

FSRP800: Audit & Performance Policy

Fire Safety Regulation Policy: Audit & Quality Assurance

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Owner: **Fire Safety Regulation**
Responsible work team: **Audit & Performance**

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1 Introduction

- 1.1 The Audit & Performance group provide strategic level support for the FSR Leadership team in terms of reviewing performance and identifying development needs for fire safety staff. The group is responsible for ensuring that the Authority meets its responsibilities in monitoring and identifying action points on individual staff performance in carrying out the fire safety regulation function.
- 1.2 This is achieved through the preparation and review of associated policy, the management of a team of performance review officers and preparing and reporting appropriate action plans based on findings.
- 1.3 This document also introduces the 800 series of FSIGN's – the guidance and information documents that provide a supporting framework with the detail enabling consistency of policy interpretation and application of the detailed elements of the staff role in fulfilling the Authority's fire safety regulation performance review functions.

2 Vetting of FSR work

Vetting of IOs work

- 2.1 Where performance issues are identified under the vetting process, these are to be dealt with through the Performance Review and Development System (PRDS) process.
- 2.2 TL's are to vet the workload of each IO in their team on a minimum monthly basis.
- 2.3 At least one joint visit per year is to take place with each IO.
- 2.4 Any disagreement between the IO and the TL over the vetting process is to be referred to the AFSM /FSR Group Head/HoP.
- 2.5 Copies of completed vetting forms are to be kept for at least three years in a secure location.
- 2.6 Vetting records relating to an IO are to be forwarded to the new TL in the event the IO moves teams.

Vetting of Admin Work

- 2.7 On a monthly basis the fire safety administrative officers (FRS C) are to carry out a check of all FS03 & FS08 jobs and a minimum of 10% of all other jobs the fire safety Inspecting Officers have cleared.
- 2.8 Using Vetting Pro-forma (Administrative Work) a record of the findings is to be made.
- 2.9 When areas causing concern are identified, the pro-forma is to be passed to the Administrative Team Leader (FRS D) to action.
- 2.10 Records are to be kept for at least one year, in a secure place, to aid the monitoring of quality.
- 2.11 The Admin Officer and/or the Administrative support TL may provide direction on the other areas of vetting that would aid quality and data management.

Vetting Data on Farynor

- 2.12 The fire safety administrative support team will carry out the routine data checks. Where discrepancies occur they are to be corrected or referred to their line manager as appropriate.

- 2.13 The Audit and Performance Group (APG) in the FSR Department, will programme structured checks of the system during the year. Where considered necessary, APG will prepare and submit a report to Admin Manager (FRS E) identifying any concerns and trends arising from these checks.
- 2.14 In addition they will carry out a number of on-site and 'desktop' audits to verify the quality of data on the system. The outcomes of these checks will be passed to the Admin Manager (FRS E) for information and appropriate action.

Validating the Vetting Process

- 2.15 The AFSM, Admin Manager (FRS E), and FSR Group Head will validate the vetting process applicable to their particular area of responsibility. This is to assist them in their overall assessment of quality.
- 2.16 Where appropriate, the validation of the vetting process shall involve both office and site evaluation. Random validation should be carried out at the discretion of the senior manager to meet the needs of the fire safety team they have responsibility for. The AFSM will carry out a minimum of one joint visit per TL per year. The vetting form is to be signed by the senior manager on completion of the validation.
- 2.17 Consideration must be taken of the size of the team workload, the job types, work complexity and knowledge and experience of the team members. Any validation programmes must take into consideration the competency of the fire safety team members and reflect the fire safety team annual plan and Corporate needs.

3 Auditing the fire safety function

- 3.1 FSR Leadership Team in conjunction/consultation with the APG will determine which work systems, elements or processes, within the workplace, require auditing.
- 3.2 The auditing of the statutory fire safety function will be co-ordinated by the APG under direction of the Assistance Commissioner (Fire Safety). APG will be responsible for carrying out the audits and reporting the findings.
- 3.3 Audits, targeting specific work systems or processes, will be programmed on a regular basis with an annual plan being agreed by FSR Leadership Team departments for the proceeding year.
- 3.4 In addition to the above, supplementary audits may be requested at any time by the AC (Fire Safety) and/or the Director of Operations in order to target specific areas of the fire safety function. Any such requests may also be instigated by AFSM/FSR Group Heads via their respective line manager. Requests should be made in writing for consideration. In these circumstances the required period of notice to the auditee may be waived.
- 3.5 The workplace specific report and the final audit report are to be structured in the same manner. The reports will contain the following sections:
- A title and audit number
 - Audit dates, location, team members and workplace representatives
 - Audit scope and objective
 - Summary of findings (Good and bad)
 - Observations, recommendations and conclusions
 - Name and signature of report author
 - Appendices listing supporting documentation

- 3.6 After the audit, the local management team is responsible for ensuring that any necessary corrective and preventive action identified and recorded within the workplace audit is carried out.
- 3.7 Audit and Performance Group has the responsibility to independently check that the action(s) have been taken and are effective
- 3.8 It is essential to maintain internal audit records. These will predominantly consist of audit reports, non-conformity reports, audit checklists and schedule of auditors. The Audit and Performance Group has responsibility for this function. All records will be kept in a secure manner due to the confidential nature of some of the information.

4 Customer Care Standards

- 4.1 Fire safety regulation staff will uphold the standards and expectations of the Authority in regard to individual conduct in all the various aspects of fire safety regulation work. Guidance is provided to fire safety regulation staff on the expected level of performance of the individual and the standards they should aim to achieve when carrying out their work functions. The guidance contains advice on standards relating to customer care, which covers areas including behaviour, confidentiality, timeliness of response and actions, consideration and officer best practice.

5 Performance Indicators

- 5.1 Responsibility for producing the information for these indicators rests primarily with APG. Information Management (IM) provide the figures for comment by responsible departments prior to their quarterly submission to Members.
- 5.2 All the performance indicators for FSR are stored securely and when produced appropriate managers are notified.

6 The FSIGN's supporting FSRP800

- 6.1 The 800 series FSIGN's contain the following documents which will support the Authority's obligations and objectives in respect of the performance review function in fire safety regulation, whether for applicable legislative requirements, internal audit and data collection or reporting (internal and external bodies and government).
- 801 Vetting of FSR work
 - 802 Auditing the FSR Function
 - 803 Customer survey questionnaire
 - 804 Customer care standards
 - 805 FSR performance indicators

Document History

Impact assessments

An Equality or Sustainability Impact Assessment was completed on:

Equality Impact Assessment	23/05/2012	Sustainability Impact Assessment	30/03/2015
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Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
All	Application of 'FSRP' to Policy name and associated referencing	19/11/2014
All	To reflect re-introduction of FSIGN801 to 806 docs and forms	10/09/2015