

Audit Objective

To provide assurance that the Force and OPCC has effective governance and oversight arrangements in place to monitor, manage, and mitigate risks to staff wellbeing, particularly in high-demand teams.

Executive Summary



Assurance Opinion

There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

Management Actions

Priority 1	0
Priority 2	0
Priority 3	6
Total	6

Organisational Risk Assessment

Medium

Our audit work includes areas that we consider have a medium organisational risk and potential impact. The key audit conclusions and resulting outcomes warrant further discussion and attention at senior management level.

Key Conclusions



We were informed by the OPCC that the Health and Wellbeing Strategy 2026 (the 'Strategy') applies to its employees. However, the Strategy does not explicitly reference the OPCC. In addition, the 'Reasonable Adjustments and Workplace Adjustments - Procedural Guidance' also does not state whether it applies to OPCC employees, despite being relied upon in practice. This creates a lack of clarity regarding the intended scope and applicability of key wellbeing documents.



Terms of Reference for key governance arrangements, including the Health and Wellbeing Board and Wellbeing Committees, require updating to reflect current structures, reporting lines and membership. In addition, the OPCC operates a separate Wellbeing Board without formal Terms of Reference, making it difficult to determine its remit, relationship with existing governance arrangements, and whether there is any duplication of responsibilities. There was also no formal process to ensure updates from Wellbeing Committees were provided to the Health and Wellbeing Board when the designated representative was unable to attend a meeting.



We identified instances where Wellbeing Advisor case management records did not include details of interventions or outcomes, reducing assurance that appropriate support had been provided in all cases and limiting the completeness and reliability of management information.

Audit Scope

The audit considered the following:

- The Wellbeing and Welfare Governance Strategy, or equivalent, and relevant supporting policies.
- Governance and oversight arrangements for wellbeing and welfare risks and whether these have been appropriately reflected in the Strategic Risk Register.
- Monitoring systems in place to collect and analyse wellbeing data to identify trends and detect issues.
- Processes and mechanisms available to escalate wellbeing and welfare concerns.
- Lessons learned and continuous improvement.

Conclusion

The Force and OPCC have an established framework in place to manage wellbeing risk. This includes a Health and Wellbeing Strategy, supported by a Health and Wellbeing Delivery Plan and governance arrangements through the Health and Wellbeing Board to oversee delivery of the Strategy's objectives. The audit identified opportunities to further strengthen the clarity, consistency and effectiveness of wellbeing governance and supporting arrangements. This includes better defining the scope of key strategies and policies, ensuring governance documentation remains up to date, strengthening governance oversight and reporting arrangements, and improving the completeness of Wellbeing Advisor case management records. Together, these improvements would enhance the quality of management information and provide greater assurance over the delivery and oversight of wellbeing objectives. The detailed findings and actions from the audit are documented below. The detailed findings and actions from the audit are documented below.

1.1	The applicability of the Health and Wellbeing Strategy 2026	1.1a	Action
We were informed by the Assistant Chief Executive of the OPCC that the Health and Wellbeing Strategy 2026 (the ‘Strategy’) applies to OPCC employees. However, the Strategy does not explicitly state this. The absence of any reference to OPCC staff creates uncertainty regarding the intended scope of the Strategy and whether its provisions, commitments, and responsibilities extend to them. This lack of clarity may result in inconsistent implementation, reduced accountability, and potential disputes regarding the Strategy’s application and the wellbeing support available to OPCC employees.		The Head of Occupational Health, Safety and Wellbeing to update the Health and Wellbeing Strategy 2026 to explicitly define its scope and applicability, including whether it applies to OPCC employees, and ensure that responsibilities, commitments, and governance arrangements are communicated to all relevant officers and staff.	
		Priority	3
		SWAP Ref.	AP#9913
		Responsible Officer	Head of Occupational Health, Safety and Wellbeing
		Timescale	30/09/2026
1.2	Terms of Reference	1.2a	Action
A Health and Wellbeing Board has been established to oversee the delivery of the objectives set out in the Strategy. In addition, five divisional Wellbeing Committees have been created to support implementation, with each committee reporting directly to the Health and Wellbeing Board.		The Head of Occupational Health, Safety and Wellbeing to update Terms of References for the Health and Wellbeing Board and the Wellbeing Committees to ensure they accurately reflect current governance arrangements, reporting lines, and membership.	
A review of the Terms of Reference (ToRs) for both the Health and Wellbeing Board and the Wellbeing Committees identified that these documents require updating to reflect current governance arrangements. For example, the Health and Wellbeing Board ToR makes reference to a Culture Board and Enabling Services Committee which no longer exist. In addition, there have been changes to membership within the Wellbeing Committees which need reflecting in the ToRs. As a result, the documented governance framework does not accurately represent current structures, membership, and reporting lines.			
		Priority	3
		SWAP Ref.	AP#9914
		Responsible Officer	Head of Occupational Health, Safety and Wellbeing
		Timescale	31/10/2026
1.3	OPCC Wellbeing Board	1.3a	Action
The OPCC is represented on the Health and Wellbeing Board by the Assistant Chief Executive. In addition, the OPCC operates a separate Wellbeing Board, chaired by the Strategic Serious Violence Prevention Coordinator, which meets every four to six weeks.		The Chief Executive - OPCC to review the purpose and remit of the OPCC Wellbeing Board to determine whether it remains necessary as a separate forum. Where the Board is to be retained, formal Terms of Reference should be established and approved, setting out its objectives, membership, responsibilities, reporting lines, and relationship with the Health and Wellbeing Board. Appropriate arrangements should also be implemented to ensure key decisions, actions and outcomes are documented and subject to oversight, while maintaining the confidentiality of personal staff matters.	
However, the OPCC Wellbeing Board does not have formal Terms of Reference setting out its purpose, responsibilities, membership, reporting arrangements, or decision-making authority. We were informed that the Board discusses personal staff matters and, as a result, minutes of meetings were not made available for review.			
The establishment of a separate OPCC Wellbeing Board demonstrates that wellbeing is considered through dedicated governance arrangements. However, the absence of formal governance documentation and supporting records limits transparency and makes it difficult to determine this Board's remit, how it aligns with the wider health and wellbeing governance framework, and whether there is any duplication of responsibilities with the existing Health and Wellbeing Board. Consequently, it is unclear whether the OPCC Wellbeing Board is required as a separate forum and how its activities contribute to the delivery of the Health and Wellbeing Strategy.			
		Priority	3
		SWAP Ref.	AP#9915
		Responsible Officer	Chief Executive - OPCC
		Timescale	30/09/2026

1.4	Wellbeing Committee reporting	1.4a	Action		
The Health and Wellbeing Board (the ‘Board’) meets every eight weeks, and Wellbeing Committee chairs are required to provide updates at each meeting. However, minutes of the Board meeting in April 2026 recorded that no chairs were available to attend and, as a result, updates from the Wellbeing Committees were not provided. This gap in reporting may, over time, lead to delays in identifying issues, inconsistent delivery of wellbeing initiatives, and reduced accountability for progress against actions owned by Wellbeing Committee chairs. Consequently, there is an increased risk that underperformance or emerging risks are not identified or addressed in a timely manner.		The Head of Occupational Health, Safety and Wellbeing to review the Health and Wellbeing Board’s reporting arrangements to ensure that Wellbeing Committee updates are consistently provided regardless of meeting attendance. This should include implementing contingency arrangements, such as written updates, deputy attendance, or pre-submitted reports, to ensure continuity of information and maintain effective oversight of progress against agreed actions.			
		Priority	3	SWAP Ref.	AP#9916
		Responsible Officer		Head of Occupational Health, Safety and Wellbeing	
		Timescale		31/08/2026	
1.5	Wellbeing related policies and procedures	1.5a	Action		
Wellbeing-related policies and procedures were reviewed as part of the audit. We identified that the ‘Reasonable Adjustments and Workplace Adjustments – Procedural Guidance’ (the ‘Guidance’), last updated in June 2024, does not include a scheduled review date. As a result, it is unclear whether the document remains current or is due for review. In addition, the Guidance does not clearly state whether it applies to OPCC employees, unlike other policies reviewed (such as the Grievance Resolution Policy and Supporting Attendance and Wellbeing Policy), which explicitly confirm their scope.		The Head of Occupational Health, Safety and Wellbeing to review and update the Reasonable Adjustments and Workplace Adjustments - Procedural Guidance to include a review date and clearly define its scope of application, including whether it applies to OPCC employees.			
		Priority	3	SWAP Ref.	AP#9917
		Responsible Officer		Head of Occupational Health, Safety and Wellbeing	
		Timescale		30/09/2026	

1.6 Wellbeing Advisor case management

Gloucestershire Constabulary has a range of internal resources to support employee wellbeing, including a Wellbeing Advisor, which is available to both Force and OPCC employees. Demand for the Wellbeing Advisor is recorded on a case management spreadsheet, which captures details such as date of first contact, role, department, themes, interventions, and outcomes at six weeks. This information is used to support wider performance reporting.

We reviewed the case management spreadsheet and identified that, of 293 cases recorded since May 2025, 13 (4%) did not include a recorded intervention or outcome. This limits assurance that appropriate support was provided in all cases and reduces the completeness and reliability of management information used to monitor the service.

We also identified opportunities to strengthen the information recorded by including fields such as the date of intervention and outcome to support monitoring of timeliness and service effectiveness.

The Constabulary has previously considered implementing a system-based referral and recording process but has retained the current spreadsheet-based approach to preserve the informal and accessible nature of the service. As demand continues to increase, management should keep the suitability of the current recording arrangements under review.

1.6a Action

The Head of Occupational Health, Safety and Wellbeing to ensure that interventions and outcomes are consistently recorded for all cases captured on the Wellbeing Advisor case management spreadsheet. The spreadsheet should be updated to include key fields such as date of intervention and outcome to enable monitoring of timeliness and service effectiveness. Management should also keep under review whether a more structured system-based solution is required, considering the need to balance accessibility with effective oversight and reporting as demand increases.

Priority	3	SWAP Ref.	AP#9919
Responsible Officer	Head of Occupational Health, Safety and Wellbeing		
Timescale	30/09/2026		

1.7 Health and Wellbeing Delivery Plan

Wellbeing-related actions are documented within the Health and Wellbeing Delivery Plan (the 'Plan'). A review of the Plan identified a number of gaps, including the absence of target completion dates for some actions, which limits the ability to demonstrate that objectives are specific, measurable, achievable, relevant, and time-bound (SMART). This was highlighted to management during the draft reporting process, and the Plan was subsequently updated to address this issue.

Our review also identified that no progress updates had been recorded since Q4 2025/26, reducing visibility of progress against planned actions and limiting the ability to assess whether objectives remain on track. This was also raised with management during the draft reporting process, and progress updates were subsequently added to a number of actions. Management advised that not all actions require a quarterly update, as there may be no material progress to report between reporting periods. In light of these improvements and management's explanation regarding the frequency of progress updates, no formal audit action has been raised. The finding is reported for management information only.

1.8 Follow up of previously agreed actions

This review followed up on the progress of actions agreed as part of the Approach to Wellbeing audit completed in October 2022. That review resulted in one Priority 1 and three Priority 3 actions being raised.

One Priority 3 action relating to the monitoring of compliance with risk assessments for agile, remote and home workers is still in progress. Currently, the Force does not have a mechanism for recording employees' working arrangements, which limits its ability to identify those who are required to complete a homeworking risk assessment. The implementation of a solution was expected to be supported through the rollout of Unit4. However, this has proven more complex than anticipated.

While employees who work from home are required to complete a risk assessment and submit it to HR, there is currently no means of confirming whether all eligible employees have done so. To address this, the Force plans to undertake a survey to identify employees who work from home.

Until a mechanism is in place to identify employees working from home, the Force cannot demonstrate that all eligible employees have completed a homeworking risk assessment. The outstanding action therefore remains in progress and will continue to be monitored through the follow-up process.

The findings are reported for management information only.