |
| 5   | Lack of clarity of reforms and destiny of staff groups and individuals   | M                     | Plans will continue to be reviewed and modified as required. Mitigations have been put in place as appropriate.   | Amanda Gray                      | CLOSED |
| 6   | Uncertainty of timeline for budget clarity for public health service transferring to Norfolk County Council  | H                     | Develop service design with options reflecting variable funding levels.<br>Budget confirmed Feb 2013, contract liabilities and costs better understood  | Tony Trotman                     | CLOSED |
| 7   | A lot of knowledge of systems, contracts, arrangements etc is currently held within NHS resources that are not transferring  | H                     | Work with NHS colleagues to obtain detailed information regarding procurement contracts, HR contracts and terms of conditions etc.<br>HR arrangements in place to buy in expert/specialised advice as needed.                               | Susanne Baldwin<br>Amanda Gray   | CLOSED |
| 8   | PCT announced plans to reduce staff by some 60/70 and provided all staff with an initial destination – some PH staff have already been seconded into CCGs and this adds to existing resourcing pressures | M                     | Understand the new local NHS Commissioning Support Unit (CSU) structure plans and whether there is an impact on PH staff. Once budget is clear work through resource gaps and decide approach.  | Tony Trotman                     | CLOSED |

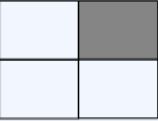
## Risk Register - NCC - Norse Group - Summary (Appendix 5)

| Area                | Risk No. | Risk Name   | Risk Description  | Current Likelihood | Current Impact | Current Risk Score | Rating | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner    |
|---------------------|----------|---|---|--------------------|----------------|--------------------|--------|-------------------|---------------|-------------------|-------------|---|---------------|
| Norse - Finance     | 1        | Failure to clearly define and communicate the vision and objectives for the Norse Group | Failure to clearly define and communicate the County Council's ownership vision and objectives for the Norse Group to the Norse Board could lead to a divergence of direction between the two. This may result in the Norse Group pursuing a direction contrary to the Council's vision.  | 2                  | 4              | 8                  | Medium | 1                 | 4             | 4                 | 30/09/2013  | Green   | Paul Brittain |
| Norse - Finance     | 2        | Failure to establish an appropriate governance framework for the Norse Group            | If the County Council fails to establish an appropriate governance framework that demonstrates robust stewardship of its ownership of the Norse Group it may lead to the County Council being unaware and therefore unprepared for any adverse effects as a result of the Norse Group failing in total or in part or not meeting expected performance standards. This could result in financial pressures and may impact negatively on the County Council's reputation. | 2                  | 4              | 8                  | Medium | 1                 | 4             | 4                 | 30/09/2013  | Green   | Paul Brittain |
| Norse - Procurement | 4        | Award of a contract to the Norse Group without a tender exercise                        | In some circumstances, award of a contract to some Norse Group companies without a tender exercise may be challenged as an 'illegal direct award'. A successful challenge could lead to the contract being set aside (if it is for goods, works or 'Part A' services), and/or to the award of damages (any contract). This would negatively impact on the County Council's reputation   | 2                  | 3              | 6                  | Medium | 1                 | 3             | 3                 | 31/12/2013  | Green   | Al Collier    |

## Appendix 6 Definitions of Measures within the CROSP Dashboard

|  <b>Delivering Norfolk Forward</b> |  |
|---|--|
| Measure   | Definition   |
|   | The individual projects within the Norfolk Forward programme were identified to assist in delivering budget savings identified through the Big Conversation.   |
| Organisational Change   | This programme covers the things we need to do in order to change our organisation, mainly connected with management of the workforce. This includes things like changes to staff, resource planning and changes driven by legislation affecting the workforce like pensions reform. The programme has now moved into the Shared services programme. |
| Organisational Development & Behaviours   | Activity in this programme covers the things we need to do in order to create behavioural change in the workforce. The project is closely linked to Organisational Change.   |
| Income Generation   | Activity includes exploring ways in which we can generate income through the services we deliver across the organisation.  |
| Norfolk Work Style  | Activity in this programme includes delivery of different ways of working that help to support the organisation's priorities. This includes things like our move towards using technology more effectively in our day to day working by putting in place things like e-Democracy   |
| County Hall Programme   | This monitors progress with the development and maintenance programme for the County Hall building.  |
| Shared Services   | Activity in this programme covers all elements of transformation within Shared Services.   |
|  <b>Service Performance</b>      |  |
| Measure   | Definition   |
| HR Direct resolution rate   | This measure shows the rate at which HR Direct (the employee enquiry service for HR related issues) resolves queries. The underlying information for this measure is also a good indication of the HR related issues being raised by staff as well as showing how effective the service is at resolving them.  |
| Number of redeployments (amount of redundancy payment avoided)  | This measure shows the number of members of staff that have been successfully redeployed as a result of changes to their employment or organisational change. The measure is also a useful indication of the amount of redundancy payment that the organisation would have paid if the member of staff had not been redeployed.                      |

| Measure   | Definition   |
|---|--|
| Average number of days employee sickness per FTE        | This measure reports the average number of days sickness taken per FTE (Full Time Equivalent) member of staff. (Using FTE allows us to compare the amount of sickness individual employees have taken on an equal footing even though they may be contracted to work different amounts i.e. Full Time or Part Time). This measure is represented as two figures - 'Whole council' and 'Resources' only |
| Telephone enquiries - % answered within 15 seconds      | This measure shows the percentage of telephone enquiries answered within 15 seconds in accordance with our customer care standard.   |
| % invoices paid by authority within 30 working days     | This measure shows the percentage of invoices the authority has paid within 30 working days which is our standard terms for payment of suppliers   |
| Evaluation of equality from equality impact assessments | This measure uses information gathered from Equality Impact Assessments to determine how well equality issues are being addressed. This is a subjective measure based upon informed judgement of officers.   |

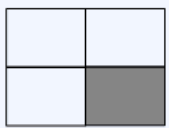
|   |                             |
|---|-----------------------------|
|  | <h2>Managing resources</h2> |
|---|-----------------------------|

| Measure  | Definition   |
|--|--|
| <b>Managing the budget</b>   |  |
| Revenue: projected outturn % overspend / (underspend) compared to budget | This measure shows the percentage of the revenue budget that we expect to under or overspend by. The figure is based upon the amount of the budget that has already been spent and a projection of how much of the budget has been committed in the future. By using a projected figure we are able to give an early indication of how much of the budget will have been spent if we continue 'as is' by year end. This measure is represented as two figures - 'Whole council' and 'Resources' only |
| Spend against profiled capital budget (for the current financial year)   | This measure works in the same way as the revenue measure above but looks at the amount of capital that has already been spent as well as how much has been committed to further projects. This measure is represented as two figures - 'Whole council' and 'Resources' only.  |
| Projected cashable efficiency savings                                    | This measure shows the amount of money that has been generated through the efficiency savings programme.   |
| Premises related costs per FTE   | This is an annual measure which shows how much money has been spent on buildings occupied by NCC per FTE employee (Full Time Equivalent). . When we calculate how much premises cost we include general costs such as repairs, ground costs, energy, rent, rates, water, building fixtures, cleaning, insurance, building maintenance expenditure and office accommodation costs. These are common to all premises we occupy.  |

| Measure   | Definition  |
|---|---|
| <b>Procurement (Whole Council)</b>  |   |
| Compliance - % of iProc spend recorded as 'on contract' – moving average (surveillance measure)   | iProc is our electronic system for managing spending with contracted suppliers. 'On contract' means that NCC and the contractor are both meeting their obligations under the terms and conditions of the contract. This measure records the percentage of the total amount of money spent with contractors through iProc that is 'on contract'.   |
| Administrative efficiency - % iProc orders going out automatically – moving average   | iProc is our electronic system for managing spending with contracted suppliers. This measure shows the amount of orders processed for goods through iProc that are being issued automatically. This measure is also an indication of how well we are progressing against one of our priorities - to create more automated, efficient systems that remove duplication and speed up the process including transactions with our suppliers.  |
| <b>Sustainability</b>   |   |
| [A] NCC Carbon dioxide emissions (kg) (surveillance measure)  | Calculated on an annual basis this shows how much carbon dioxide (CO2) has been generated by NCC buildings, street lighting and NCC transport. This gives us an indication of whether or not we will be able to reach our target of reducing CO2 emissions by 25% and also shows how we are working towards lowering our energy bills.  |
| % CO2 emissions from automatically metered buildings compared to 08/09 baseline   | This relatively new measure is reported every month. It is based on a rolling 12 month time period. It monitors carbon dioxide emissions from NCC property where AMRs (Automated Meter Reading) have been installed for at least two years. This means it is currently possible to monitor on a monthly basis carbon dioxide emissions from approximately 59% of the carbon dioxide sources NCC is responsible for. The other 41% comes from unmetered buildings, street lighting and transport which cannot be monitored regularly and are instead calculated annually in the measure above. Regular monitoring helps to identify the locations where action may be needed to reduce carbon emissions. |
| <b>Organisational productivity</b>  |   |
| This section of the dashboard is split in to three composite measures. This means that each measure is made up of a number of different elements , which are shown below, that overall give us an indication of performance across the organisation. Each of the three measures is given an overall RAG (Red, Amber or Green) rating to show how well overall, based upon the judgement of HR officers and progress against set targets the measure is progressing. |   |
| Staff performance (composite measure)   | This includes the following: <ul style="list-style-type: none"> <li>• Amount of sickness absence;</li> <li>• Number of appraisals carried out within timescale;</li> <li>• Number of disciplinaries;</li> <li>• Number of health &amp; safety incidents</li> </ul>  |
| Staff engagement (composite measure)  | This uses answers from the annual staff survey to determine the following: <ul style="list-style-type: none"> <li>• Resilience – how resilient is the workforce in order to meet future organisational challenges</li> <li>• Employee advocacy – do employees speak positively about the organisation</li> </ul>  |



| Measure                                | Definition   |
|--|--|
| Staff resourcing (composite indicator) | <ul style="list-style-type: none"> <li>Grievances – how many employees have raised a grievance through the official process</li> </ul> <p>This includes the following:</p> <ul style="list-style-type: none"> <li>Recruitment activity/costs – how much recruitment activity is being carried out and what is the cost</li> <li>Redeployment activity – how many members of staff have been redeployed and how much staff time has it taken to manage the transition</li> <li>Redundancy – how many members of staff have been made redundant and how much staff time has it taken to manage the process</li> <li>liP Accreditation – has the organisation maintained its liP (Investors in People) accreditation</li> <li>HR Direct resolution rate – how quickly are issues resolved by the HR Direct team</li> <li>Use of temporary &amp; agency staff – how often are we having to use temporary or agency staff</li> <li>Management of Change – how well is change being managed from the point of view of members of staff, taken from the annual staff survey</li> <li>Culture Change Shifts – same as above</li> </ul> |
| Corporate level risks                  | Risks identified within the Corporate Risk Register that are relevant to Shared Services which risk owners think may not be mitigated to an acceptable level by the target date.   |

|   |                                    |
|---|------------------------------------|
|  | <b>Outcomes for Norfolk People</b> |
|---|------------------------------------|

| Measure  | Definition   |
|--|--|
| <b>People's view on Council services</b>                               |  |
| Satisfaction with services (through annual tracker survey)             | This is the percentage of people from Norfolk that say that they are satisfied with the services they receive from NCC. Data comes from NCC's Annual Customer Satisfaction Survey carried out by Ipsos Mori.   |
| Satisfaction with the way we handle customer complaints                | Data comes from NCC's Annual Customer Satisfaction Survey carried out by Ipsos Mori. It shows how satisfied customers that have raised a complaint have been with the way that their complaint was dealt with. |
| Ombudsman complaints where maladministration found                     | This shows the number of complaints against NCC that have been referred to the Ombudsman where maladministration has been found in the way the complaint was handled.  |
| <b>Accessing the council including advice and signposting services</b> |  |
| Quality and effectiveness of customer access channels                  | This is a composite measure supplied monthly by the central Customer Service and Communications Dept. This contains three main areas of customer contact – online, customer                                    |

| Measure   | Definition   |
|---|--|
|   | service centre and face to face. The measure uses internal targets as well as an electronic survey to determine things like – how easy is information to find on our website, how quickly do web pages load and whether queries directed to our Customer Service Centre are answered first time.   |
| <b>Localism (Whole Council)</b>   |  |
| <b>[A]</b> % residents who feel they can influence decisions affecting their local area | This percentage is taken from the NCC Annual Tracker Survey.   |
| <b>Equalities (Whole Council)</b>   |  |
| Tackling priorities identified by potentially vulnerable residents                      | We have worked with residents to consider and identify the essential priorities to tackle over the next three years to promote accessibility and equality across all services we pay for or deliver. This subjective measure assigns a RAG (Red, Amber, Green) rating to give an overall view of how well the organisation is tackling these issues. |
| <b>[B]</b> Reported number of hate incidents and hate crimes                            | The number of reported hate incidents and hate crimes supplied by the Police   |

**Key:**

Unless prefixed by either a **[Q]** or **[A]** or **[B]** (representing Quarterly, Annually or Biannually respectively) each measure is monitored monthly.

RAG – Red, Amber or Green is a standard traffic light system of rating performance. A summary of what this means is included within the dashboard.

## Scrutiny Forward Work Programme

Report by the Head of Democratic Services

### Summary

This report asks Members to review and develop the programme for scrutiny.

### Action requires

Members are asked to:

- i) consider the Outline Programme for Scrutiny and agree the scrutiny topics and reporting dates
- ii) consider new topics for inclusion in line with the criteria at para 1.2

## 1. The Programme

1.1 The Outline Programme for Scrutiny has been updated to show changes from that previously submitted to the Panel on 13 June 2013.

1.2 Members of the Overview and Scrutiny Panel can add new topics to the scrutiny programme in line with the criteria below:

**(i) High profile** – as identified by:

- Members themselves (through meetings with constituents etc)
- Public (through surveys etc)
- Media
- External inspection

**(ii) Impact** – this might be significant because of:

- The scale of the issue
- The budget that it has
- The impact that it has on members of the public (this could be either a small issue that affects a large number of people or a big issue that affects a small number of people)

**(iii) Quality** – for instance, is it:

- Significantly under performing
- An example of good practice
- Overspending

**(iv) It is a Corporate Priority**

## 2. Section 17 – Crime and Disorder Act

2.1 The crime and disorder implications of the various scrutiny topics will be considered when the scrutiny takes place.

## 3. Equality Impact Assessment

3.1 This report is not directly relevant to scrutiny, in that it is not making proposals that will have a direct impact on equality of access or outcomes for diverse groups.

## 4. Other Implications

4.1 Officers have considered all the implications which Members should be aware of. Apart from those listed above, there are no other implications to take into account.

## 5. Action required

Members are asked to:

- i) consider the Outline Programme for Scrutiny and agree the scrutiny topics and reporting dates
- ii) consider new topics for inclusion in line with the criteria at para 1.2

### Outline Programme for Scrutiny

| Meeting date | Topic  | Administrative business   |
|--------------|--|---|
| 3/9/13       | <b>The County Council's Usage of Water</b> – to receive an update on progress in implementing the Council's water strategy and recommendations in the working group's reports to the Panel in July 2012 and March 2013   |   |
| 15/10/13     | <b>Norfolk Energy Futures Ltd Annual Report</b><br><br><b>Carbon and Energy Reduction Programme Annual Report 2012/13</b>  | To examine the company's first Annual Report on its way to Cabinet<br><br>Progress on the Carbon Reduction Commitment and Greenhouse Gas emissions. |
| 12/11/13     | <b>To be decided</b>   |   |
| January 2014 | <b>Compliments and Complaints Service – April to September 2013</b> – performance review<br><br><b>Shared Services Six Monthly Progress Report</b><br><br><b>Improving Customer Service: Six Monthly Progress Report</b> | Six-monthly reporting. Last report in July 2013.<br><br>Last report in June 2013.<br><br>Last report in June 2013.                                  |

**Scrutiny items completed by the Panel during past year:**

- nplaw – performance and business development (September 2012)
- Post Offices (July and November 2012)
- Arrangements for managing risks to Norfolk County Council arising from the outsourcing and commissioning of services (November 2012)
- The Council's policy for responding to claims for compensation arising from accidents on public footways (November 2012)
- Business Process Re-engineering (March 2013)
- Public Sector Pensions (March 2013)

**Officer Contact:** If you have any questions about matters contained in this paper please get in touch with Keith Cogdell 01603 222785 [keith.cogdell@norfolk.gov.uk](mailto:keith.cogdell@norfolk.gov.uk)



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**COMPLIMENTS AND COMPLAINTS SERVICE APRIL 2012 – MARCH 2013  
PERFORMANCE REVIEW**

**Report by the Head of Customer Services and Communications**

**SUMMARY**

This is the annual report on compliments and complaints from Customer Service and Communications. It covers the period April 2012 to March 2013 and includes:

- The number and spread of complaints dealt with by the County Council in the 2012/13 financial year.
- The development of Norfolk County Council's compliments and complaints shared service.

This report demonstrates:

- The volume of total contacts received for this financial year has risen by 9.8%, (a 7.6% increase in complaints and 11.6% increase in compliments). The ratio of compliments to complaints across Norfolk County Council is approximately 1:2.
- Four in every five customers have had their complaint resolved satisfactorily at the earliest opportunity without it progressing to a formal stage.
- 12% of complaints in this period have been fully upheld.
- The average cost of each complaint resolved in this period has dropped by £34.

**Action Required**

CROSP members are asked to consider the compliments and complaints data and information for the 2012/13 financial year.

**1.0 INTRODUCTION**

- 1.1 The shared service Compliments and Complaints Team is a single point of contact for customers, to feedback their perceptions of the services provided by the County Council. The team ensure that all formal complaints are appropriately responded to in line with either the Norfolk County Council Corporate Complaints Procedure or applicable statutory complaints procedure.
- 1.2 Customer compliments and complaints provide Norfolk County Council (NCC) with an insight into how services are perceived and received by service users. Detailed compliment and complaint information is reported monthly to individual service departments and annually to departmental Overview and Scrutiny Panels.
- 1.3 As part of the complaints process, the Compliments and Complaints team use the customer feedback to help identify where service improvements can be made and pass these on to the relevant service areas to help improve customer satisfaction.
- 1.4 The Local Government Ombudsman (LGO) have advised that this year they will not be producing annual letters for individual councils about complaints received against them in

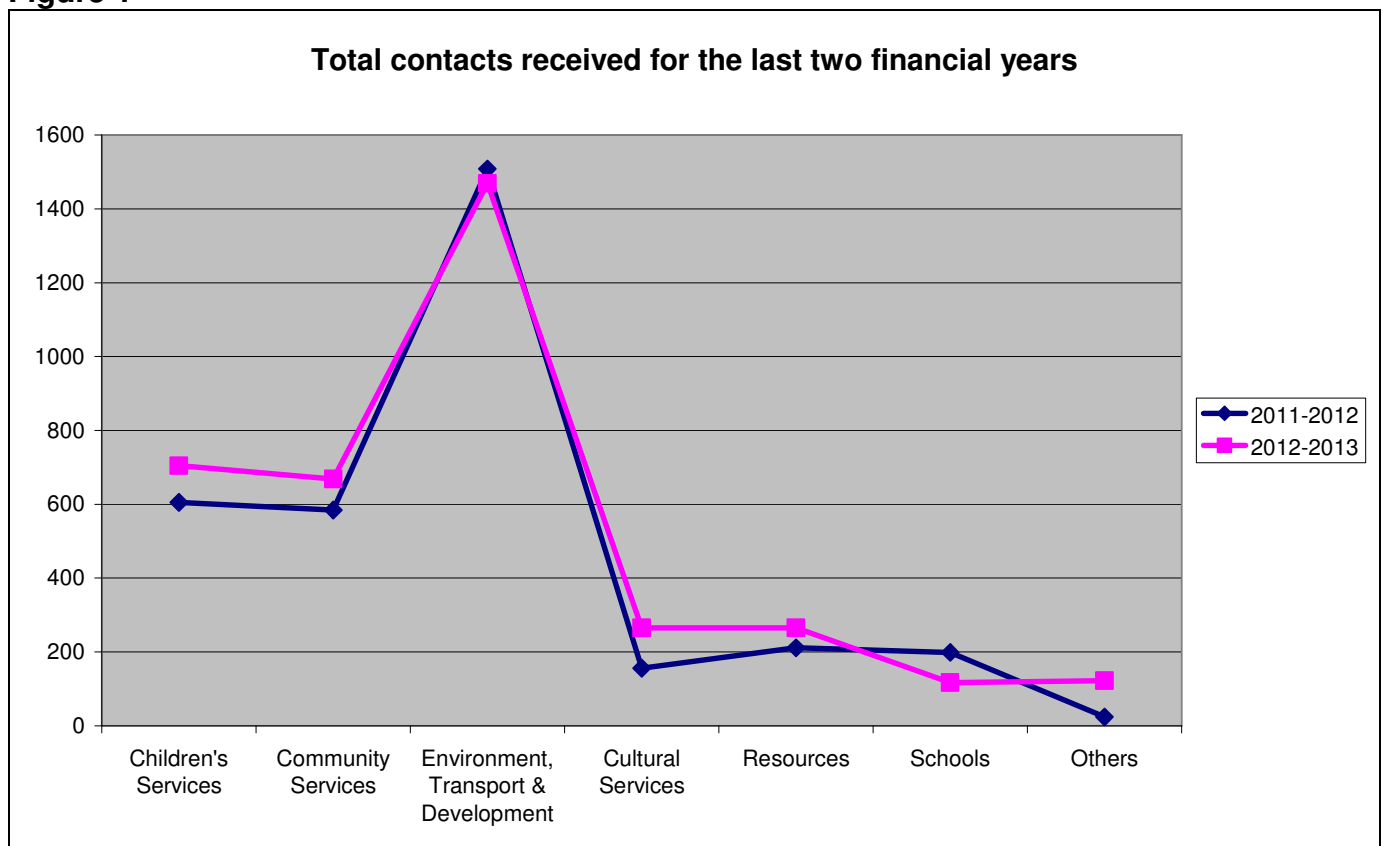
the same way as in previous years. This is because the LGO has changed the way they handle complaints part way through the year, and therefore any statistics will not provide a comparable picture. However, the LGO has not reported any NCC cases as maladministered in this financial year.

## 2.0 SERVICE DEVELOPMENTS APRIL TO MARCH 2013

- 2.1 The Compliments and Complaints team has worked with partner agencies to ensure processes are in place to deal with representations in respect of the new Police and Crime Commissioner role, Police and Crime panels and the Multi Agency Safeguarding Hub. These processes include restorative approaches.
- 2.2 To help ensure a greater use of result of customer feedback from complaints to change and improve services, we hold monthly service improvement meetings with Quality Assurance staff from each service. At these meetings we discuss, log and progress initiatives or issues we have identified from customer feedback.
- 2.3 During this period we have strengthened relationships with key stakeholders including the NHS and with offices of Members of Parliament and the LGO.
- 2.4 Following a Business Process Review, process improvements created savings which were invested in to the team in the form of an additional case manager, reducing the need and expense on external investigator resources, without the need to increase the team budget. This has improved the service to internal and external customers by ensuring consistency in approach.

## 3.0 COMPLAINTS DATA FOR THE 2012/13 FINANCIAL YEAR

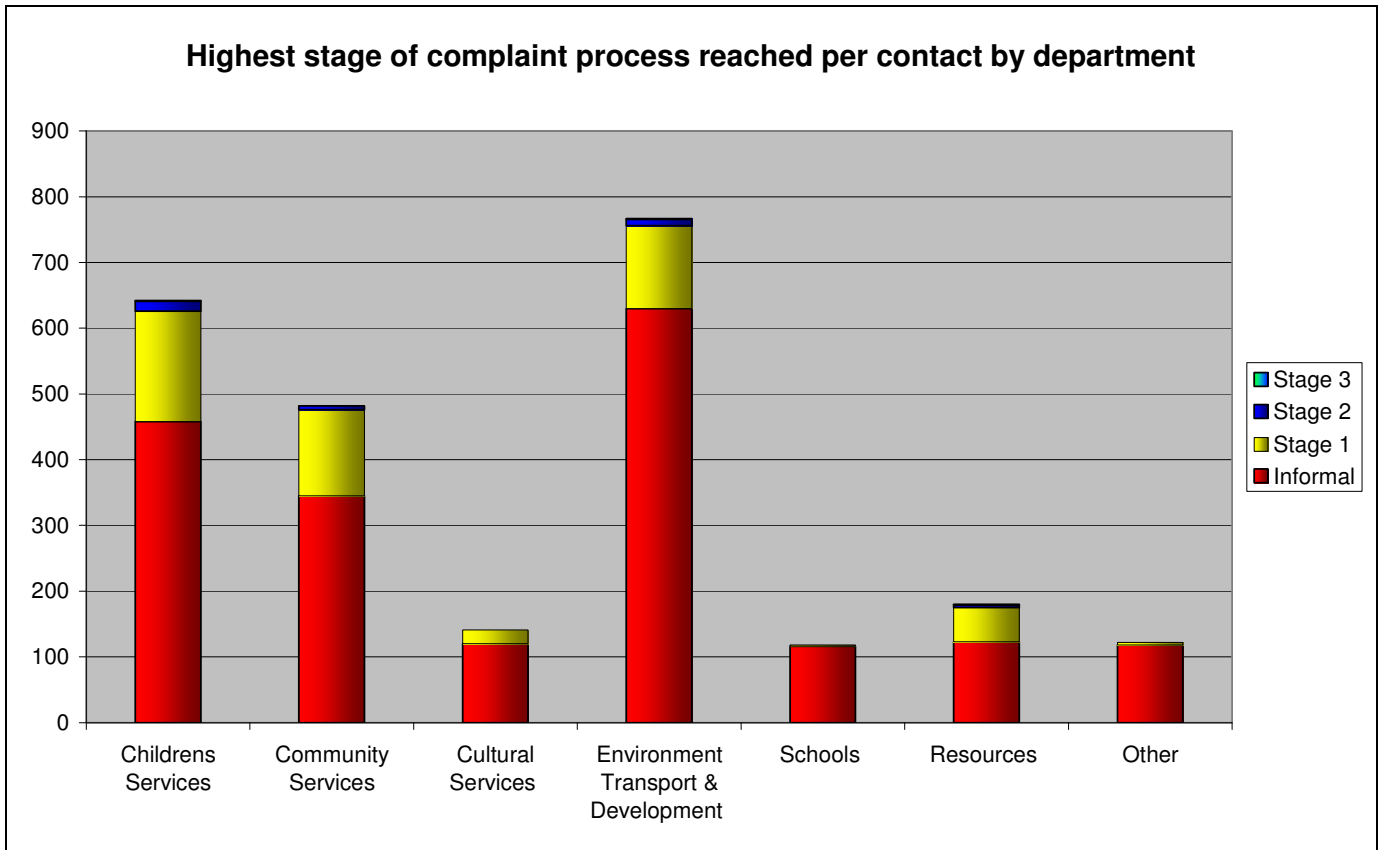
Figure 1



- 3.1 The breakdown of the total number of contacts received by service department is shown in Figure 1. This year, the compliments and complaints team dealt with 3609 contacts from people who said they wanted to compliment us or make a complaint. This compares with 3287 for the 2011-12 financial year and represents a 9.8% increase.
- 3.2 The total volume of complaints has gone up by 10% for Children's Services. However, year on year, the number of contacts regarding schools is decreasing as, through training and working with colleagues in the Customer Service Centre, we are able to effectively signpost parents and carers at an earlier stage. The Compliments and Complaints team is now only called upon to offer advice on the most complex cases.
- 3.3 The number of complaints in Cultural Services has remained generally consistent with previous years. The Compliments and Complaint team now log Library complaints centrally (since 1 November 2012) and this sees a rise in the number of reported contacts. Previously this function was undertaken by Cultural Services. This change enables an enhanced understanding of complaints and contacts with in the Library Service and will assist in identifying trends in future.
- 3.4 Within Environment, Transport and Development a greater uptake of online applications resulting in a quicker service has reduced the numbers of people contacting the service over school transport matters. Similarly, fewer people have contacted us about Park and Ride issues compared to the previous year when changes to the service were introduced. Overall, a decrease in complaints of 32% has been seen across Travel and Transport. An increase in contacts about Highways related matters has been experienced across 2012/13, with a 45% upturn compared to 2011/12. Complaints have generally centred around defects on the highway and winter maintenance. Given the colder weather experienced across the year an increase was not unexpected.
- 3.5 Community Services: Adult Care has seen a rise in the number of people contacting the service about eligibility assessment decision matters. The numbers of complaints about services not being up to standard has considerably decreased. Last year staff attitude and behaviour complaints accounted for 12.8% of the total. This year, they accounted for 16.4% of the complaints received. Just over a quarter of the complaints received relate to the third party providers of the services we commission.
- 3.6 The increase in volumes of contacts for Corporate Resources is largely due to the Finance Shared Service assuming responsibility for handling the transactional adult social care financial elements, including billing, that had previously been the responsibility of colleagues in Community Services.
- 3.7 "Others" includes third party, NORSE and Norfolk Fire and Rescue contacts, where the individual volumes are very low. The increase in numbers observed here is a result of the Compliments and Complaints team capturing contacts where customers are referred to third parties, for example complaints requiring consumer advice (referred to Citizen Advice Bureau), or refuse collection (referred to district council), which was not done during the previous year.



**Figure 2**



3.8 Figure 2 shows the highest stage reached for contacts resolved broken down by service department. Whilst people contacting us to complain about any element of our service are always made aware of their ability to raise a formal complaint – triggering the Authority’s formal complaint process - we aim to handle these first, informal contacts in such a way that people are satisfied with the response they get and so do not want, or feel the need to press on with a formal complaint. You will see from the graph that the vast majority of contacts are successfully handled in this way.

3.9 During the financial year covered by this report, 79.8% of first contacts were resolved at the informal stage to the satisfaction of those concerned. Due to the complexity of cases, a lower percentage, 73.8%, of first contacts about Children’s and Adult Social Care were resolved informally, whereas 85% of first contacts about NCC policy related matters across all departments and all bar two of the 420 responses to Members of Parliament were completed at the informal stage.

3.10 The average number of days taken to respond to complaints at each stage is as follows.

- 4.1 days for complaints dealt with informally - compared with 6.7 days 2011/12
- 15 days for Stage 1 complaints, compared with 12.5 days for 2011/12
- 19 days for Stage 2 complaints compared with 25 days in 2011/12
- 33.6 days for the three Stage 3 complaints, (one in Environmental, Transport and Development, one in Resources and one for Children’s Services) compared with 32.6 days for 2011/12.

3.11 The increase in the time taken to deal with Stage 1 complaints is as a result of fewer cases now progressing to Stage 1 (because we are better at resolving issues through the

informal processes), those that do are the more complex ones which take a longer to deal with.

**Figure 3**

| Stage at which complaint was resolved | Decision         |                 |                  |                  |                  | Total       |
|---------------------------------------|------------------|-----------------|------------------|------------------|------------------|-------------|
|                                       | Not Upheld       | No Judgement    | Not Applicable   | Partially Upheld | Upheld           |             |
| <b>Informal</b>                       | 666 (35%)        | 152 (8%)        | 761 (40%)        | 125 (6%)         | 206 (11%)        | <b>1910</b> |
| <b>Stage 1</b>                        | 262 (52%)        | 24 (5%)         | 1                | 125 (25%)        | 92 (18%)         | <b>504</b>  |
| <b>Stage 2</b>                        | 21 (60%)         | 1 (3%)          | 1 (3%)           | 9 (25%)          | 3 (9%)           | <b>35</b>   |
| <b>Stage 3</b>                        | 2 (66%)          |                 |                  | 1 (33%)          |                  | <b>3</b>    |
| <b>Total</b>                          | <b>952 (39%)</b> | <b>177 (7%)</b> | <b>763 (31%)</b> | <b>260 (11%)</b> | <b>301 (12%)</b> | <b>2453</b> |

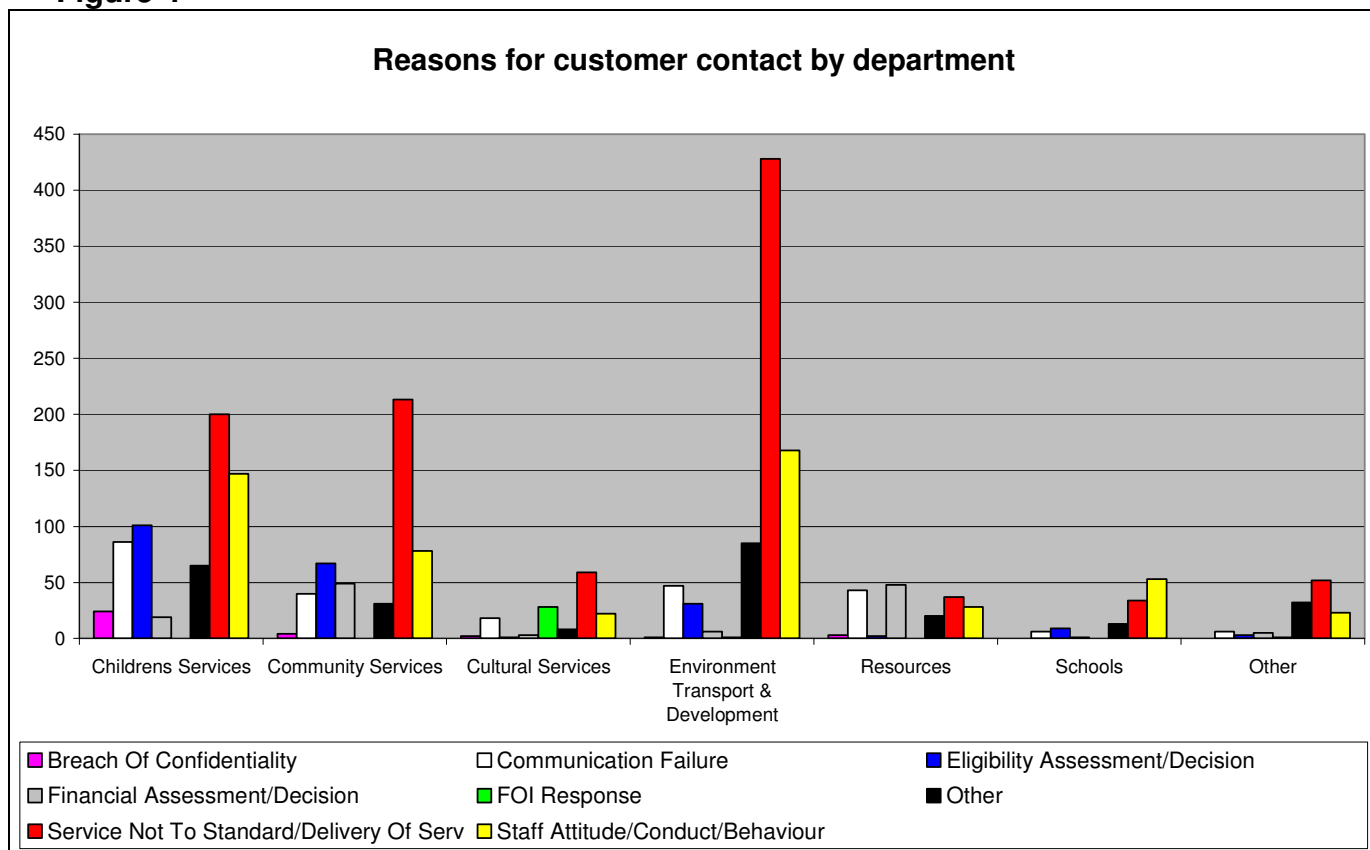
3.12 The information in Figure 3 shows the decision for contacts resolved at each stage. “No judgement” is given where a decision cannot be made because there is insufficient evidence to come to a conclusion. “Not applicable” is used where a decision is not required.

3.13 This year, we have extended the range of decision categories we now record. However for comparative purposes if we use the same calculation we used last year:

- 63% of cases were not upheld this year, compared with 64% for last year.
- 17% of cases have been partially upheld, compared with 13% for last year
- 20% of cases were upheld compared with 23% for last year.

3.14 Where it is clear that there has been an error or omission on the part of the Council, we will endeavour to put the situation right as quickly as possible, and learn from any mistakes, meaning that complaints can be resolved quickly and efficiently, without the need for escalation to formal investigation.

**Figure 4**



3.15 Figure 4 illustrates the reasons for the contact with the Compliments and Complaints team, shown by service department. The most common reason for contact, is a 'service provision or service delivery not being to the standard' of customers expectations. The second largest cause for concern relates to 'staff attitude and behaviour'. This is consistent with previous reports.

3.16 The breakdown of contacts by the process used to respond to them, in this period, is:

- **Children's Services**
  - 3% (19 contacts) were responded to under the Children Act process
  - 68% (434) were under NCC's corporate procedures
  - 29% (189) were MP enquiries.
- **Environmental, Transport and Development:**
  - 89% (686 contacts) were responded to under NCC's corporate procedures
  - 11% (81) were MP enquiries
- **Community Services (Adult social care):**
  - 42% (202 contacts) were responded to under NCC's corporate procedures
  - 40% (192) under health and social care procedures
  - 18% (88) were MP enquiries
- **Cultural Services:**
  - 78% (110 contacts) were responded to under NCC's corporate procedures
  - 21% (29) were Freedom of Information appeals
  - 1% (2) were MP enquiries
- **Resources**
  - 86% (155 contacts) were responded to under NCC's corporate procedures.
  - 14% (26) were MP enquiries

3.17 An Unreasonably Persistent Complaints Policy was implemented in April 2012 following consultation with operational stakeholders, advice from Nplaw and with consideration to

Local Government Ombudsman guidance. The policy has been applied once during the year in agreement with the relevant service area and it has proved valuable in dealing with the specific complainant, protecting the well being of staff and ensuring there is minimal impact on our ability to deal with other service users.

#### 4.0 COST OF COMPLAINTS FOR FIRST SIX MONTHS OF FINANCIAL YEAR 2012/13

Figure 5 (figures in brackets relate to 2011/12 financial year)

| Department   | Adult Social Care  | Children's Services | Corporate Resources | Cultural Services  | ETD               |
|--|--------------------|---------------------|---------------------|--------------------|-------------------|
| Variable costs (A)*  | £0                 | £4709               | £0                  | £0                 | £2354             |
| Resource costs (B)**   | £101658            | £149168             | £32710              | £11895             | £71265            |
| <b>Total cost</b>  | <b>£101658</b>     | <b>£153877</b>      | <b>£32710</b>       | <b>£11895</b>      | <b>£73619</b>     |
| <b>Average per complaint</b>                                     | <b>£210 (£295)</b> | <b>£233 (£254)</b>  | <b>£185 (£291)</b>  | <b>£84 (£116)</b>  | <b>£94 (£108)</b> |
| <b>Average cost per complaint responded to April – Sept 2012</b> |                    |                     |                     | <b>£167 (£201)</b> |                   |

\*Variable costs (A) reflect the cost of hiring external/independent professionals, legal expenses and any settlement paid to a complainant incurred by the Compliments and Complaints team.

\*\*The resource cost (B) reflects the cost of the complaints team in handling and resolving the respective services complaints. This cost is assigned by department based on the volume and complexity of the complaints received.

4.1 The costs for responding to contacts are shown in Figure 5. We are now capturing information so that in the future for Stage 2 and 3 complaints we will be able to show a more accurate cost of responding to a complaint (including service department resource). The average cost per complaint across all departments has reduced compared with last year as the team has resolved an additional 261 cases for the same overall cost. In addition, the figures show that the thorough investigation done at the first opportunity i.e. the informal stage is proving to be a more efficient way of working and beneficial in terms of time and cost reduction.

#### 5.0 COMPLIMENTS

5.1 The breakdown of the total number of compliments received by service department during this period is shown in Figure 6.

Figure 6

| Department                          | Compliments received April - March |           |
|-------------------------------------|------------------------------------|-----------|
|                                     | 2011/2012                          | 2012/2013 |
| Children's Services                 | 42                                 | 74        |
| Community Services                  | 131                                | 192       |
| Cultural Services                   | 51                                 | 124       |
| Environment Transport & Development | 728                                | 694       |
| Resources                           | 81                                 | 87        |

\*Corporate recording for Cultural Services started in this period.

5.2 The ratio of compliments to complaints is consistent with 2011/12 financial year figures of 1:2. This is a positive result given the challenges NCC have addressed over the last year. A compliment has to be evidenced by an email, a letter or by a note from a recorded telephone conversation.

Some examples of compliments received follow:

**Adult Social Care** – J came to see my parents to discuss what would be best for them. She was very professional and friendly. She answered all our questions honestly. She was very knowledgeable and very, very helpful. My mother was very at ease with J and my father was very impressed with J. She helped me understand what would happen when my mothers Alzheimer's progresses. She was very polite and I am sure she is a credit to your team.

**Children's Services** - I forgot to add to my previous email that I have no complaints whatsoever with L and in fact I would like to make a compliment about the way in which she carried out her core assessments professionally, with understanding, factually and compassionately. For the first time ever with my long history of going through the court system I have never known a social worker so dedicated to the family she is assigned too. L spent a great deal of time with us as a family getting to know not only me but my children too and how the dynamics of the family work.

I have the utmost respect for L and only wish that all social workers could be like her. Please could you pass on my compliments to her personally. Maybe she should be involved with the way in which social workers are trained to interact with families, as her approach is unique and, through my vast experience with social workers, it is successful in gaining the family's trust and respect and therefore enabling the social worker to get the facts.

**ETD** – Recently went to the recycling centre at Caister. What an improvement! Very good layout, easy to access, clearly marked bins and importantly friendly helpful staff. Ground kept much cleaner than the old site. Well done to all concerned but especially the staff at the 'sharp' end who we get to meet.

## 6.0 CUSTOMER SATISFACTION

6.1 Satisfaction with how your complaint was handled is a question that we track through the annual postal customer satisfaction survey that Ipsos MORI conducted on our behalf in early 2013. The figures from the latest survey show:

- An increase since last year of 9% of customers who said they were very satisfied.
- A 3% increase in the customers who were neither satisfied nor dissatisfied in the way their complaint was handled, from 18% to 21%
- No movement in the number of customers, 35%, who were dissatisfied with the way their complaint was handled compared to the previous year

6.2 Overall satisfaction of 1700 customers surveyed reduced from 47% last year to 44% this year and this is due to customers who were previously fairly satisfied moving either to very satisfied (up 9%) or moving to neither satisfied nor dissatisfied (up 3%).

## 7.0 CONCLUSIONS

7.1 Improvements to processes have resulted in 12% more cases being resolved more quickly and at a 17% reduction in cost per case.

7.2 The team continues to build robust working relationships externally and internally and look for opportunities to further support all service departments. Procedures have been agreed relating to complaints relating to the Police and Crime Commissioner role. In

addition, the team has created links and agreed joint working practices with a number of healthcare agencies and offices of Members of Parliament.

7.3 The Local Government Ombudsman has not reported any cases of maladministration this year.

## **SECTION 17 CRIME & DISORDER ACT 1998**

The direct implications have been considered and the impact on crime and disorder is not judged to be significant in this instance.

### **EQUALITY IMPACT ASSESSMENT**

There is no additional impact on equality.

### **ENVIRONMENTAL IMPLICATIONS**

There are no additional impacts on the environment.

### **RISK IMPLICATIONS / ASSESSMENT**

The County Council needs to continue to monitor complaints to ensure our speed of response to complaints continues to improve.

### **ALTERNATIVE OPTIONS**

None

### **ACTION REQUIRED**

The Corporate Resources Overview and Scrutiny Panel are asked to consider the compliments and complaints data and information for the financial year 2012/13.

### **Officer Contact**

Kim Arnall, Customer Services Complaints Manager, Customer Service and Communications  
01603 222523



If you need this report in large print, audio, Braille, alternative format or in a different language please contact Kim Arnall on telephone number 01603 222523 and we will do our best to help

## **Employee Health, Safety and Well-being Annual Report**

Report by the Health, Safety and Well-being Manager

### **Summary**

This report provides an overview of the activities of the Health Safety and Well-being (HSW) Service during 2012/13, Norfolk County Council's (NCC) health and safety performance for 2012/13 and the forward plan for 2013/14.

The HSW team have developed or refreshed policies in relation to a number of key areas this year such as Procurement and Commissioning, Incident Reporting and Investigation and Construction Design and Management.

Support has been provided to services in relation to 29 different areas of specific risk to help ensure these are managed and controlled appropriately and proportionately. Some of these relate to traditional areas of risk such as lone working, but others concern areas of developing risk such as service commissioning.

Some key areas for improvement have been identified through Norfolk Audit Services (NAS) Audits this year in relation to stress management and the Health and Safety Management System of Norfolk Fire and Rescue Service (NFRS).

The HSW Service continues to trade with academies and others to assist them with their compliance with health and safety legislation. 76% of converting academies currently purchase our service.

The number of reportable injuries has reduced again this year following the significant reduction last year, whereas the percentage of absence attributed by employees as being work related has risen again this year, although the overall figure remains low at less than 3% which is lower than the national average.

The use of our employee assistance programmes such as the Musculoskeletal Rehabilitation Scheme (MIRS) and Norfolk Support Line (NSL) continue to provide valuable services for employees and good value for money for NCC with the MIRS in particular estimated to provide a saving of £1,062,075. An increase on last year.

A forward plan for 2013/14 aimed at key health and safety improvements is provided.

Members are asked to:

- Consider and comment on the Employee, Health, Safety and Well-being Annual Report for 2012/13
- Consider the actions outlined throughout the report and specifically the improvement strand detail in section 6.0.

## 1. **Introduction**

- 1.1 As part of the NCC health and safety management system the Health, Safety and Well-being Manager (HSWM) is required to report to the Chief Officers Group (COG) and the Corporate Resources Overview and Scrutiny Panel (CROSP) annually on progress on meeting the stated health, safety and well-being objectives and to provide an overall summary of health and safety management within the organisation.
- 1.2 The purpose of this report is to ensure that senior officers and members have an overview of the health, safety and well-being activities and issues from the last year, an indication of the plan for next year and the information necessary to satisfy themselves of the effectiveness of the NCC health and safety management system.
- 1.3 Health and safety legislation is concerned with not only employee health and safety but also that of persons affected by our activities such as users of the services, members of the public, and contractors. This report covers the activities undertaken to improve and ensure good health and safety management so far as it impacts on all such persons, although the majority of the information relates to employee, health and safety and well-being. This report does not cover or include the work of the Health and Well-being Board or the new Public Health responsibilities of NCC.

## 2. **Overview of the HSW Service**

- 2.1 The diagram overleaf illustrates the role and functions of the HSW Service in relation to the strategic direction of NCC and national objectives.
- 2.2 Details of how the service intends to deliver specific areas of improvements under each strand are provided in section 6.



**NCC Ambitions for Norfolk**

1. Economically Strong
2. Inspirational
3. Aspirational
4. Healthy and Well

**Public Health Outcomes**

1. Improving wider detriments of health
2. Health Improvement
3. Health Protection
4. Healthcare public health and preventing premature mortality

**HSE Mission**  
To prevent work related death, injury and ill health



**HR Service Plan Objectives**

1. To ensure that Norfolk County Council is seen as a good employer
2. Deliver Norfolk Forward ensuring performance and resilience is maintained
3. To make sure workforce planning is applied effectively across the County Council to equip us for the future.
4. To support the development of NCC as a learning organisation to equip all employees for changing roles and ways of working in the future.
5. To continue to improve and develop the HRSS



**HSW Service Objective**

To provide proactive, visible and professional health, safety and well-being advice and support to services, teams and individuals across the county council to:

- Support the delivery of NCC Ambitions and wider public health and safety outcomes
- Help ensure we are able to identify, control and manage risks and issues effectively and proportionately
- Foster a culture of continuous improvement
- Achieve sensible risk management and organisational resilience



**Improvement Strand 1**  
Ensure Health Safety and Well-being Policies and associated documents remain fit for purpose and support the overarching objectives and ambitions of NCC.

**Improvement Strand 2**  
Ensure Health Safety and Well-being Services are applied effectively across the county council to successfully equip managers and employees to become self sufficient

**Improvement Strand 3**  
To provide dedicated professional expertise and support in areas of high or complex risk

**Improvement Strand 4**  
To continue to improve and develop the Health Safety and Well-being Service

### 3. Key Activities for 2012/13

#### 3.1 Improvement Strand 1

- 3.1.1 In last years annual report we stated that success actions against this improvement strand included:
- Review and update the health and safety policy and organisation and responsibilities document.
  - Review and update policies and guidance relating to commissioning, partnership arrangements, procurement activities etc
  - Produce guidance on health and safety implications and considerations regarding volunteers
  - Review remaining service owned health and safety policies to ensure they remain appropriate and do not duplicate or conflict peoplenet content.
- 3.1.2 As a result of the launch of Enterprising Norfolk the wholesale review and update of the health and safety policy and organisation and responsibilities document has been postponed to ensure any such review appropriately takes into account the changes in strategic vision and operating model of NCC. As an interim step a position statement has been produced reaffirming our commitment to good health and safety management of our activities however they are delivered. This has been signed by the Acting Managing Director and the Leader of the Council.
- 3.1.3 The following policies and procedures were developed or updated in 2012/13:
- Wellness Recovery Action Plan
  - Display Screen Equipment for Desk Sharing – supplementary guidance for managers and employees for Way of Working
  - Incident reporting and investigation including use of the new electronic system
  - Construction, Design and Management Guidance
  - Worklife Support Strategy
  - Asbestos
  - Driving for Work
  - External Venue Assessment
  - Partnership and Integrated working
  - Occupational Health Assessment and Referral
  - Procurement and Commissioning
  - Work Experience and Work Related Learning
  - Severe Weather
  - New and Expectant Mothers
  - Working Safely from Home
  - Primary Code of Practice
  - PE Code of Practice
  - Risk Profiling for Senior Managers
- 3.1.3 The following policies have been reviewed and consulted on but not yet published:
- Development of a volunteer policy and guidance
  - Fire
  - Swimming Pool Code of Practice
  - Art Code of Practice
  - First Aid

3.1.4 A review of service owned health and safety policies and procedures has taken place, the majority of which have now been removed from departmental sites as corporate procedures are available for the topics covered.

### 3.2 **Improvement Strand 2**

3.2.1 In last years annual report we stated that success actions against this improvement strand included:

- Develop a behaviour change programme aimed at improving ownership of health and safety key issues. The themes for 2012/13 will be:
  - a. new ways of working,
  - b. training,
  - c. managing stress and well-being,
  - d. investigating incidents,
  - e. asbestos management and awareness
- Identify service areas not utilising the well-being programme and encourage active involvement on a risk basis

3.2.2 Whilst the initial work to explore what a behaviour change programme may look like has been completed the Health, Safety and Well-being Manager made the decision not to allocate resources any further to the programme this year. Resource demand for the team increased significantly throughout the year, particularly in relation to procurement and commissioning activity and office accommodation projects, and this work was prioritised over the behaviour change programme.

3.2.3 However other activities of the team has enabled work in some of the areas the programme was to target including; ways of working (through involvement in service remodelling projects), incident investigation (through the development and role out of the Electronic Health and Safety Management System) and managing stress and well-being (through a general increase in interactions in this area, along with closer working with HR colleagues regarding long term sickness absence).

3.2.4 The Well-being team piloted a new approach to engaging services in the programme this year through actively questioning service areas not engaged in the programme about their alternative methods for identifying and managing the risk of work related stress, as a result some teams have enrolled on the well-being programme and for others reassurance over existing ways of identifying and managing work related stress has been provided.

### 3.3 **Improvement Strand 3**

3.3.1 In last years annual report we stated that support would be provided in relation to 29 different areas of risk, all of which have been completed or initiated, along with a number of additional in year projects. Further details are provided below:

3.3.2 ETD:

- Winter maintenance – review complete
- Chainsaw operation – review on hold while waiting for ETD to decide on direction of travel.
- Highways “top risks” risk assessment process – complete.
- Hand Arm Vibration review – complete

- Gypsy and Traveller service protocols - work scoped with manager and team. Lone working workshop scheduled for early 2013/14 to enable lone working procedures to be updated.
- Highways design and development - work scoped with manager. Support for work to review hazard elimination process planned.
- Highways observation of use - work scoped with manager. Risk assessments reviewed. Actions for manager to be agreed.
- Waste Transfer Sites – worked with partner organisations to achieve reassurance on standards in place
- Transport arrangements for students with special needs – review undertaken, minor recommendations made.
- Water Course Team risk assessment review – review complete. Actions for manager to be agreed.

### 3.3.3 Children's Services:

- Social Workers Overseas Visits – The visits are now being conducted in a different way that has enabled the risks to be managed.
- Social Workers Well-being Support – A review was undertaken looking at employees concerns around causes of stress and recommendations made to the management team as a result. All recommendations were agreed and teams will now participate in the well-being programme.

### 3.3.4 Community Services:

- Lone Working – see 3.3.5 below
- Review of Long Term sickness absence management – The HSW team worked with colleagues in HR to support managers to deal with long term sickness absence. Community Services reported a 1.1 day per f.t.e. reduction this year.
- Monitoring of private care providers – A number of actions have been agreed to improve our monitoring in this area including: Domiciliary care providers will be required to include health and safety in their evidence base for the quality of their services; residential care and supported living providers will be required to complete an annual self audit questionnaire; the quality assurance team will receive support from the HSW team to enable them to include health and safety monitoring in their current quality assessments; and the quality assurance team will produce a risk based list of providers to determine where more detailed monitoring is needed.

### 3.3.5 Lone Working Project

- Delivered lone working report to Children's Services (as part of overall Lone Working Project) – action plan is in draft and will be taken to the leadership team shortly. Violence at Work Policy has been updated as a result and is in draft.
- Workshops completed across Adult Social Care and Children's Services.
- Review of arrangements in Adult Education is complete.
- There are some outstanding areas where workshops are being booked or are already booked.
- In total 35 Workshops have been delivered this year
- Once all workshops have been completed an overarching summary report will be produced and feed into an updated policy.

### 3.3.6 Accommodation Issues

- The team have provided support to managers and employees in Ferry House, Havenbridge House and Great Yarmouth Day Services in relation to property issues or concerns.

- As the County Hall Maintenance project gathers pace the HSW team have been providing support and input in the design, specification and planning stages.

### 3.3.7 Procurement activity

Support has been provided to ensure appropriate health and safety standards are applied in the following procurement activities:

- Highways
- Highways professional
- Highways traffic signals
- Abandoned vehicles
- Apprenticeships
- Children's Services LAC/SEN places
- Great Yarmouth Nursery
- Home care service
- Integrated community equipment service
- Norwich Bus Stops upgrade
- Vegetation cutting
- Stratton Strawless Children's Home Refurbishment
- Waste recycling centres

In addition the team developed workshops of health and safety considerations in procurement to deliver at team meetings. 4 such workshops were delivered this year. Further workshops are being booked for specific teams and this session has been turned into a formal course for 2013.

### 3.3.8 Additional in year projects

- The guidance on managing the risk of lead in water changed recently leading to a joint project working with NPS, Anglian Water and Children's Services to fund and begin implementation of a programme of work to remove lead pipes from NCC premises identified by water companies as highest risk.
- The Health Protection Agency issued advice on potential raised levels of Radon in areas previously considered low risk. A project to monitor potentially affected premises for radon and implement remedial measures where necessary has been initiated. Again this is a joint project with NPS and Children's Services.
- Adult Day Care Services Review – support provided to the Project Manager to ensure health and safety standards are appropriately maintained and included in the changes to service provision.

## 3.4 Improvement Strand 4

3.4.1 In last years annual report we stated that success actions against this improvement strand included:

- Roll out the incident management component of the Electronic Health and Safety Management System (EHSMS) across all service areas
- Undertake proactive follow up with teams involved in the well-being programme after 3 months to ensure progress on action plans
- Implement identified improvements to health and safety monitoring process to ensure manager ownership and completion of actions.
- Undertake a review of the incident reporting and investigation process to identify and implement improvements

- Improve the utilisation and impact of well-being facilitators to ensure the resource is used in the most effective way to deliver health improvement messages.
- Clearly map the inter-relationship between HSW and OD/LD activities to ensure strong and effective management of resources.

- 3.4.2 The incident reporting element of the EHSMS has been successfully rolled out across NCC and all managers and employees are now expected to record and investigate incidents via this system. The system provides a number of other tools to assist in health and safety management, the next element to be piloted will be the Display Screen Assessment package which automates the assessment system and provides e-learning training in the setting up and adjusting of computer equipment.
- 3.4.3 The roll out of electronic incident reporting has improved managers ownership of incidents as it automatically directs them to undertake an appropriate level of investigation, and ensures an incident cannot be closed without management sign off. The HSW team are now also able to easily scrutinise incident investigations and follow up with managers where they consider the investigation to fall short of what is required.
- 3.4.4 In addition, a proactive system of follow up has been implemented by the HSW team to ensure that actions identified in monitoring visits have been completed by managers. This has helped increase managers accountability for health and safety management and more specifically improvement actions. As a result 70% of identified actions are achieved by the stated action date.
- 3.4.5 Following the roll out of the electronic incident reporting system, the incident investigation and management process was reviewed by the team to identify further improvement actions. As a result changes have been made to the incident reporting criteria and guidance for managers on the level of investigation needed.
- 3.4.6 Proactive follow up with team facilitators 3 months after participation in the well-being programme was piloted this year. However the response rate was low (14%) for a resource intensive process. The methodology for this will be reviewed to improve engagement with facilitators to better enable monitoring of action plan implementation.
- 3.4.7 Liaison meetings have been established with OD/LD to review active involvement in team support. This has enabled the services to ensure the most appropriate support is provided and work is not duplicated.

### **3.5 Norfolk Audit Service (NAS) Audits**

- 3.5.1 The audit programme for 2012/13 reviewed:
- The management of stress, and
  - The health and safety management system of Norfolk Fire and Rescue Service (NFRS)
- 3.5.2 The review of stress management concluded the system overall to be acceptable but identified 2 high risk findings and 1 medium risk. These related to:
- A lack of evidence to indicate that issues raised in the Staff Well-Being Reports (produced following completion of the questionnaire) had been addressed by team managers or Headteachers.
  - The risk based approach to health and safety inspection by the HSW team means that work related stress management is not monitored on every visit, and some teams/premises have

not yet received a visit by the team. There was a greater lack of compliance with NCC procedures in the teams that had not been proactively visited by the HSW team.

- The vast majority of staff are unaware of the availability of the 'Understanding Mental Health' e-learning course and not enough employees have completed this course.

- 3.5.3 The review of the NFRS health and safety management system concluded the system overall to be acceptable but identified 2 high risk findings and 3 medium risk. These related to:
- Reviewing the approval process for risk assessments to ensure they are adequate
  - Ensuring the system for visitors accessing sites, including contractors, is robust to ensure they can operate safely
  - Implement Manual Handling training and assessment for relevant staff
  - Improving the reporting of near misses
  - Improving performance monitoring to ensure inspections take place and improvements are made in a timely way.

### **3.6 Major Investigations**

- 3.6.1 An apprentice at Gressenhall Rural Life Museum became entangled in a piece of work equipment which led to a significant crushing injury to their foot. The HSW team undertook a detailed investigation into the incident which was also investigated by the Health and Safety Executive (HSE). The HSE concluded there had not been a material breach in this instance and took no further actions, although a number of improvement recommendations were made by the Health and Safety Adviser investigating the incident.
- 3.6.2 A number of instances of uncontrolled releases of asbestos continued to occur throughout the year. In all cases these related to maintenance or construction work being undertaken which revealed asbestos containing material in a manner that caused a release.
- 3.6.3 A tragic accident occurred at Taverham High School and a pupil died following a fall in PE. The HSW team undertook a detailed investigation and continues to provide the school with support. The HSE and Police have also initiated an investigation, which remains open.
- 3.6.4 A flue fell through the roof of one of our buildings following some contractors working on it. The flue narrowly missed people working in the space below. The HSW team investigated the incident including reviewing how our partners NPS ensure contractors use safe working practices. The contractor in question was suspended from working for NPS for a time following the incident; they are now under a tighter monitoring regime until such time as we have complete confidence in their systems of work.

### **3.7 Traded Services**

- 3.7.1 In 2011/12, 67% of converting academies had bought the traded health and safety service. By the end of 2012/13 this figure has risen to 76% following development of an improved proactive approach to converting schools. In addition services have been sold to an independent school.
- 3.7.2 The HSW Service continues to provide traded service to Breckland District Council, Norwich City Council and the Society of Local Parish Clerks, but have also secured new business with the Eastern Inshore Fisheries and Conservation Authority.

### **3.8 Norfolk Fire and Rescue Service (NFRS)**

- 3.8.1 The service has concentrated on encouraging greater ownership and engagement in activities by NFRS managers and employees this year. Activities to support this included:
- Proactive visits to district based teams to provide support and encourage a positive health and safety management culture.
  - Undertaking auditing in different areas of the service followed by publication of outcome reports and following up actions required
  - Increasing and improving the active monitoring process
  - Improved visibility of health and safety performance data through publication on the intranet
  - Improving performance monitoring at all levels in the organisation
- 3.8.2 The impact of these improvements has been a reduction in injuries and vehicle damage reports by 11% and 38% respectively.
- 3.8.3 Other achievements during 2012/13 include:
- Receiving ISO 9001 accreditation for the health and safety and operational support department
  - Improved competence of managers through gaining recognised health and safety qualifications
  - Development of an operationally focused manual handling training course aimed at reducing the impact of the primary cause of workplace injury.

### **3.9 Occupational Health Activity**

- 3.9.1 It has previously been reported that the HSW team have been working with the providers of the Occupational Health Service to secure improvements in customer service and quality. As a result of indications that improvements had occurred the contract was extended for a further year. However, serious issues regarding deliver of health surveillance in 2012/13 and further concerns regarding accessibility at clinic sites means the contract will be re-tendered in 2013/14.
- 3.9.2 Complaints regarding the Occupational Health service have remained steady, with 12 being made during 2012/13, equating to 0.83% of referrals made.
- 3.9.3 Training has commenced to improve referral managers' knowledge of the service to help them make an effective occupational health referral. The impact of the training will be assessed during 2013/14.
- 3.9.4 Improvements have been made to the appointments system with the option to send text reminders to employees. Initial analysis (6 months of using text reminders) indicated they have significantly reduced the instances of employees not attending their appointment.

### **3.10 Musculoskeletal Injury Rehabilitation Scheme (MIRS)**

- 3.10.1 Use of MIRS has reduced slightly, but remains within the variation expected. Despite the drop in referrals, the number of referrals from schools and academies has continued to grow. This is through a combination of active marketing of the service and promotion of "MOT" days to schools and academies.



- 3.10.2 MIRS is estimated to have saved 12,495 days absence during 2012/13, giving an estimated savings of £1,062,075.
- 3.10.3 The scheme includes the provision of Functional Capacity Evaluations (FCEs). FCEs are objective assessments of an employee’s musculoskeletal health in relation to their work, and are used to establish an employee’s capability when they have an injury that is not likely to improve. As a result of active promotion of FCEs in assisting employees with long-term or repeated short-term absence due to musculoskeletal injury the number of FCEs carried out this year rose to 21 compared to 9 in the previous year. 11 employees who received a FCE had treatment and returned to their normal duties, 7 had treatment and adjustments to their workplace so they could continue in their job, 3 had adjustments to their workplace in order to continue in their job, 2 were redeployed, and 1 employee was dismissed. In 2013/14 a questionnaire will be sent to managers to establish the impact of FCEs in both qualitative and quantitative terms.
- 3.10.4 23 establishments were visited to carry out “MOT” checks, with 17 of these being schools. These checks take approximately 20 minutes each, and enable an employee to have an assessment with a physiotherapist regarding any concerns they have regarding their musculoskeletal health. 290 employees requested a check this year. Following the assessments 66% were provided with exercises and 26% were recommended a course of treatment, the remaining 8% resulted in a variety of actions, including undertaking an assessment of their workstations or workplace activities. Whilst attending the establishments the physiotherapists also provided general ergonomic advice to managers when requested.

|  | 2010-11    | 2011 - 12   | 2012-13    |
|--|------------|-------------|------------|
| Community Services – Adult Social Care | 404        | 253         | 190        |
| NorseCare                              |            | 107         | 115        |
| Children’s Services – Schools          | 236        | 276         | 298        |
| Academies                              |            |             | 33         |
| Children’s Services – Non Schools      | 191        | 166         | 133        |
| Community Services - Cultural Services | 78         | 48          | 38         |
| Resources                              | 90         | 109         | 103        |
| ETD                                    | 79         | 53          | 54         |
| <b>TOTAL</b>                           | <b>928</b> | <b>1012</b> | <b>966</b> |
| Workstation Assessments                | 109        | 133         | 164        |

TABLE 1. NUMBER OF EMPLOYEES REFERED FOR TREATMENT THROUGH THE MIRS

### 3.11 Norfolk Support Line (NSL)

- 3.11.1 6% of eligible employees used NSL during 2012/13, slightly down from 7% during 2011/12. The level of work issues being raised reduced with the ratio of work to personal issues at 32%:68% compared to 49%:51% in 2011/12. Table 2 shows the top personal and work related issues compared to last year.

| <b>Personal Issues</b>     | <b>2011-12</b> | <b>2012-13</b> | <b>Work related Issues</b> | <b>2011-12</b> | <b>2012-13</b> |
|----------------------------|----------------|----------------|----------------------------|----------------|----------------|
| Health – Mental            | 121            | 104            | WRS – Role                 | 91             | 80             |
| Relationships              | 121            | 103            | WRS – Demands              | 83             | 82             |
| Family / Child / Maternity | 105            | 95             | WRS – Support              | 73             | 55             |
| Distress                   | 76             | 51             | WRS – Relationships        | 71             | 52             |
| Divorce / Separation       | 52             | 30             | WRS – Change               | 66             | 28             |
| Bereavement                | 39             | 47             | Work – Life Balance        | 61             | 55             |
| Health – physical          | 36             | 31             | WRS – Control              | 37             | 15             |
| Financial                  | 32             | 13             | Work Overload              | 36             | 30             |

TABLE 2. TOP TEN ISSUES FOR EMPLOYEES CALLING NSL

- 3.11.2 Critical incident support was provided on 4 occasions within 2012/13. A counsellor attended the workplace to support groups of employees in relation to significant incidents. Feedback from managers and employees indicated the support significantly increased their perception of NCC as a caring and supportive employer.
- 3.11.3 During 2012/13, 152 employees were referred for face to face counselling with 77 of those completing a feedback questionnaire at the end of treatment. Feedback was positive regarding the benefits the service provides, with 52% stating it improved their productivity and effectiveness, 68% stating it improved their concentration and focus, and self-confidence, and 72% reporting it reduced their stress levels. The following comment regarding the experience of an employee reflects the benefits the service has to NCC as well as the individual:

*“I believe this service is vital and tremendously valuable. It has improved my life enormously and helped me cope in a job where previously I was sinking”.*

### 3.12 Health checks for employees

- 3.12.1 NCC continued its contract with NHS Norfolk to deliver NHS Health Checks to NCC employees this year. This is a national primary prevention programme funded by the NHS which aims to identify people over 40 years old at risk of cardiovascular disease and diabetes; however in NCC we did not limit the checks to this age group but made them available to all employees. During 2012/13, 311 employees requested health checks. All employees over 40 had a copy of their results sent to their GP, and 15% were advised to see their GP for follow-up tests and/or treatment.
- 3.12.2 During 2012/13 all employees who attended a health check were given a questionnaire to complete 4 weeks after their appointment, with 165 responding. Results indicate that as a consequence of the health check, 45% had made 1 or more lifestyle changes - 68% had increased their physical activity, 41% were eating a healthier diet, 3% had stopped smoking and 31% were losing weight.
- 3.12.3 NCC is one of the few local authorities to offer health checks in the workplace, and the impact contributes to the wider public health outcomes for Norfolk. 62% of employees who had a

health check wouldn't have done so if it had not been offered in the workplace and all those who completed the questionnaire would recommend health checks to others.

### 3.13 Well-being Programme

3.13.1 101 teams participated in the well-being questionnaire this year (see table 3). The teams taking part in the well-being programme were recruited through a number of routes including requests through Senior Management Teams, approaching areas with levels of work-related absence, and approaching areas as reorganisations were being initiated. The questionnaire was offered to 1593 employees, with 1204 (76%) completing it.

|  |            |
|--|------------|
| Children's Services                    | 43         |
| Community Services (Adult Care)        | 18         |
| Community Services (Cultural)          | 7          |
| Customer Services and Communications   | 0          |
| ETD                                    | 3          |
| Resources                              | 30         |
| <b>Total number of teams surveyed:</b> | <b>101</b> |

TABLE 3. TEAMS PROVIDED WITH WELL-BEING SUPPORT 2012/13

3.13.2 The direct support offered by Well-being officers to employees with mental health conditions and stress symptoms has become well established, with employees, managers and HR officers contacting the well-being team to initiate contact. During 2012/13, 32 employees were provided with individual support resulting in 9 completing Stress Action Plans and 10 completing Wellness Recovery Action Plans. Additionally 4 employees contacted the well-being officers for advice regarding alleged bullying & harassment.

3.14.3 In addition to the 101 teams who completed well-being questionnaires, 8 other teams were provided with support including: -

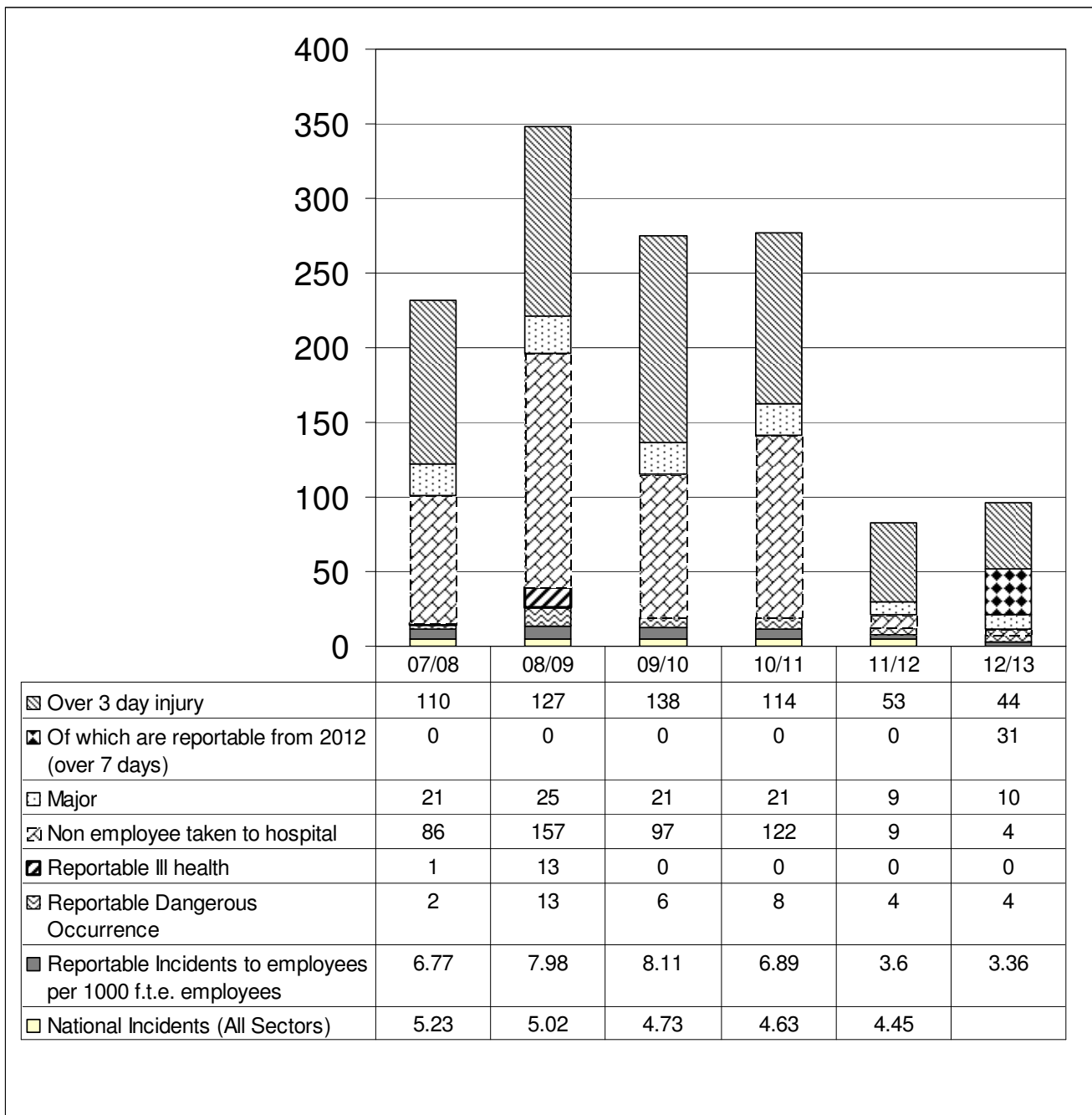
- Team stress workshops, equipping individuals with an understanding of how to recognise the signs/symptoms/causes of stress and how to manage it on an individual level (4 teams).
- Collaborative working with Learning & Development to provide training around team cohesion and dignity and respect (4 teams).

## 4.0 Health and Safety Performance for 2012/13

4.1 The below tables and graphs provide an overview of the health and safety performance for the organisation. More detailed tables and graphs are provided in the appendix for information. Please note that NFRS data has now been fully integrated into NCC data, but due to the retained fire fighters within the service the full time equivalent (f.t.e.) numbers are estimated which may impact on the figures provided.

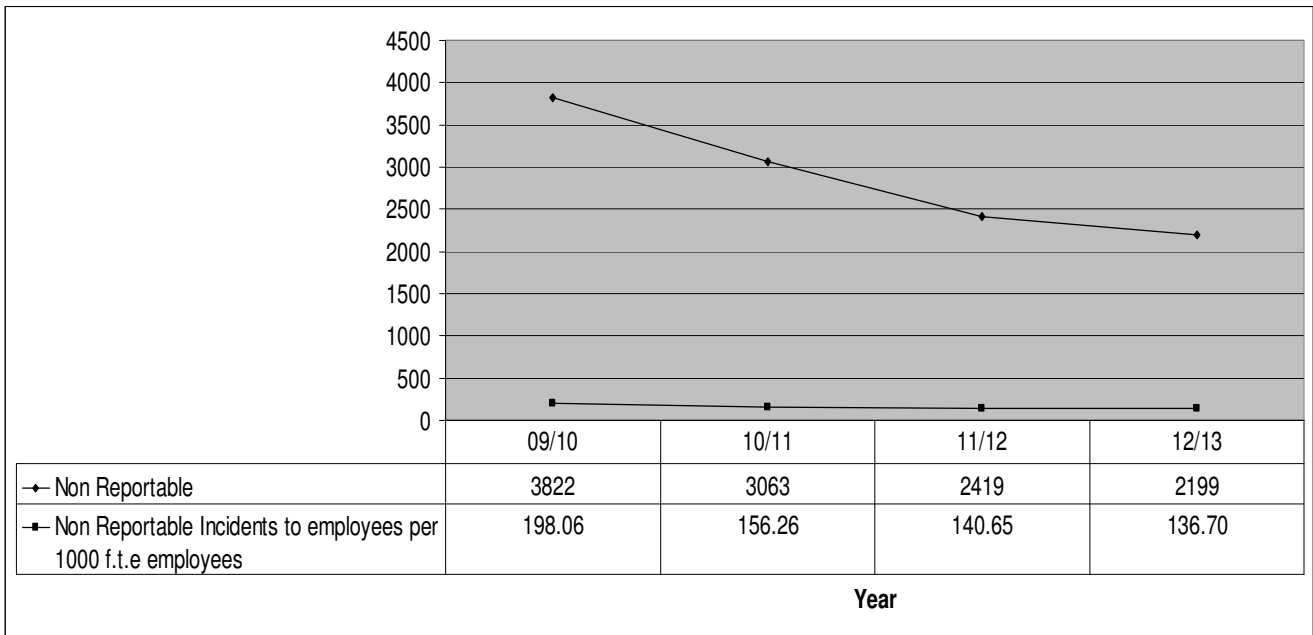
4.2 The downward trend seen over the last 3 years has continued for 2012/13 albeit at a slower rate. This years figures show both over 3 day injuries and over 7 day injuries. In 2012 the law on reportable injuries changes meaning injuries causing absence from work for between 3 and 7 days are no longer reportable, where they were previously. Therefore to ensure trend

analysis can be obtained graph 1 shows both over 3 day injuries (previously reportable) and over 7 day injuries (now reportable).



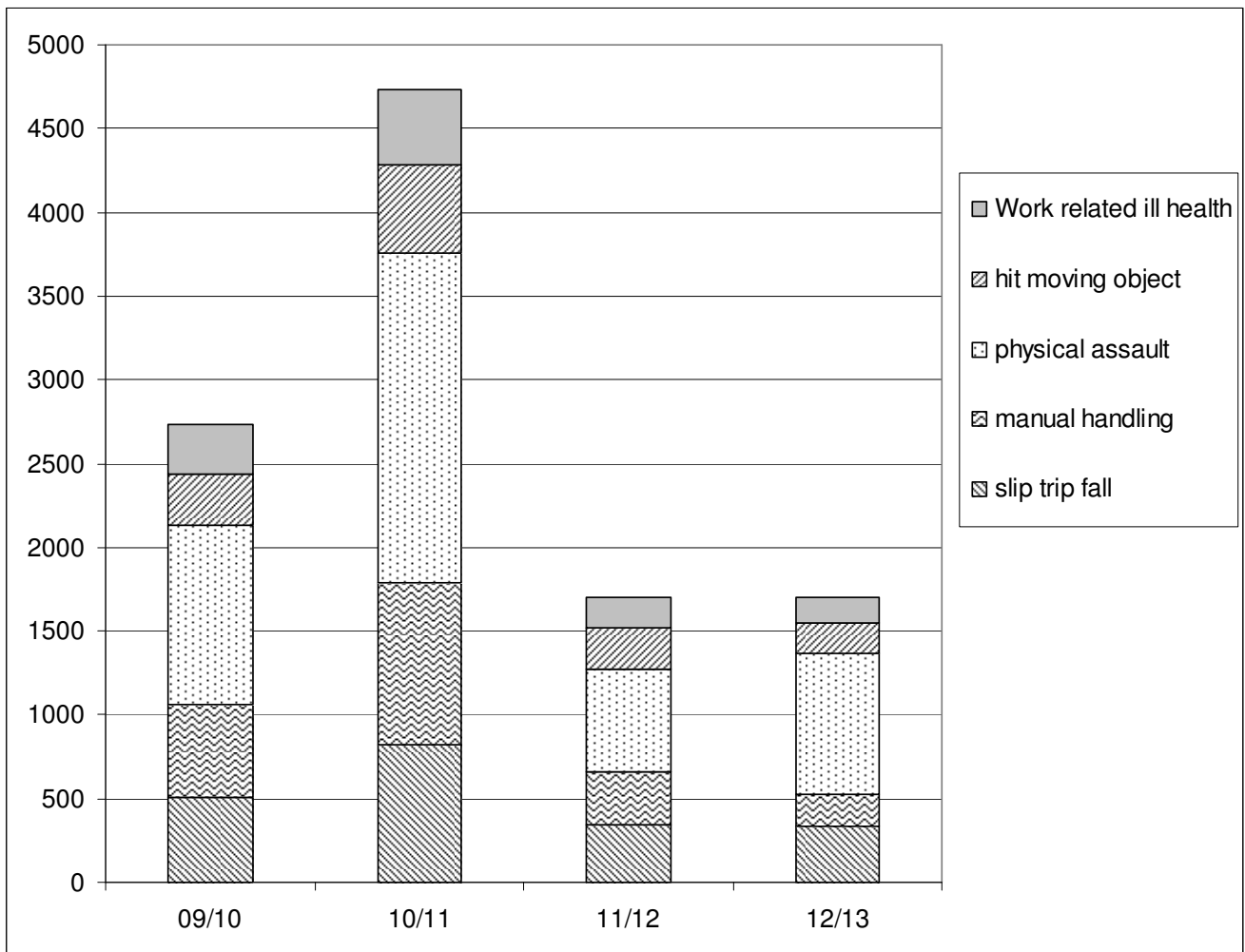
GRAPH 1. NUMBER OF REPORTABLE INCIDENTS BY YEAR

4.3 Graph 2 shows that the non reportable incidents also continue to fall; these are continued positive indicators of the relative health of the health and safety management system.



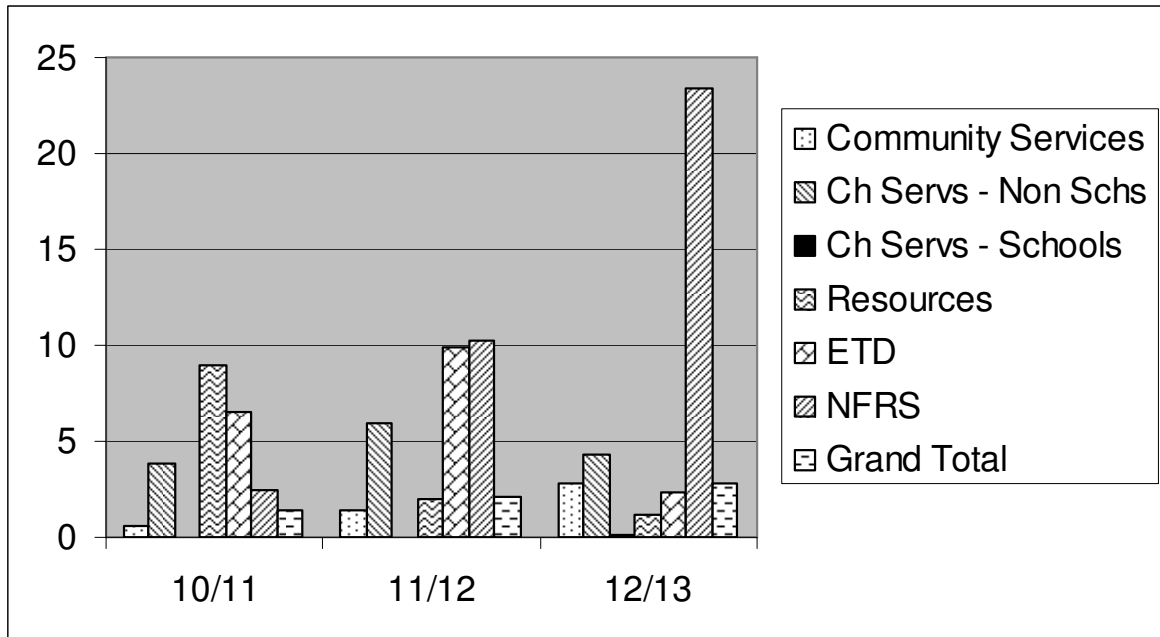
**GRAPH 2. NUMBER OF NON REPORTABLE INJURIES**

- 4.4 Tables and graphs containing further information with a breakdown per department are provided in the appendix.
- 4.5 The top 5 causes of incidents has remained the same over the last 3 years although the percentage of overall incidents may change as can be seen in graph 3. In 2012/13 physical assault remained the largest cause of incidents, and the total number of these has risen this year. This often occurs following a drive on personal safety training as employees are reminded of the types of incidents they should be reporting. As identified in 3.3.5 workshops on lone working were delivered to 35 teams this year, these include exploring personal safety issues and incident reporting requirements. There was also a rise in personal safety training attendance this year. However, as part of the improvement plan we will review physical assault incident reports this year to enable us to work with and support the services and teams most affected in order to implement appropriate control strategies.



GRAPH 3. THE TOP FIVE CAUSES OF INCIDENTS OVER TIME

4.6 Graph 4 indicates the percentage of total sickness absence that has been identified by employees as being work related. For all departments this remains a low percentage of the total absence, although for both Community Services and NFRS the work related proportion has increased. This is in some part due to the inclusion of work related stress in the NFRS figures for the first time; previously this information was not recorded in this way. The total for the whole authority is 2.83% of all absences, which is favourable compared to the latest national figure of 3.2%



GRAPH 4. PERCENTAGE OF SICKNESS ABSENCE IDENTIFIED BY EMPLOYEES AS BEING RELATED TO WORK

- 4.7 The top 3 causes of work related sickness absence this year are circulatory or organ related, mental well-being and musculoskeletal. The figures excluding NFRS show that there is a steady decline in work related mental well-being absence and musculoskeletal absence in the rest of NCC. This trend is supported by other data from NSL and incident reports which are also showing positive trends in these areas.
- 4.8 There were no enforcement notices issued this year despite investigations and enquiries by the HSE into some incidents reported to them.
- 4.9 191 monitoring inspections were completed in 2012/13 against a target of 252. The increased support needed in the areas of commissioning and procurement along with other project work and reactive work had a direct impact on the resources available to undertake proactive monitoring.
- 4.10 When monitoring visits take place the health and safety advisers risk rate a premises/service area according to a number of criteria: hazards (activities, equipment etc with the potential to cause harm), risks (are hazards being controlled), public risk (are the public exposed to any risk of harm), confidence in management (how well are issues being managed). The lower the rating the less frequently we will visit the premises/service area. 'A' represents the premises/service area with the biggest risk and 'C' the lowest. It should be noted that some premises/service areas will be higher risk by the nature of the activities that they undertake even if they are well managed. 154 of the visits made were revisits based on the risk score given at a previous visit, of which 46 increased their risk category, 63 lowered it and 45 saw no improvement. This is a positive trend building on last year's success and demonstrates an improvement in standards of management.
- 4.11 The overall risk profile of NCC premises continues to be positive with the number of higher risk premises reducing particularly in the B<sub>1</sub> band. Although the number of A rated premises has remained fairly static, a number of these will be rated in this way due to their inherent risks as described above. The resource pressures have meant that the team has been unable to conduct monitoring visits to all of the 137 premises that were unrated in 2011/12

(they have not received a risk rating visit by the team). With 149 premises due for a visit through the risk rating system, the visits we were unable to achieve this year and the remaining unrated premises the overall target for the year is 286. However it is unlikely that this will be achieved based on last years performance, therefore a more realistic target of 220 will be set.

| <b>Risk Band</b> | <b>2010/11</b> | <b>2011/12</b> | <b>2012/13</b> |
|------------------|----------------|----------------|----------------|
| A                | 34             | 27             | 28             |
| B <sup>1</sup>   | 94             | 82             | 54             |
| B <sup>2</sup>   | 100            | 115            | 123            |
| B <sup>3</sup>   | 153            | 72             | 195            |
| B <sup>4</sup>   | 95             | 103            | 104            |
| C                | 81             | 79             | 78             |
| Unrated          | 159            | 137            | 76             |
| Total            | 716            | 615            | 658            |

**TABLE 4. CURRENT RISK PROFILE OF PREMISES/TEAMS**

- 4.12 Table 5 below shows the training uptake for the year compared to previous years. In 2011/12 a number of concerns were raised regarding employee attendance at training including through the audit process. It is therefore pleasing to note a significant increase in training attendance particularly tutor led training. The service continues to review the training provided to ensure it is relevant, appropriate and delivers customer expectations. To this end a number of new courses will be developed this year including a refresher course for Managers that have attended the line manager training within the last 3 years.
- 4.13 One of the developments that has taken place this year is the provision of key training to schools through cluster groups. To assist schools to participate in the relevant training and reduce their travel time we have worked with a number of school cluster groups to deliver training in their areas. This has been well received by the schools and delegates.
- 4.14 In addition a number of teams have received tailored personal safety training examples include the Youth Offending Teams in Kings Lynn, Norwich and Great Yarmouth.
- 4.15 A NFRS version of the manager's health and safety training has been developed this year to enable crew and watch managers to understand and undertake their health and safety responsibilities combining premises management and line management duties. The first course will be delivered in May 2013.



| Training Course               | No. trained        |            |             |             |                     |
|-------------------------------|--------------------|------------|-------------|-------------|---------------------|
|                               | 2008/09            | 2009/10    | 2010/11     | 2011/12     | 2012/13             |
| Premises Managers Pt 1        | 84                 | 68         | 177         | 146         | 132                 |
| Premises Managers Pt 2        | 103                | 81         | 128         | 99          | 101                 |
| Premises Managers Pt 3        | 217 (new training) | 146        | 51          | 93          | 117                 |
| Premises Manager Refresher    | N/A                | N/A        | N/A         | 19          | 28                  |
| Introduction to CDM           | N/A                | N/A        | N/A         | 7           | 41                  |
| Risk Assessment               | 6                  | 31         | 147         | 53          | 34                  |
| Kinetic Handling              | 84                 | 57         | 96          | 35          | 98                  |
| Line Managers                 | 50                 | 62         | 91          | 40          | 81                  |
| Personal Safety               | 23                 | 16         | 74          | 108         | 165                 |
| DSE Assessor                  | 23                 | 27         | 44          | 27          | 101                 |
| Dealing with Stress           | 49                 | 66         | 58          | 19          | No longer available |
| Risk Assessment for Managers  | 18 (pilot course)  | N/A        | N/A         | N/A         | N/A                 |
| <b>Sub Total</b>              | <b>657</b>         | <b>554</b> | <b>866</b>  | <b>646</b>  | <b>898</b>          |
| e-Introduction to H&S         | N/A                | N/A        | 553         | 309         | 408                 |
| e-Risk Assessment             | N/A                | N/A        | 293         | 194         | 220                 |
| e-Manual Handling             | N/A                | N/A        | 516         | 249         | 320                 |
| e-DSE                         | N/A                | N/A        | 590         | 543         | 776                 |
| e-Hazardous Substances        | N/A                | N/A        | 206         | 180         | 134                 |
| e-Fire Safety                 | N/A                | N/A        | 517         | 368         | 488                 |
| e-Slips and Trips             | N/A                | N/A        | 386         | 139         | 162                 |
| e-Personal Safety             | N/A                | N/A        | N/A         | 156         | 114                 |
| e-understanding mental health | N/A                | N/A        | N/A         | 278         | 304                 |
| <b>Sub Total</b>              | N/A                | N/A        | <b>3061</b> | <b>2416</b> | <b>2926</b>         |
| <b>Total</b>                  | N/A                | N/A        | <b>3927</b> | <b>3062</b> | <b>3824</b>         |
| Senior Managers               | N/A                | 6 teams    | 9 teams     | 6 teams     | 5                   |
| Risk Profiling Workshops      | N/A                | N/A        | N/A         | N/A         | 6 teams             |

TABLE 5. NUMBER OF CORPORATELY PROVIDED TRAINING COURSE ATTENDED

- 4.16 Table 6 shows the same information as the final column of table 5 but by each directorate. Community Services continue to make good use of the e-learning modules, and both Children's Services and Community Services have improved their attendance at personal safety training.
- 4.17 This year we have been able to make e-learning available to schools for the first time by placing the courses outside of the learning hub environment, however this does mean that we

cannot keep track of the number of users through this route. Therefore the e-learning figures in tables 5 and 6 do not include schools.

| <b>Training Course 2011/12</b> | Children's Services | Community Services | ETD        | Resources  | NFRS      |
|--------------------------------|---------------------|--------------------|------------|------------|-----------|
| Premises Managers Pt 1         | 104                 | 18                 | 6          | 2          | 2         |
| Premises Managers Pt 2         | 86                  | 9                  | 5          | 0          | 1         |
| Premises Managers Pt 3         | 98                  | 13                 | 5          | 1          | 0         |
| Premises Manager Refresher     | 14                  | 12                 | 2          | 0          | 0         |
| Introduction to CDM            | 33                  | 3                  | 3          | 2          | 0         |
| Risk Assessment                | 6                   | 15                 | 10         | 3          | 0         |
| Kinetic Handling               | 28                  | 27                 | 1          | 30         | 12        |
| Line Managers                  | 28                  | 11                 | 36         | 6          | 0         |
| Personal Safety                | 95                  | 59                 | 9          | 2          | 0         |
| DSE Assessor                   | 31                  | 37                 | 7          | 25         | 1         |
| <b>Sub Total</b>               | <b>523</b>          | <b>204</b>         | <b>84</b>  | <b>71</b>  | <b>16</b> |
| e-Introduction to H&S          | 140                 | 111                | 91         | 59         | 3         |
| e-Risk Assessment              | 51                  | 91                 | 57         | 19         | 0         |
| e-Manual Handling              | 62                  | 122                | 77         | 42         | 14        |
| e-DSE                          | 187                 | 269                | 115        | 189        | 11        |
| e-Hazardous Substances         | 31                  | 68                 | 26         | 7          | 1         |
| e-Fire Safety                  | 123                 | 167                | 79         | 56         | 4         |
| e-Slips and Trips              | 43                  | 48                 | 57         | 13         | 0         |
| e-Personal Safety              | 45                  | 42                 | 14         | 11         | 0         |
| e-understanding mental health  | 91                  | 119                | 49         | 35         | 9         |
| <b>Sub Total</b>               | <b>773</b>          | <b>1037</b>        | <b>565</b> | <b>431</b> | <b>42</b> |
| <b>Total</b>                   | <b>1296</b>         | <b>1241</b>        | <b>649</b> | <b>502</b> | <b>58</b> |

TABLE 6. NUMBER OF CORPORATELY PROVIDED TRAINING COURSE ATTENDED BY DEPARTMENT

## 5.0 **New Legislation and Forthcoming Challenges**

### 5.1 **Health and Safety Legislation**

- 5.1.1 As a result of governmental reviews of legislative requirements health and safety legislation is currently the subject of scrutiny, and proposals for changing legislative requirements are a regular feature of the calendar. However these proposals often come without notice, it is therefore difficult to predict the changes that may impact on NCC this year. Changes that are known about include:
- 5.1.2 Proposed new guidance on Health and Safety (First Aid) Regulations 1981. The proposal follows the removal of the need for training providers to be accredited by the HSE. The guidance makes the training requirement more flexible to the identified needs of the organisation based on their individual assessment.
- 5.1.3 Following a requirement from a government report into health and safety regulation the Construction Design and Management Regulations are currently under review. These regulations place significant responsibilities on NCC regarding any construction activity carried out on our behalf even if the activity is managed by third parties. The current proposals look to further increase the duty on clients of construction activity such as NCC.
- 5.1.4 Further Changes to the regulations that require NCC to reports certain accidents and incidents to the Health and Safety Executive are likely this year. Last year saw a change in this legislation that meant injuries that caused someone to be absent from work for up to 7 days no longer needed reporting.
- 5.1.5 The Work at Height Regulations and Guidance will be reviewed in 2013 with the aim of ensuring that they do not lead to people going beyond what is either proportionate or beyond what the legislation was originally intended to cover.
- 5.1.6 There are a number of reviews taking place at European level that may impact on domestic legislation these include initiatives on: ergonomics, management of hazardous substances and pregnant workers.

### 5.2 **The Health and Safety Executive's Priorities**

- 5.2.1 The HSE published a 4 year sector strategy in 2012 that outlined the areas of activity it would concentrate it's resource on. For NCC services the areas and issues are:
- waste and recycling,
  - management of construction contractors particularly in relation to small works,
  - management of asbestos,
  - competence of workers in the health and safety aspects of their role,
  - the prevention of work related ill health
  - the prevention of injury to members of the public affected by work activities
  - proactive management of commissioned services to deliver safe services no matter the provider
- 5.2.2 Following the recent inquiry into the Mid Staffordshire Foundation NHS Trust a detailed report has been produced which includes findings and recommendations that impact on the enforcement role of the HSE. They include criticism of the gap that exists between the HSE

and other enforcing authorities. As a result the HSE has now launched an investigation into a patient fatality at the Trust that they previously decided was not within their remit. This may have implications for health care services commissioned or provided by NCC in relation to greater scrutiny of the management of care and the possibility of increased enforcement in this area.

- 5.2.3 It was reported last year that the HSE would introduce Fee For Intervention (FFI). FFI is a scheme whereby the HSE recover the costs associated with their work relating to 'material breaches'. The current charge is £124 per hour. There has been 1 investigation by the HSE in relation to NCC activity this year that may have attracted a charge, but the investigation concluded there was no material breach. There is also an ongoing investigation at present that may result in a charge to NCC. However, nationally the HSE has invoiced an average of £350,000 per month for over 700 interventions since the introduction of the scheme. The average per intervention therefore is £500, although this clearly depends on the nature and the length of the investigation with the more complex investigations costing significantly more.

### 5.3 **Enterprising Norfolk**

- 5.3.1 NCC is currently undertaking a significant review of its organisation and functions as part of the planning necessary to anticipate and respond to the continuing challenges that face local government. In April the then Chief Executive published a report on phase one of this review which looked at resetting the strategic vision and redefining the Council's operating model.
- 5.3.2 The report recognises the importance of ensuring however our services are delivered they are delivering what is best for Norfolk and Norfolk people. This means ensuring that service are both high in quality and delivering value for money, including ensuring good health and safety management is maintained.
- 5.3.3 We have seen a shift in the activity of the Health Safety and Well-being team over the last 2 years that reflects the changes in the way services are delivered, with greater involvement in procurement and commissioning activity to ensure appropriate expectations are set and delivered to achieve good health and safety standards. This type of activity will increase over the next year and will evolve to include proactive monitoring of commissioned service activity on a risk basis to provide NCC with assurance around health and safety management practices.

### 6.0 **Improvement Plan for 2013/14**

- 6.1 In section 2 an overview of the key improvement strands for HSW and how these support NCC strategic direction is provided. This section outlines the main improvement success actions that will be used to measure the achievements against for the forthcoming year. This work has been developed with management teams across NCC as well as reviewing data and other information and resources. It should be noted that these strands do not represent all of the work of the HSW team; in particular it does not specify any proactive or reactive 'business as usual' activity or involvement in wider HR projects.

### **Improvement Strand 1**

Ensure Health Safety and Well-being Policies and associated documents remain fit for purpose and support the overarching objectives and core roles.

#### **Success Actions**

1. Review the health and safety policies and procedures that work alongside equality policies to ensure managers and employees receive clear and unambiguous guidance on these areas.
2. Review the asbestos policy and guidance on survey requirements to make them easier to interpret, and clarify the responsibilities and interaction with assured contractors.
3. Review instructions and guidance for staff working in non NCC premises to clarify roles and responsibilities.
4. Review first aid policy in the light of flexible working approaches and assist with positive publicity to promote first aider roles.
5. Review the well-being strategy and stress management procedures to ensure the support provided is right for the changing organisation

### **Improvement Strand 2**

Ensure Health Safety and Well-being Services are applied effectively across the county council to successfully equip managers and employees to become self sufficient

#### **Success Actions**

1. Review opportunities to work with partner organisations in the delivery of health and safety training services
2. Review the solutions available to deliver a universal violent warning marker system.
3. Target promotion of training opportunities in areas of highest risk and lowest take up.
4. Re-tender the Occupational Health contract to improve service delivery and add value
5. Launch additional modules of the online health and safety management system e.g. Display Screen Equipment self assessment\*
6. Review the training offer to ensure it remains fit for purpose and covers all high risk areas

### **Improvement Strand 3**

To provide dedicated professional expertise and support in areas of high or complex risk

#### **Support Activity**

- Support services to review their commissioned and partnership activities to ensure health and safety elements are appropriately managed and monitored.

- Continue to review lone working systems and arrangements with teams
- Review the arrangements in place for volunteers delivering services for NCC
- Review the approach to explosive atmosphere training in the public protection team
- Review Personal Assistance working procedures
- Review arrangements regarding foreign student placements
- Review arrangements regarding children's centres educational visits
- Provide support to new and emerging projects such as RAF Coltishall, Digital Norfolk Ambition and changes in the office accommodation portfolio
- Provide well-being support to teams impacted by organisational change
- Review violent incidents being reported and support managers the implement actions to reduce the number of incidents occurring

#### **Improvement Strand 4**

To continue to improve and develop the Health Safety and Well-being Service

##### **Success Actions**

1. Review the policy management process to streamline the number of documents published and improve efficiencies in the process.
2. Review core activity to ensure a commercial approach to service delivery.
3. Maximise partnership working with others areas of NCC with similar objectives and ambitions e.g. schools well-being services and public health

# The full implementation of the Electronic Health and Safety Management System is a long term action with numerous phases that will continue to appear in the plan over a number of years.

## **7.0 Recommendations**

### **7.1 Members are asked to:**

- Consider and comment on the Employee, Health, Safety and Well-being Annual Report for 2012/13
- Consider the actions outlined throughout the report and specifically the improvement strand detail in section 6.0.

## **8.0 Other Implications**

### **8.1 Equality Impact Assessment (EqIA)**

An EqIA is undertaken when developing all new and updated health and safety strategies and policies. The HSW team work closely with Equalities colleagues to ensure a joined up approach to cross cutting issues.

### **8.2 Section 17 – Crime and Disorder Act**

Some violent incidents reported to NCC are also classified as crime and disorder incidents and as such anonymised statistical information is provided to Norfolk Police in relation to these incidents.

### 8.3 Risk Implications/Assessment

If the Authority does not have a robust and proactive health and safety management system there are legal, reputational and financial risk implications for example there is a risk that the Authority will be exposed to enforcement action and ultimately prosecution. There is also a risk of an increase in successful civil claims made against the authority. The current health of the health and safety management system is good and continues to improve as indicated by the performance information outlined in 5.0. The improvement plan actions outlined in 6.0 aim to strengthen the system and keep the risks to NCC at an acceptable level.

8.4 Officers have considered all the implications which members should be aware of. Apart from those listed in the report, there are no other implications to take into account.

## Officer Contact

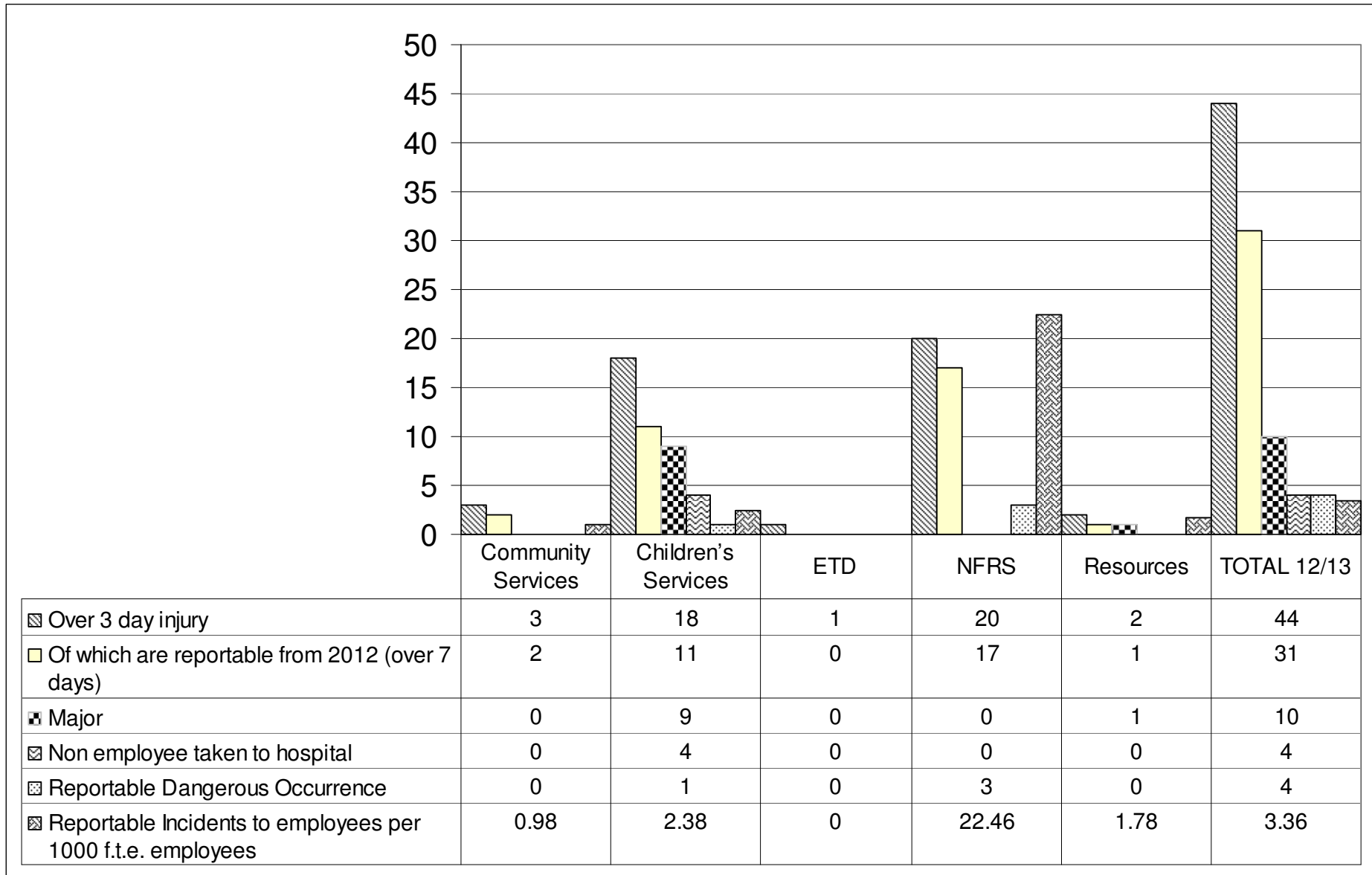
If you have any questions about matters contained in this paper please get in touch with:

Derryth Wright, Health, Safety and Well-being Manager

Tel No: 01603 222912 email address; [Derryth.Wright@norfolk.gov.uk](mailto:Derryth.Wright@norfolk.gov.uk)

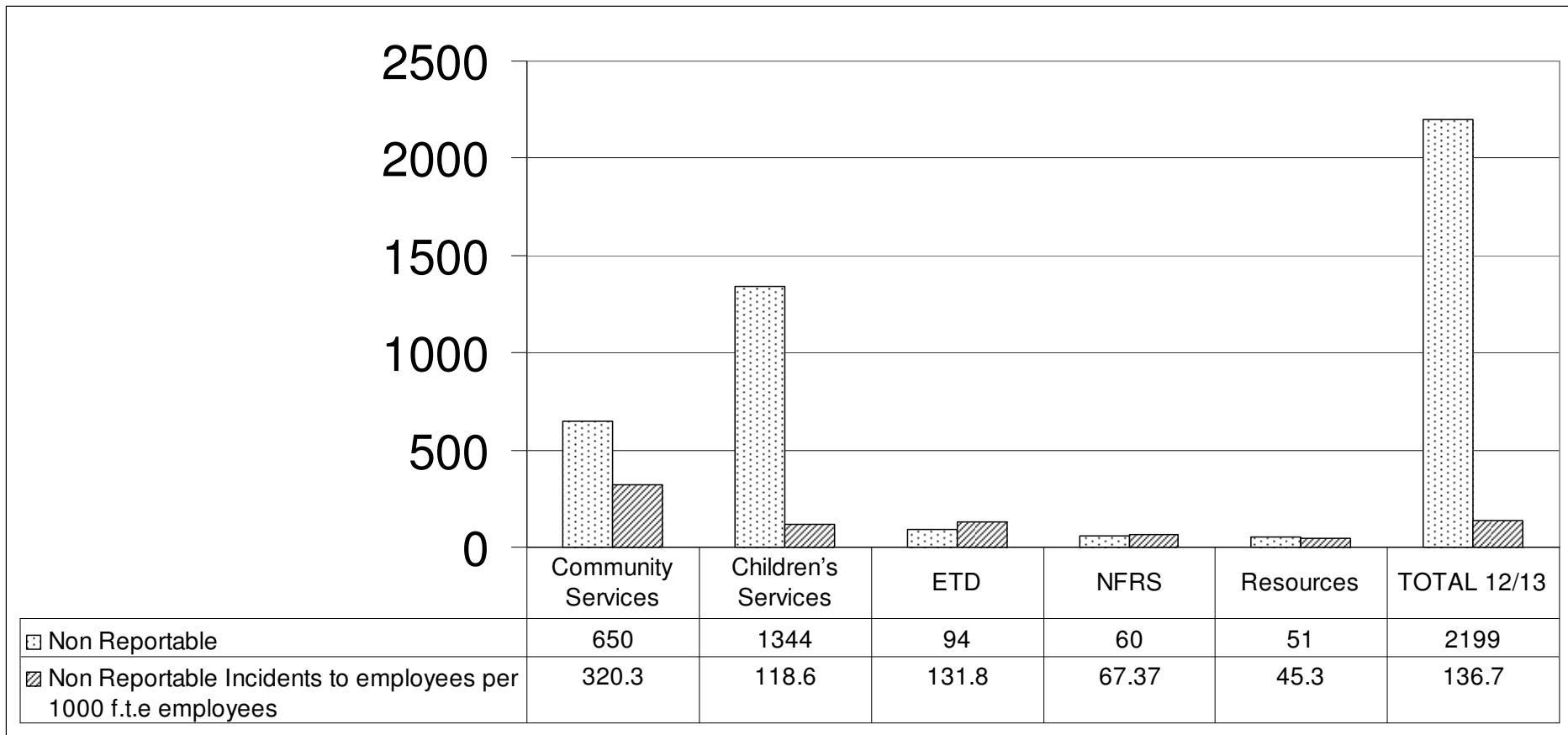


If you need this report in large print, audio, Braille, alternative format or in a different language please contact Derryth Wright, Tel No: 01603 222912 or minicom 01603 223833 and we will do our best to help.

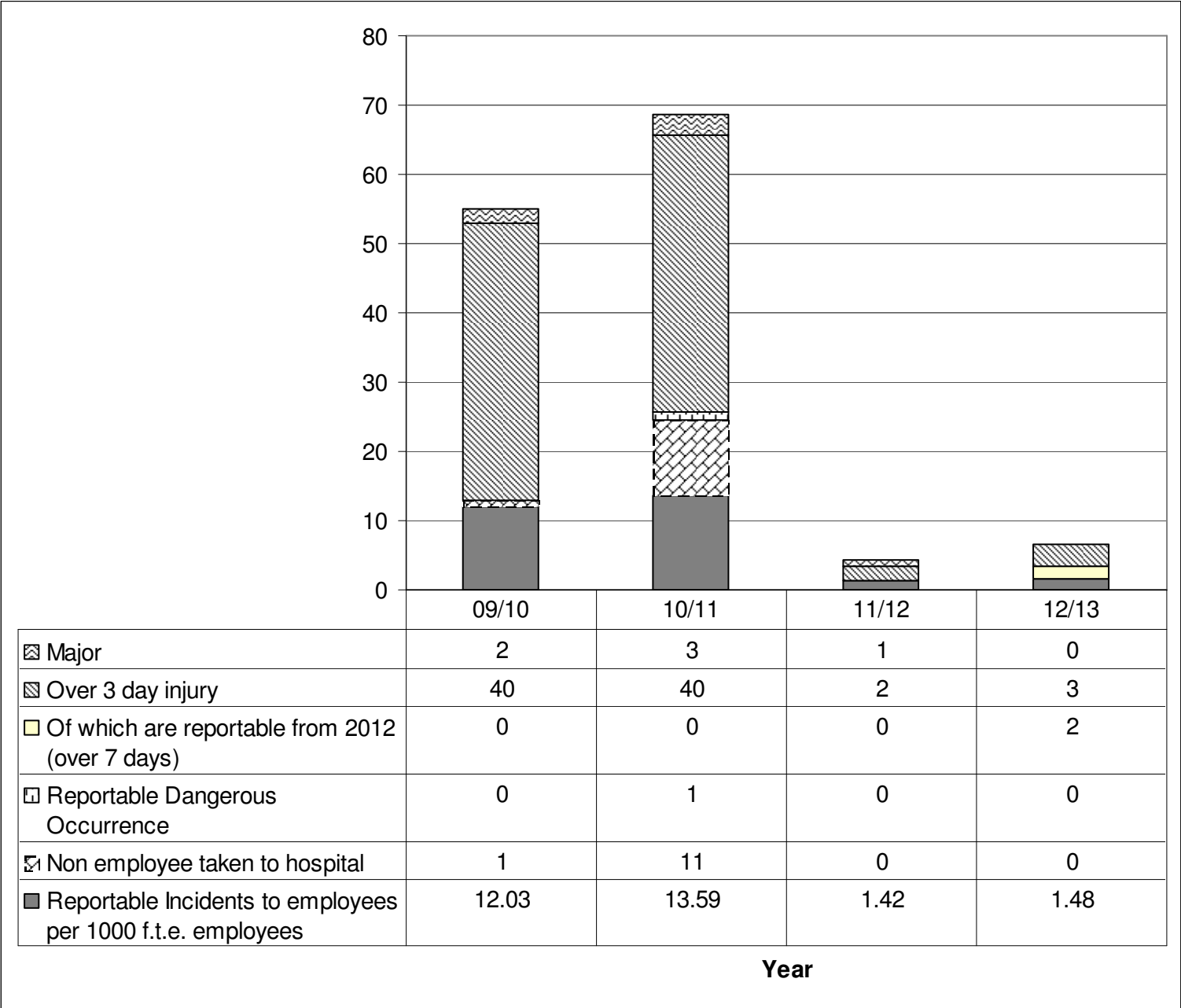


NUMBER OF REPORTABLE INCIDENTS (RIDDOR) FOR 2012/13 BY DEPARTMENT

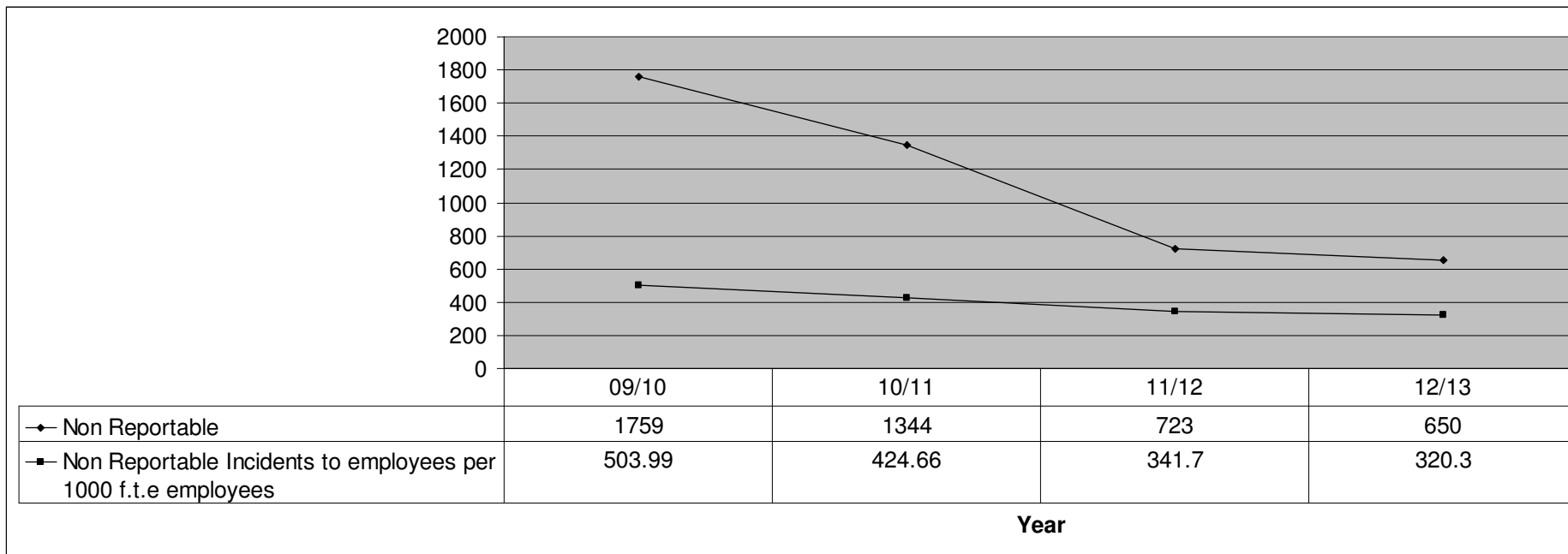




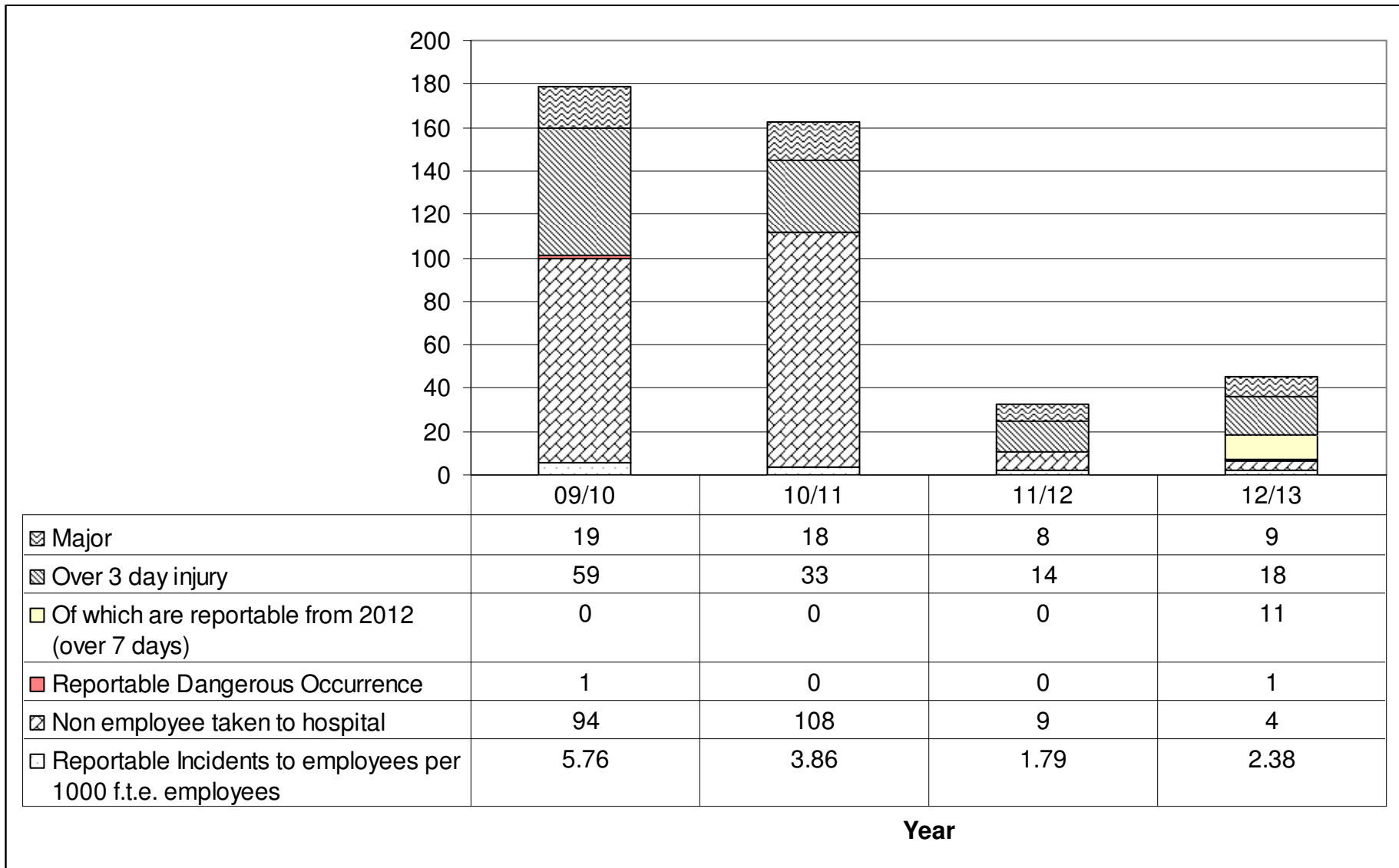
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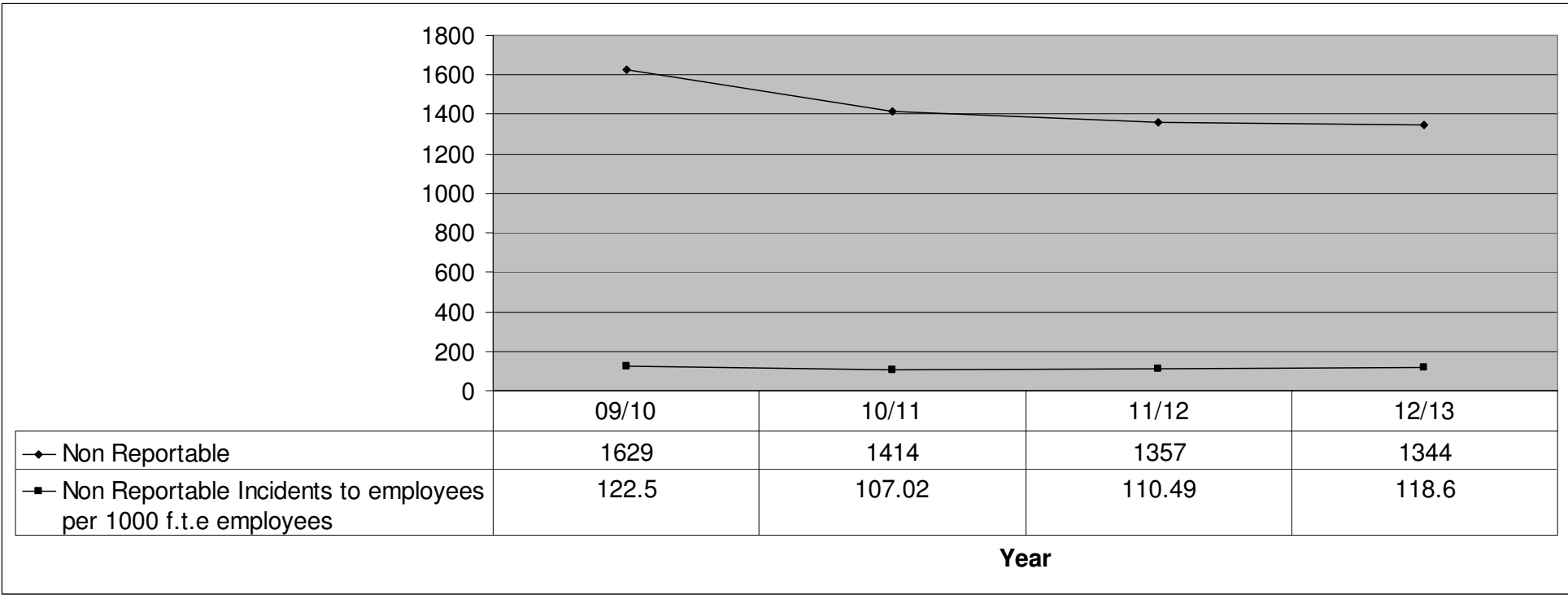
**NUMBER OF REPORTABLE INCIDENTS (RIDDOR) PER YEAR FOR COMMUNITY SERVICES**



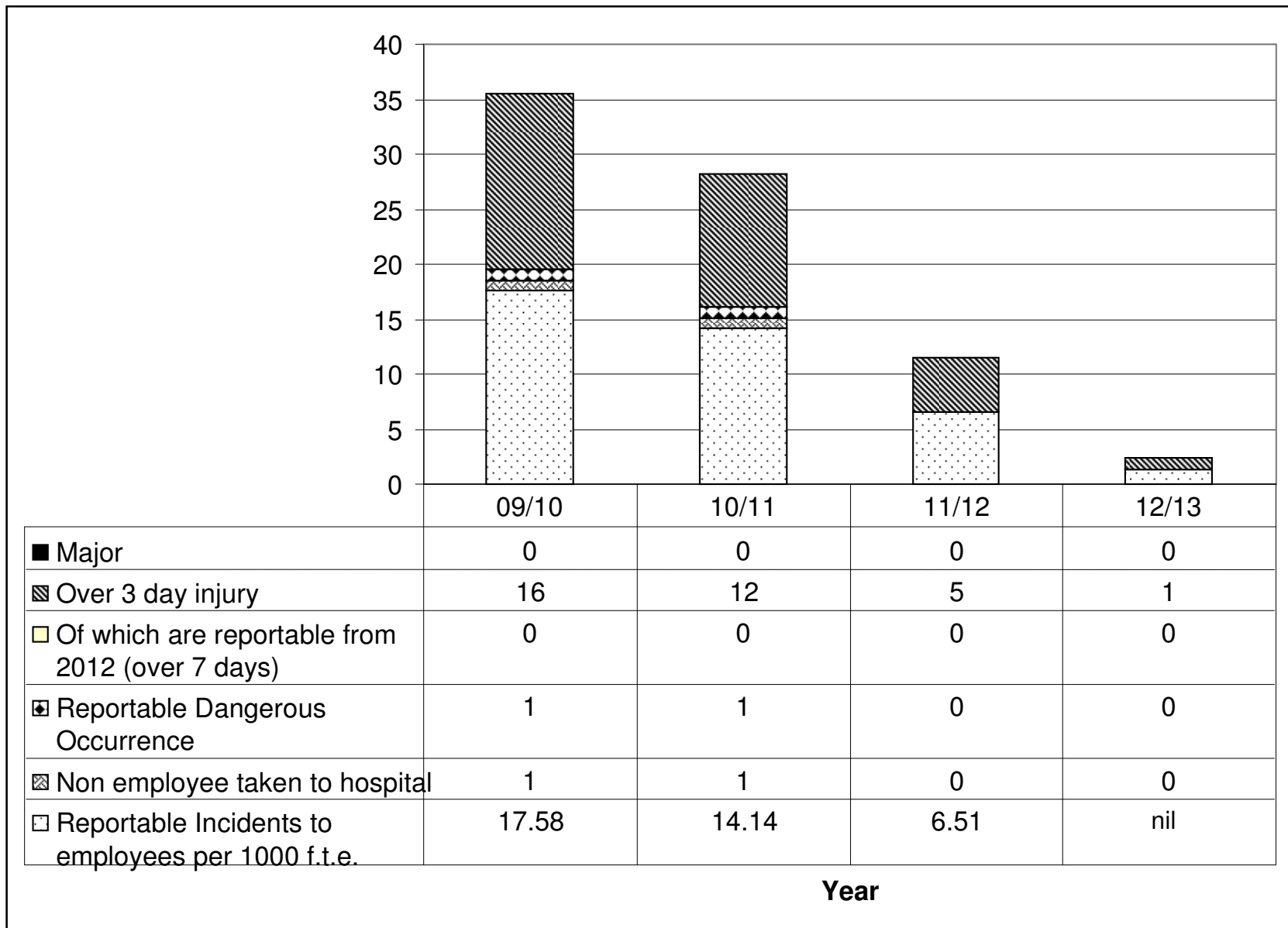
**NUMBER OF NON REPORTABLE (RIDDOR) INCIDENTS PER YEAR FOR COMMUNITY SERVICES**



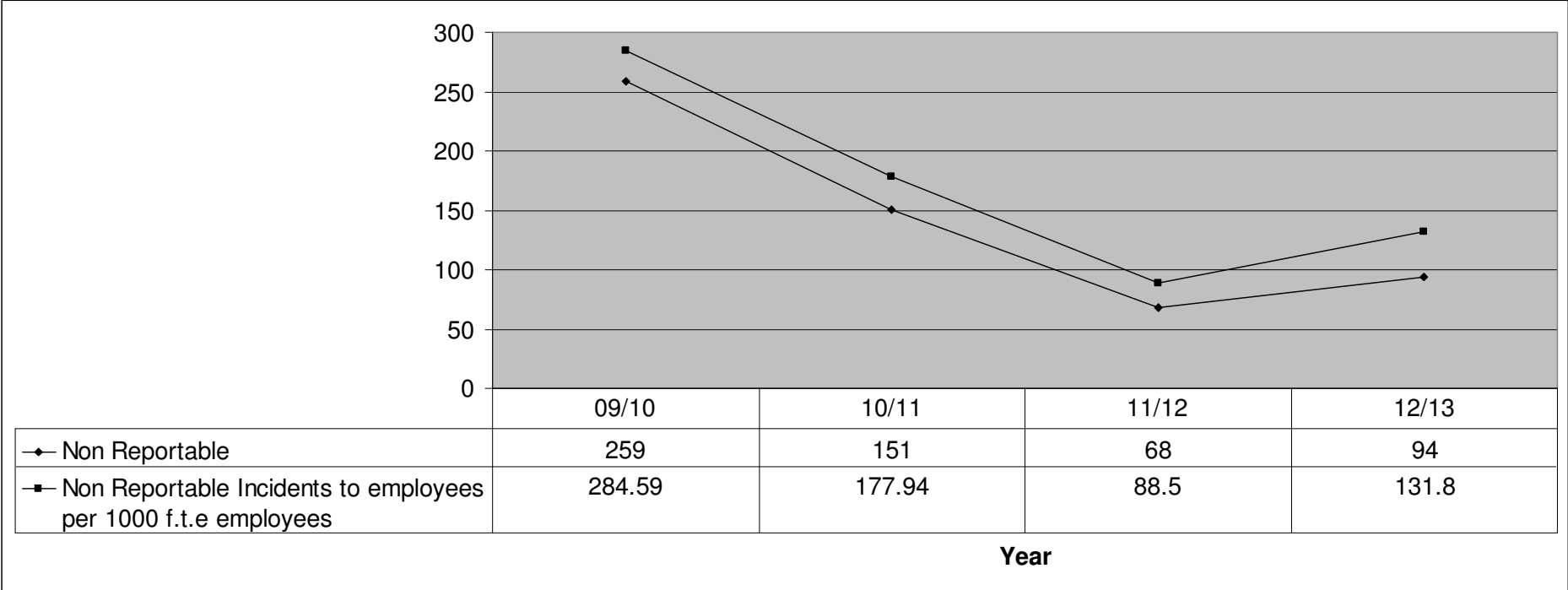
**NUMBER OF REPORTABLE INCIDENTS (RIDDOR) PER YEAR FOR CHILDREN'S SERVICES**



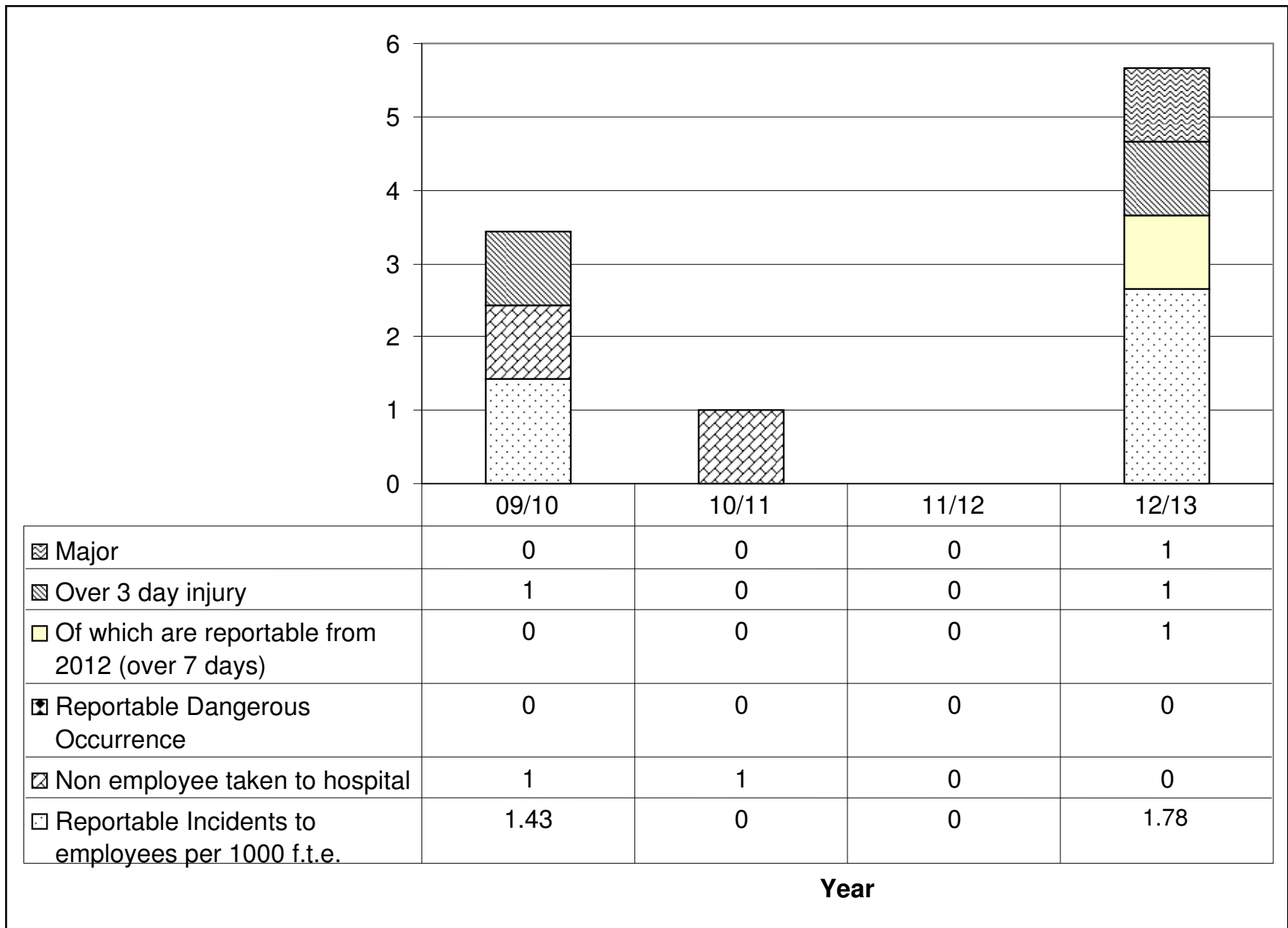
**NUMBER OF NON REPORTABLE (RIDDOR) INCIDENTS PER YEAR FOR CHILDREN'S SERVICES**



**NUMBER OF REPORTABLE INCIDENTS (RIDDOR) PER YEAR FOR ETD**

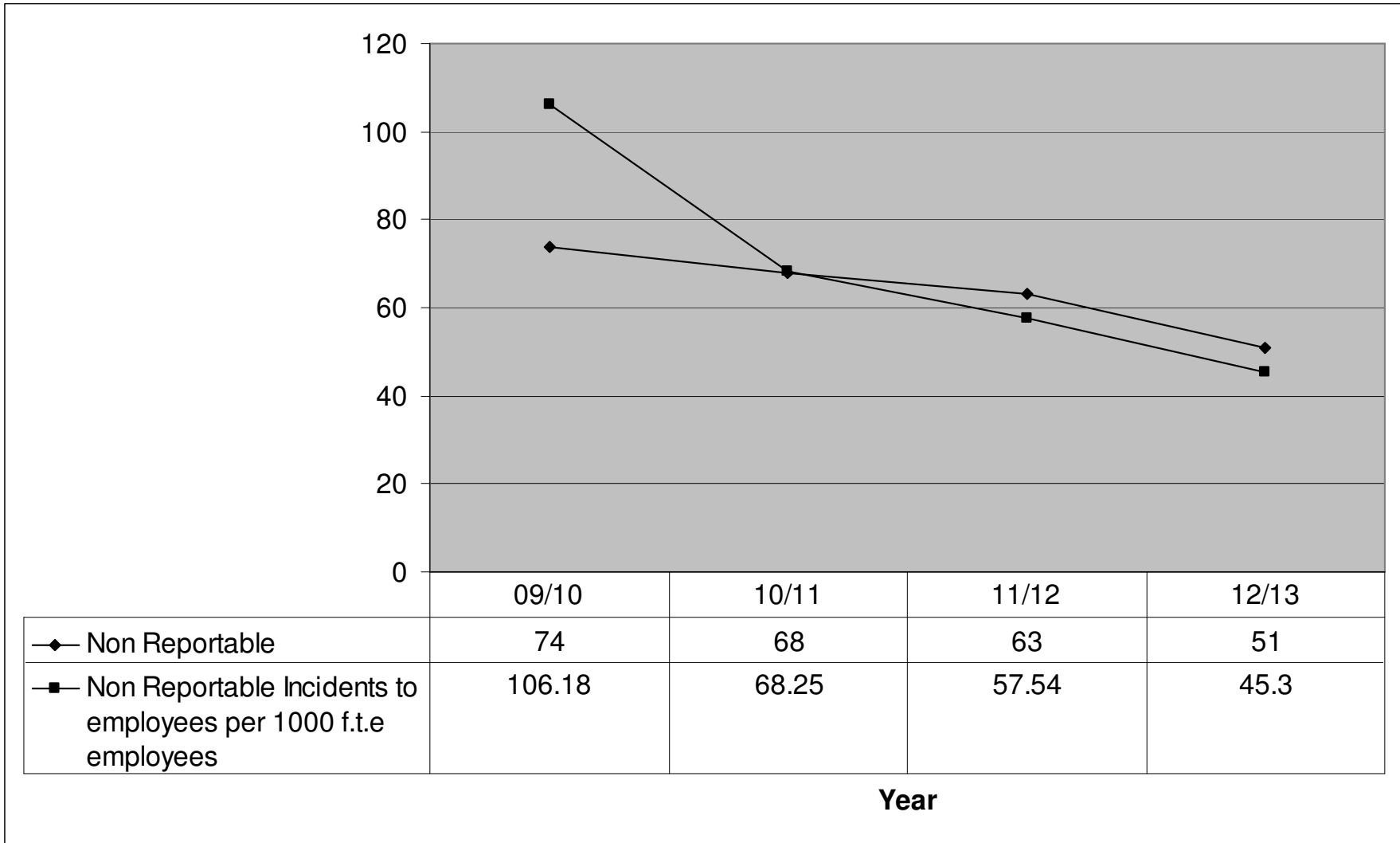


**NUMBER OF NON REPORTABLE (RIDDER) INCIDENTS PER YEAR FOR ETD**

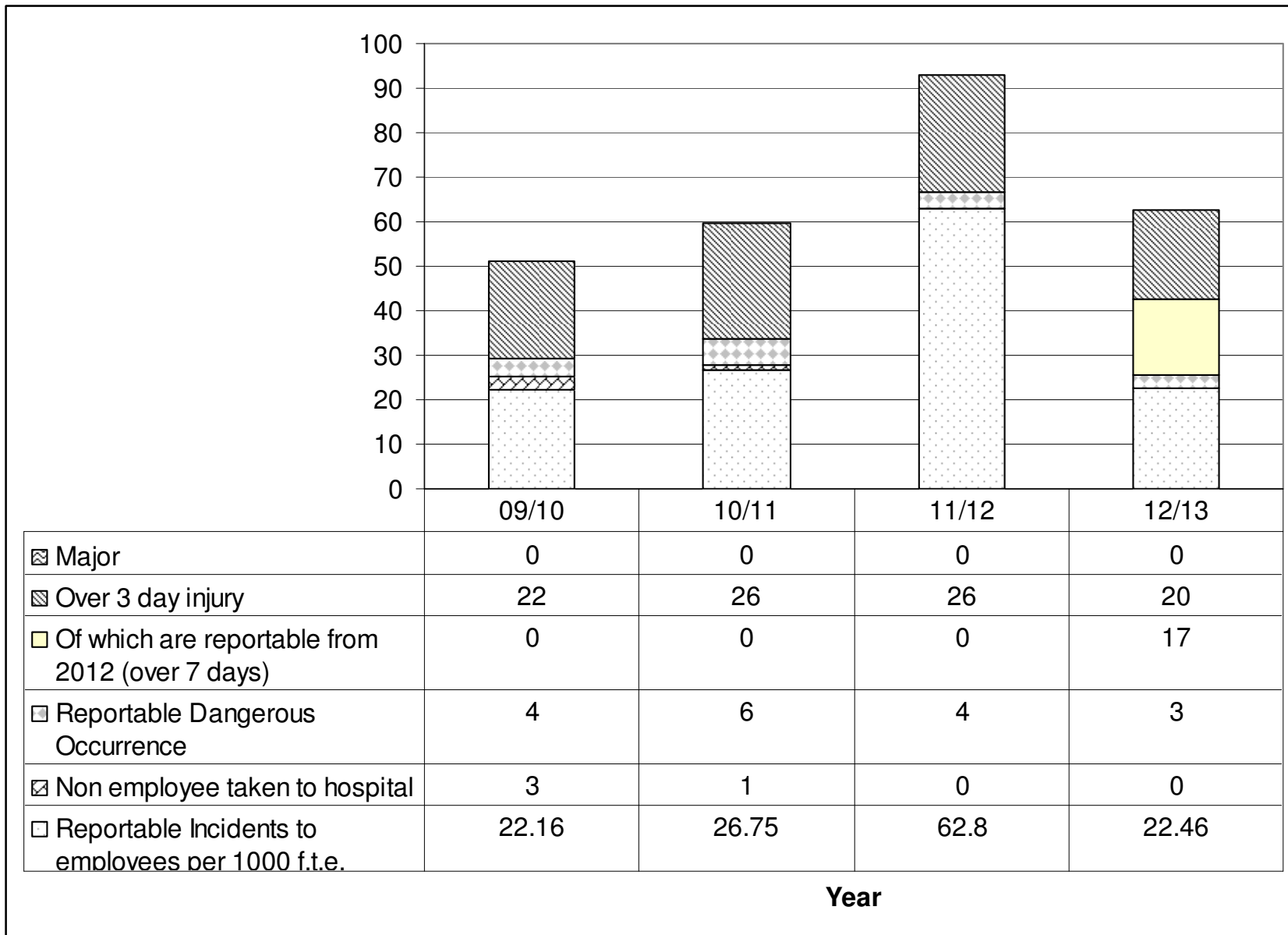


**NUMBER OF REPORTABLE INCIDENTS (RIDDOR) PER YEAR FOR RESOURCES**



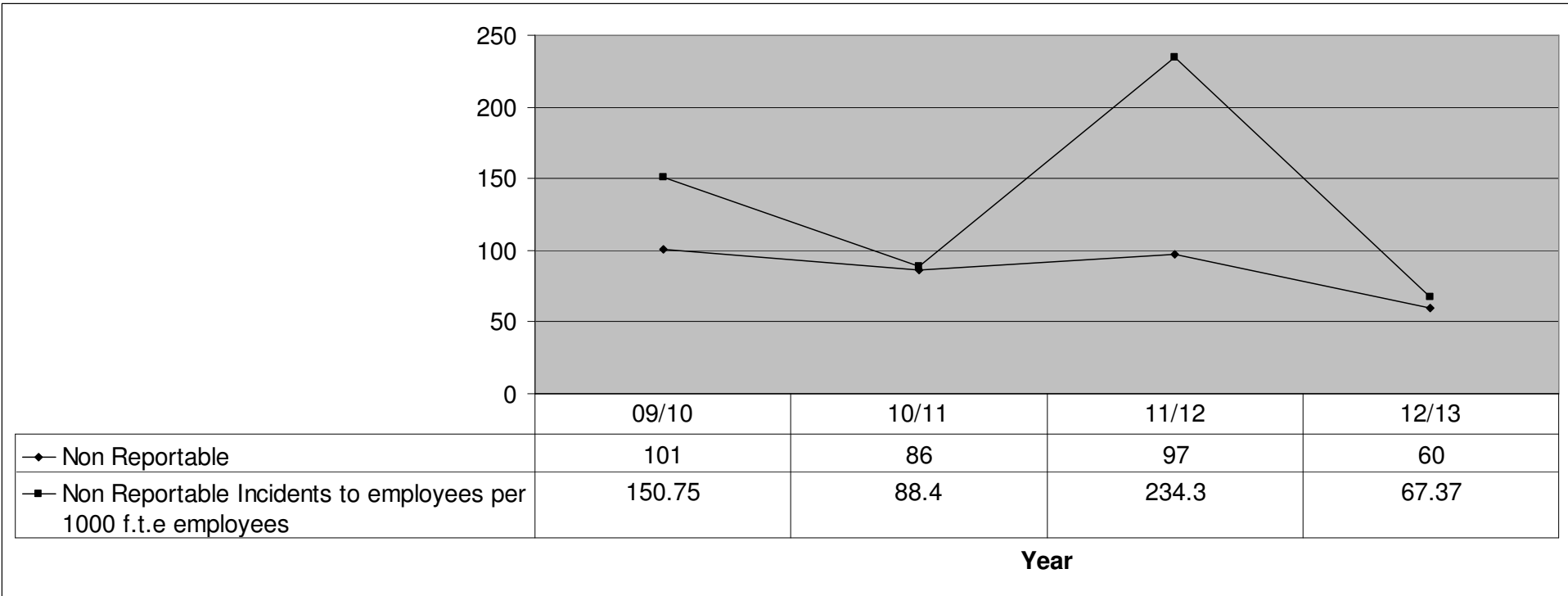


**NUMBER OF NON REPORTABLE (RIDDOR) INCIDENTS PER YEAR FOR RESOURCES**



**NUMBER OF REPORTABLE INCIDENTS (RIDDOR) PER YEAR FOR NFRS**

\* Please note due to the number of retained fire fighters the f.t.e. for NFRS is estimated which may impact on the figures



**NUMBER OF NON REPORTABLE (RIDDOR) INCIDENTS PER YEAR FOR NFRS**

|  | 09/10              |                     |     |      |           |       | 10/11              |                     |     |      |           |       | 11/12              |                     |     |      |           |       | 12/13              |                     |     |      |           |       |   |
|--|--------------------|---------------------|-----|------|-----------|-------|--------------------|---------------------|-----|------|-----------|-------|--------------------|---------------------|-----|------|-----------|-------|--------------------|---------------------|-----|------|-----------|-------|---|
|  | Community Services | Children's Services | ETD | NFRS | Resources | TOTAL | Community Services | Children's Services | ETD | NFRS | Resources | TOTAL | Community Services | Children's Services | ETD | NFRS | Resources | TOTAL | Community Services | Children's Services | ETD | NFRS | Resources | TOTAL |   |
| slip trip fall                                 | 117                | 325                 | 16  | 39   | 9         | 506   | 190                | 569                 | 25  | 27   | 13        | 824   | 49                 | 258                 | 13  | 19   | 8         | 347   | 51                 | 259                 | 14  | 7    | 10        | 341   |   |
| manual handling                                | 269                | 212                 | 47  | 20   | 6         | 554   | 500                | 361                 | 75  | 23   | 9         | 968   | 87                 | 187                 | 7   | 25   | 7         | 313   | 58                 | 111                 | 8   | 14   | 3         | 194   |   |
| physical assault                               | 616                | 452                 | 2   | 1    | 1         | 1072  | 1070               | 884                 | 3   | 3    | 1         | 1961  | 271                | 341                 | 0   | 0    | 0         | 612   | N/A                | N/A                 | N/A | N/A  | N/A       | N/A   |   |
| hit fixed object                               | 81                 | 94                  | 3   | 8    | 8         | 194   | 129                | 156                 | 4   | 4    | 8         | 301   | 26                 | 90                  | 5   | 10   | 3         | 134   | 19                 | 59                  | 0   | 5    | 3         | 86    |   |
| hit moving object                              | 83                 | 202                 | 8   | 9    | 0         | 302   | 137                | 372                 | 12  | 8    | 2         | 531   | 28                 | 202                 | 8   | 6    | 5         | 249   | 22                 | 112                 | 0   | 6    | 1         | 141   |   |
| Contact with moving plant                      | 6                  | 9                   | 0   | 0    | 0         | 15    | 10                 | 11                  | 1   | 0    | 0         | 22    | 2                  | 6                   | 1   | 0    | 0         | 9     | 0                  | 3                   | 0   | 0    | 0         | 3     |   |
| Fall from height                               | 6                  | 15                  | 1   | 1    | 0         | 23    | 6                  | 29                  | 2   | 1    | 1         | 39    | 3                  | 9                   | 2   | 1    | 0         | 15    | 2                  | 17                  | 3   | 1    | 0         | 23    |   |
| Trapped by something collapsing                | 0                  | 0                   | 0   | 0    | 0         | 0     | 0                  | 0                   | 0   | 0    | 0         | 0     | 0                  | 0                   | 0   | 0    | 0         | 0     | 0                  | 0                   | 0   | 0    | 0         | 0     | 0 |
| Drowned or asphyxiated (lack of oxygen)        | 0                  | 0                   | 0   | 0    | 0         | 0     | 0                  | 0                   | 0   | 0    | 0         | 0     | 0                  | 0                   | 0   | 0    | 0         | 0     | 0                  | 0                   | 0   | 0    | 0         | 0     | 0 |
| Exposed to heat/fire/explosion                 | 23                 | 30                  | 0   | 11   | 1         | 65    | 41                 | 54                  | 0   | 10   | 2         | 107   | 17                 | 33                  | 2   | 7    | 2         | 61    | 2                  | 9                   | 1   | 4    | 2         | 18    |   |
| Exposed to or contact with a harmful substance | 14                 | 6                   | 0   | 88   | 0         | 108   | 18                 | 15                  | 1   | 2    | 0         | 36    | 0                  | 13                  | 0   | 6    | 0         | 19    | 1                  | 3                   | 0   | 2    | 0         | 6     |   |
| Electric shock                                 | 2                  | 3                   | 0   | 0    | 0         | 5     | 2                  | 7                   | 0   | 0    | 0         | 9     | 2                  | 7                   | 2   | 2    | 0         | 13    | 0                  | 0                   | 0   | 0    | 0         | 0     |   |
| Injured by an animal                           | 10                 | 6                   | 2   | 1    | 1         | 20    | 11                 | 12                  | 2   | 3    | 0         | 28    | 1                  | 4                   | 2   | 6    | 0         | 13    | 0                  | 2                   | 0   | 1    | 0         | 3     |   |
| Threatened assault/verbal abuse                | 132                | 50                  | 8   | 0    | 4         | 194   | 219                | 86                  | 12  | 0    | 0         | 317   | 47                 | 28                  | 3   | 0    | 2         | 80    | N/A                | N/A                 | N/A | N/A  | N/A       | N/A   |   |
| Antisocial behaviour                           | 49                 | 1                   | 1   | 0    | 1         | 52    | 99                 | 20                  | 1   | 0    | 0         | 120   | 59                 | 24                  | 0   | 0    | 0         | 83    | 38                 | 14                  | 0   | 0    | 0         | 52    |   |
| Near miss/no physical injury                   | 91                 | 23                  | 56  | 38   | 2         | 210   | 167                | 39                  | 92  | 39   | 10        | 347   | 51                 | 22                  | 13  | 34   | 4         | 124   | 42                 | 45                  | 11  | 0    | 6         | 104   |   |
| Dangerous occurrence                           | 0                  | 0                   | 7   | 4    | 0         | 11    | 3                  | 2                   | 8   | 6    | 0         | 19    | 1                  | 0                   | 0   | 4    | 0         | 5     | 0                  | 6                   | 0   | 0    | 0         | 6     |   |
| Work related ill health                        | 103                | 129                 | 41  | 9    | 21        | 303   | 152                | 202                 | 59  | 0    | 33        | 446   | 68                 | 88                  | 21  | 14   | 34        | 225   | 75                 | 85                  | 14  | 11   | 30        | 215   |   |
| Road traffic accident                          | 22                 | 6                   | 15  | 110  | 0         | 153   | 32                 | 11                  | 29  | 69   | 0         | 141   | 12                 | 5                   | 7   | 116  | 2         | 142   | 8                  | 3                   | 3   | 7    | 1         | 22    |   |
| Damage to building, property or equipment      | 25                 | 12                  | 30  | 11   | 1         | 79    | 41                 | 15                  | 40  | 0    | 2         | 98    | 6                  | 2                   | 2   | 13   | 0         | 23    | 6                  | 2                   | 16  | 19   | 1         | 44    |   |
| Other  | 20                 | 15                  | 7   | 16   | 1         | 59    | 54                 | 41                  | 13  | 16   | 6         | 130   | 39                 | 50                  | 19  | 12   | 4         | 124   | 31                 | 121                 | 11  | 41   | 3         | 207   |   |
| Violent Incident (physical and verbal)         | N/A                | N/A                 | N/A | N/A  | N/A       | N/A   | N/A                | N/A                 | N/A | N/A  | N/A       | N/A   | N/A                | N/A                 | N/A | N/A  | N/A       | N/A   | 297                | 522                 | 4   | 1    | 0         | 824   |   |
| <b>TOTAL</b>                                   | 1669               | 1590                | 244 | 366  | 56        | 3925  | 2881               | 2886                | 379 | 211  | 87        | 6444  | 722                | 1358                | 68  | 275  | 63        | 2486  | 652                | 1373                | 85  | 119  | 60        | 2289  |   |

**INCIDENTS BY TYPE OVER TIME**

| Dept                | Work related  |               |                | w.r. per 1000 f.t.e. |              |               | Non Work Related |                 |                  | n.w.r. per 1000 f.t.e. |               |                | Grand Total   |                 |                  | % Work Related |             |             |
|---------------------|---------------|---------------|----------------|----------------------|--------------|---------------|------------------|-----------------|------------------|------------------------|---------------|----------------|---------------|-----------------|------------------|----------------|-------------|-------------|
|                     | 10/11         | 11/12         | 12/13          | 10/11                | 11/12        | 12/13         | 10/11            | 11/12           | 12/13            | 10/11                  | 11/12         | 12/13          | 10/11         | 11/12           | 12/13            | 10/11          | 11/12       | 12/13       |
| Community Services  | 193.5         | 249.6         | 546.93         | 61.14                | 118.0        | 269.52        | 36111            | 21535.3         | 19129.92         | 11410                  | 10178.1       | 9427.69        | 36304.5       | 18375.4         | 19676.85         | 0.53           | 1.36        | 2.78        |
| Ch Servs - Non Schs | 755.8         | 903.7         | 540.28         | 341.47               | 481.1        | 334.82        | 18987.3          | 14412.0         | 12126.86         | 8578.5                 | 7672.5        | 7515.36        | 19743.1       | 15315.8         | 12667.14         | 3.83           | 5.90        | 4.27        |
| Ch Servs - Schools  | 21.5          | 17.6          | 89.19          | 1.95                 | 1.7          | 9.17          | 75687.7          | 65534.0         | 60757.50         | 6881.9                 | 6299.1        | 6251.22        | 75709.2       | 65551.6         | 60846.70         | 0.03           | 0.03        | 0.15        |
| Resources           | 494.7         | 166.3         | 114.20         | 583                  | 151.9        | 101.43        | 5025             | 8147.0          | 9912.32          | 5921.5                 | 7441.3        | 8803.67        | 5519.7        | 8313.3          | 10026.53         | 8.96           | 2.00        | 1.14        |
| ETD                 | 566.1         | 439.7         | 97.34          | 581.87               | 572.2        | 136.45        | 8120.7           | 4007.3          | 4017.27          | 8347                   | 5215.3        | 5631.48        | 8686.8        | 4447.0          | 4114.61          | 6.52           | 9.89        | 2.37        |
| NFRS                | 194.7         | 670.5         | 1878.00        | 195.41               | 1620         | 2108.69       | 7931.9           | 5912.59         | 6169.76          | 7961.1                 | 14282         | 6927.64        | 8126.6        | 6583.19         | 8047.76          | 2.4            | 10.19       | 23.34       |
| <b>Grand Total</b>  | <b>2226.3</b> | <b>2447.5</b> | <b>3265.91</b> | <b>113.57</b>        | <b>146.8</b> | <b>202.95</b> | <b>151864</b>    | <b>119548.1</b> | <b>112113.64</b> | <b>7747.3</b>          | <b>7169.2</b> | <b>6967.08</b> | <b>154090</b> | <b>118586.2</b> | <b>115379.55</b> | <b>1.44</b>    | <b>2.06</b> | <b>2.83</b> |

**SICKNESS ABSENCE IDENTIFIED AS BEING RELATED TO WORK**

| Absence Description  | Work related  |               |               | Non Work Related |                 |                 | Grand Total   |                 |                 | % Work Related |             |             |
|--|---------------|---------------|---------------|------------------|-----------------|-----------------|---------------|-----------------|-----------------|----------------|-------------|-------------|
|  | 10/11         | 11/12         | 12/13         | 10/11            | 11/12           | 12/13           | 10/11         | 11/12           | 12/13           | 10/11          | 11/12       | 12/13       |
| Cancer   | 0             | 0.0           | 0.00          | 5593.5           | 3858.3          | 3294.28         | 5593.5        | 3858.3          | 3294.28         | 0              | 0.00        | 0.00        |
| Circulatory or Organ Related                                 | 0             | 5.0           | 306.92        | 4583.34          | 3937.2          | 3429.84         | 4583.34       | 3942.2          | 3736.8          | 0              | 0.13        | 8.21        |
| Diarrhoea and Vomiting                                       | 0             | 3.0           | 20.50         | 7621.9           | 5795.5          | 4640.91         | 7621.9        | 5798.5          | 4661.4          | 0              | 0.05        | 0.44        |
| Genito-Urinary   | 8             | 0.0           | 0.00          | 1861.7           | 1586.0          | 1182.77         | 1869.7        | 1586.0          | 1182.8          | 0.43           | 0.00        | 0.00        |
| Hospitalisation  | 0             | 11.0          | 3.41          | 12316.3          | 9632.9          | 8117.37         | 12316.3       | 9643.9          | 8120.8          | 0              | 0.11        | 0.04        |
| Mental Well-being (Including Stress, Depression and Anxiety) | 1177          | 1141.6        | 1884.83       | 29785            | 25844.8         | 23376.19        | 30962         | 26986.4         | 25261.0         | 3.8            | 4.23        | 7.46        |
| Musculoskeletal  | 999.6         | 1010.2        | 1036.73       | 27506            | 20737.7         | 21477.01        | 28505.6       | 21747.9         | 22513.7         | 3.51           | 4.65        | 4.60        |
| Neurological (Including Headaches and ME)                    | 0.8           | 192.0         | 3.63          | 6374.46          | 4820.3          | 4369.37         | 6375.26       | 5012.3          | 4373.0          | 0.01           | 3.83        | 0.08        |
| Pandemic Flu   | 0             | 0.0           | 0.00          | 199.8            | 19.0            | 92.23           | 199.8         | 19.0            | 92.2            | 0              | 0.00        | 0.00        |
| Pregnancy Related  | 0             | 18.4          | 0.00          | 1237.2           | 1241.2          | 1062.65         | 1237.2        | 1259.6          | 1062.7          | 0              | 1.46        | 0.00        |
| Respiratory  | 3             | 25.2          | 0.00          | 4477.4           | 3713.3          | 4160.82         | 4480.4        | 3738.5          | 4160.8          | 0.07           | 0.67        | 0.00        |
| Short-Term/Viral Infection                                   | 12.4          | 41.1          | 9.92          | 49084.1          | 36768.3         | 34827.87        | 49096.5       | 36809.4         | 34837.8         | 0.03           | 0.11        | 0.03        |
| Skin Conditions  | 3             | 0.0           | 0.00          | 403              | 394.5           | 286.47          | 406           | 394.5           | 286.5           | 0.74           | 0.00        | 0.00        |
| (blank)  | 12.4          | 0.0           | 0.00          | 820.2            | 1199.2          | 1792.86         | 832.6         | 1199.2          | 1792.9          | 1.49           | 0.00        | 0.00        |
| <b>Grand Total</b>   | <b>2208.2</b> | <b>2447.4</b> | <b>3265.9</b> | <b>151864</b>    | <b>119548.0</b> | <b>112110.6</b> | <b>140453</b> | <b>121995.5</b> | <b>115376.6</b> | <b>1.57</b>    | <b>2.01</b> | <b>2.83</b> |

**SICKNESS ABSENCE BY CAUSE**

\*Please note NFRS have not recorded mental well-being absence in relation to work related or not previously, this accounts for the rise in this area

## Digital Norfolk Ambition (DNA) Programme

Report by the Head of ICT and Information Management

### Summary

Information and the ability to collaborate with partners across the public sector has become increasingly important to drive both local and national initiatives. An Information and Communications Technology (ICT) and Information Management (IM) proposal "Digital Norfolk Ambition" (DNA) has been formulated which sets out a planned approach to the development of ICT and information, based on the use of advances in technology which are now common place in both public and private sectors.

At the meeting on 8 April 2013, Cabinet approved the strategic outline case for the DNA programme. The case described an approach to the development of an information service to support integrated working and a revised commercial model will provide access to refreshed and modern technologies. Cabinet also approved the development of a Partnership Trading Model as the new service delivery model for the ICT and IM service, which would see the council enter into contractual arrangements on a strategic partnership basis with suitably experienced technology partners to develop services to support NCC core business and enable ICT to be offered more widely as a commercial venture. The County Council has a good track record of delivery using this type of model.

It is estimated that the ICT and Information Management Service model developed through the DNA programme would generate a net saving of £10.7 million over a five year period from 2014/15 to 2018/19.

The necessary procurement processes are underway and the OJEU notice was issue on 29 May 2013. Following period of competitive dialogue, it is anticipated that appointment of a strategic partner will be considered by Cabinet in October, and will be discussed by this Overview and Scrutiny Panel in advance.

### Action required

The Panel is asked to:-

- (i) note the progress made in implementing the DNA programme, including the procurement timetable;
- (ii) note that any reports requiring Cabinet approval will be brought to this Overview and Scrutiny Panel in advance, and consider whether/how the Panel would like to be kept informed of progress more generally.

## 1. **Background**

- 1.1. Modern flexible models of working are common place in many organisations. Employees increasingly need to work flexibly and, to do this, able to easily access technology that they can use not only in the office but also when visiting clients or partners. The County Council's current desktop estate is now end of life and inflexible; the majority of devices are between eight and five years old.
- 1.2. The ICT Strategy focuses on improving services through innovation, smarter ways of working and better use of information. Through the concept of an ICT platform for Norfolk, providing integrated services to the County Council and its partners.
- 1.3. Joint working with partners and other public service provides it becoming increasingly important because it enables the creation of a platform for sharing services by integrating underlying infrastructures such as data networks. A shared platform could allow the public, analysts, professionals and other staff to access services anytime, anywhere.
- 1.4. NCC is accredited for Public Services Network and anticipates that this will be a bedrock for achieving integrated working in Norfolk. Advances in technology – such as data analytics, cloud services, integration technology - will offer great opportunities for multi-agency working and enable the sharing and reuse of systems and information, leading to the development of smarter public services. For example, flexible working for social workers, leveraged by ICT & IM, will enable increased productivity through being able to see more clients. Technology will also underpin the programme for Health and Social Care integration for the benefit of patients/clients and to reduce costs.
- 1.5. There are a number of immediate issues that need to be addressed with the Council's IT service, in particular:-
  - The council's desktop estate is 'end of life' and is running software that will become 'unsupported' within the same timescales. The Council must run 'supported' levels of software to ensure connectivity to government networks and to protect users and data;
  - Recent audits have highlighted issues with the Council's data hosting facilities, the resilience of which needs to be addressed.
- 1.6. The ICT service is increasingly being approached by public sector partners in Norfolk to provide IT services. This demonstrates the stability of the existing offer in comparison with services others may be using themselves. These dialogues represent the opportunity to share and therefore save costs. However it is the opportunity to perhaps look at closer more integrated working based on a common network architecture that may prove to be more of a valuable opportunity.
- 1.7. To exploit these opportunities the ICT unit must continue to move forwards, this means being in a position to exploit new technologies and its relationship with partners.

## 2. **Digital Norfolk Ambition (DNA) programme**

2.1. An Information and Communications Technology (ICT) and Information Management (IM) proposal “Digital Norfolk Ambition” (DNA) has been formulated which sets out a planned approach to the development of ICT and information, based on the use of advances in technology which are now common place in both public and private sectors. The outline business case for the programme, which was approved by Cabinet on 8 April 2013, consists of the following key elements.

- Secure and flexible cloud computing services.
- High bandwidth networking service to provide access to the internet and cloud.
- Managed desktop to provide choice of device (tablet, laptop etc) and modern collaboration and office tools.
- Norfolk Information Centre to allow the collation, sharing and linking of data.
- A redesigned ICT Organisation that will support the above model.

## 3. **Implementation**

### 3.1. **Partnership Trading Model**

3.1.1. Cabinet, at their meeting on 8 April 2013, also approved the development of a Partnership Trading Model as the new service delivery model for the ICT and IM service, which means the County Council entering into contractual arrangements on a strategic partnership basis with suitably experienced technology partners to develop services to support NCC core business and enable ICT to be offered more widely as a commercial venture. The County Council has a good track record of delivery using this type of model.

3.1.2. The programme for development of ICT & IM is focused on developments around the public services network (PSN) and will enhance the service through the facilitation of information sharing and collaboration across the public sector in Norfolk. Through established supplier partnerships and the procurement of new ones the Council will benefit from the experience and knowledge that a strategic technology partner can bring to complement the local knowledge and skills of the in-house ICT unit.

3.1.3. The relationships with strategic suppliers are seen as true partnerships necessary to develop an integrated approach to evidence-based public service delivery. The in-house ICT and IM staff will manage the day to day operation, supported by their supplier partners.

### 3.2. **Timetable**

3.2.1. The procurement processes needed to implement the Partnership Trading Model are underway, and the summary timetable is as follows:-

- OJEU Notice issued 28 May 2013
- Responses to pre-qualification questionnaire (PQQ) 1 July 2013



- Invitation to participate in competitive dialogue issued 15 July 2013
- Competitive dialogue August 2013
- Invitation to tender issued early September 2013
- Appoint strategic supplier and approve Full Business Case October 2013

3.2.2. The Full Business Case will require Cabinet approval, but will be brought to this Overview and Scrutiny Panel in advance, along with any further related reports requiring approval. The Panel are asked to consider whether/how it would like to be kept informed of progress more generally.

#### 4. **Resource Implications**

##### 4.1. **Finance :**

It is estimated that the ICT and Information Management Service model being progress through the DNA programme will generate a net saving of £10.7 million over a five year period from 2014/15 to 2018/19

The model includes provision of £1 million per annum from 2014/15 to pay debt charges in respect of the investment in the Broadband for Norfolk Programme.

Additional investment in the establishment of an Information Management service of £6 million over the period to 2018/19 has also been provided for. Detailed financial implications will be presented to Cabinet as part of the Full Business Case later this year.

##### 4.2. **Staff :**

Delivery of the project will involve a cross-functional team including officers from ICT Shared Services, Procurement, Legal and other parts of the authority. Implementation will include a re-designed ICT organisation to support the model, but it is not anticipated that TUPE transfer of staff to other organisations would be needed.

The delivery of the programme will involve a cross-functional team including officers from ICT Shared Services, Procurement, Legal and other parts of the authority.

##### 4.3. **Property :**

An assessment will be made to ascertain if space could be released due to these new arrangements together with determining the potential saving implications of this. However, it is anticipated that savings over and above those identified in the business case will be made in power consumption by the use of cloud services rather than physical infrastructure in County Hall. The results of this work will inform the full business case.

##### 4.4. **IT :**

The Digital Norfolk Ambition programme will be delivered as part of the NCC ICT Programme during 2013/14 and 2014/15. Delivery of the project will impact all areas

of ICT Shared Services as operational services will need to be maintained up to, during and post-implementation.

## 5. **Other Implications**

### 5.1. **Legal Implications :**

NP Law will be engaged throughout the procurement to mitigate any legal risks. The main issues will be compliance with procurement law; compliance with employment and equalities law; and contractual robustness.

### 5.2. **Equality Impact Assessment (EqIA) :**

It is anticipated that the evaluation process of any bidder will assess their approach to equality and delivery of services will include consultation with the EqIA team.

In general terms, the DNA provides opportunities to increase access to, and delivery of, services through technology solutions and could deliver positive impacts on equality, for example through being able to more easily access up to date information and access services remotely.

### 5.3. **Environmental Implications :**

As part of the detailed contract development, sustainability criteria will be incorporated into the shortlisting and award criteria and any contract terms.

The DNA Programme should enable a number of positive environmental benefits to be realised, including a reduction in power consumptions by the use of cloud services rather than physical infrastructure in County Hall. In addition, it will provide technology/an environment that supports flexible and home based working, and help to reduce some of the day to day environmental implications e.g. reduce need to travel.

### 5.4. **Any other implications :** Officers have considered all the implications which members should be aware of. Apart from those listed in the report (above), there are no other implications to take into account.

## 6. **Section 17 – Crime and Disorder Act**

### 6.1. None

## **Action required**

The Panel is asked to:

- (i) note the progress made in implementing the DNA programme, including the procurement timetable;
- (ii) note that any reports requiring Cabinet approval will be brought to this Overview and Scrutiny Panel in advance, and consider how the Panel would like to be kept informed of progress more generally.

## Background Papers

8 April 2013 report to Cabinet – Digital Norfolk Ambition (DNA Technology) – this included the Outline Business Case as an Appendix

The Norfolk ICT Strategy

## Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

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|-------------|-------------------------|--------------------------|
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If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 and ask for Tom Baker or textphone 0344 800 8011 and we will do our best to help.