

INTERNAL AUDIT REPORT



HEALTH AND SAFETY 2021/22

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| Issue Date: | 19 th August 2021 | Issued to: | Alan Bailey – Health and Safety Advisor |
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HEALTH AND SAFETY 2021/22 EXECUTIVE SUMMARY

1. Introduction & overall opinion

The Council has a legal duty under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 to ensure the health, safety and welfare of their employees and non-employees. A corporate health and safety framework has been agreed, and is due to be fully implemented by 31st March 2022.

The Council's health and safety policy statement was approved by the Leader of the Council and the Chief Executive in July 2020. Whilst various procedures in relation to health and safety are available via the Council's intranet and shared drive, a number of these require updating. In addition, it is noted that over 50% of the Council's health and safety management system manual requires further development at the time of reporting.

The Council's employers liability insurance includes appropriate cover and is valid until 31st March 2022 - a copy of the certificate is available to all staff via the shared drive, in accordance with the requirements of the Employers Liability (Compulsory Insurance) Act 1969. In addition, the Health and Safety Executive's (HSE's) approved law leaflet is available to all staff via the Council's intranet, in accordance with the requirements of the Health and Safety Information for Employees Regulations 1989.

The Joint Safety Committee and Health and Safety Steering Group meet on a quarterly basis, with suitable priority areas detailed on the agenda. Furthermore, the Council's Health and Safety Advisor is professionally qualified and undertakes Continuing Professional Development (CPD) in accordance with the relevant membership requirements.

A project plan is in place to schedule and co-ordinate further work in relation to the Council's health and safety management system manual. Further development of the project plan, and the incorporation of key tasks, such as the training needs analysis exercise, the development of a corporate health and safety risk register, and rolling, risk based audit plan, would provide oversight and assurance that these tasks will be addressed as part of the ongoing work.

A range of specialist support is available to all employees, and the Council's incident reporting procedure has been subject to recent review, in order to aid officers in fulfilling their responsibilities, and to provide assurance that the Council are compliant with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. The performance information to be detailed within quarterly and annual reporting is yet to be agreed.

The audit was carried out in accordance with the agreed Audit Planning Record (APR), which outlined the scope, terms and limitations to the audit. The Auditor's assurance opinion is summarised in the table below:

| Internal Audit Assurance Opinion | | | | | |
|--|------------------------|------------------------|---|----------|----------|
| Control environment | Good Assurance | |  | | |
| Compliance | Satisfactory Assurance | |  | | |
| Organisational impact | Minor | |  | | |
| Risk | Design | Compliance | Recommendations | | |
| | | | H | M | L |
| Risk 1 – The Council's corporate health and safety framework does not comply with health and safety legislation and regulatory requirements. | Good Assurance | Satisfactory Assurance | 0 | 1 | 2 |
| Total Number of Recommendations | | | 0 | 1 | 2 |

2. Summary of findings

Risk 1 – The Council’s corporate health and safety framework does not comply with health and safety legislation or regulatory requirements.

The Health and Safety at Work Act 1974 requires employers of five or more people to prepare and maintain a health and safety policy. The Council’s health and safety policy statement was approved by the Leader of the Council and the Chief Executive in July 2020 – it is understood that the policy statement will be subject to review this year, and annually thereafter. Internal Audit review confirmed that the policy statement includes matters in relation to the Council’s commitment, and practical arrangements for managing health and safety, and it is understood that all relevant responsibilities will be clearly defined within the Council’s health and safety management system manual.

Various procedures in relation to health and safety are available via the Council’s intranet and shared drive. Whilst a number of these have been subject to recent review, some procedures will require updating. In addition, it is noted that over 50% of the Council’s health and safety management system manual is either incomplete, or requires further development, at the time of reporting. A project plan has been drafted in relation to this which requires further development and regular monitoring to support the completion of the new manual. **Recommendation one** addresses this finding.

The Council’s employers liability insurance includes cover of £20m for any one event, and is valid until 31st March 2022. A copy of the insurance certificate is available to all staff via the Council’s shared drive, and it is understood that the certificate is displayed in an accessible area within all occupied Council properties. It is noted that the supporting email which is issued to officers within the relevant Council properties does not currently confirm that the certificate must be displayed in an accessible area, such as a hallway, or a room which all staff have access to, in accordance with the requirements of the Employers Liability (Compulsory Insurance) Act 1969.

The Health and Safety Executive’s (HSE’s) approved law leaflet is available to all staff via the Council’s intranet, in accordance with the requirements of the Health and Safety Information for Employees Regulations 1989. It is understood that the HSE’s approved law poster is displayed in the majority of occupied Council properties, with the relevant gaps currently being addressed by Property Services.

The Terms of Reference (TOR) for the Joint Safety Committee and Health and Safety Steering Group include matters in relation to membership and duties. It is understood that whilst the TOR have been verbally approved, details of this have not been noted accordingly. **Recommendation two** addresses these findings.

The Joint Safety Committee and Health and Safety Steering Group meet on a quarterly basis, with suitable priority areas detailed on the agenda. Specific issues, actions and responsible officers are detailed within the notes, and the relevant matters are followed up accordingly. Including an action column within each relevant section of the Health and Safety Steering Group discussion points template (as per the Joint Safety Committee meeting notes) may further enhance control and improve operational efficiency.

The Council’s Health and Safety Advisor holds a professional qualification with the Institution of Occupational Safety and Health (IOSH), and as such, is required to complete at least six IOSH Continuing Professional Development (CPD) activities within a 12 month period. It is understood that due to COVID-19 restrictions, such CPD activities have included the attendance at various sector specific webinars, in addition to online reading and research in relation to relevant subject matters.

The Council's corporate and mandatory training plans and budget are administered by Human Resources (HR). It is understood that a corporate health and safety training matrix will be developed by HR in order to determine the relevant training requirements which currently exist within the Council. Following this, a training needs analysis exercise will be undertaken by the Council's Health and Safety Advisor, in order to inform the decision-making process with regards to the provision of the Council's mandatory, online and service specific health and safety training going forward. In order to provide assurance over the timely progression of this work and clear allocation of responsibility, this should be included within the project plan. **Recommendation one** addresses this finding.

Internal Audit review confirmed that a range of specialist support is available to all employees via various channels, such as Health Assured Limited (counselling services), the wellbeing portal (virtual library of wellbeing information) and the Council's specially trained mental health first aiders. Information on how to access such support is available via the Council's intranet.

Cabinet currently receive performance information in relation to the average sickness days lost per employee (target <6.9). It is recognised that the Council are currently in the process of developing a new corporate plan alongside a revised performance framework, to ensure that Key Performance Indicators (KPIs) better reflect the Council's priorities and demonstrate success.

A risk assessment procedure and supporting templates have recently been developed, and are currently being reviewed by members of the Health and Safety Steering Group, after which, they will be presented to the Strategic Management Team (SMT) for their review and approval. In addition, plans are currently underway to develop a corporate health and safety risk register in order to provide assurance that robust record-keeping arrangements will exist to capture all relevant information which currently exists within the Council's local risk registers. This work would also benefit from inclusion in the project plan given its importance for supporting effective health and safety procedures going forward. **Recommendation one** addresses this finding.

Internal Audit review of the Council's strategic risk register confirmed that whilst it is understood that contract managers are required to take due regard of health and safety when procuring contracts, as per the Council's contract procedure rules, such information is not currently detailed within the Council's contract procedure rules. As such, this matter should be followed up accordingly. **Recommendation three** addresses this finding.

The Council's incident reporting procedure had been subject to review in February 2021, in order to aid officers in fulfilling their responsibilities, and to provide assurance that the Council are compliant with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. Internal Audit review confirmed that seven employee incidents had been reported from April 2020 to date, of these, two had been subject to RIDDOR reporting requirements, and controls had operated as intended in both cases.

The Health and Safety Steering Group are responsible for maintaining an overall assessment of the Council's health and safety risks, near misses and violence reports, with oversight from the Joint Safety Committee. Responsibilities also include the provision of anonymised feedback reports on such data to heads of service, the Strategic Management Team (SMT), and the Joint Safety Committee every four months.

As detailed, the Health and Safety Steering Group meet on a quarterly basis, with suitable priority areas detailed on the agenda – such areas include the following:

- Risks and opportunities and actions for addressing them (preventable reoccurrences detailed);
- Results on monitoring, measurements, analysis and performance evaluation (accident statistics / RIDDOR reporting);
- Nature of incidents or nonconformities and any subsequent action taken; and
- Results of any action and corrective action, including their effectiveness.

It is understood that whilst the Council's rolling, risk based health and safety audit programme is a work in progress, this has not yet been incorporated into the project plan. In addition, the performance information to be detailed within quarterly and annual reporting is yet to be agreed. **Recommendation one** addresses these findings.

Based upon these findings, the assurance rating for the design of controls to mitigate this risk is **Good Assurance**. The assurance rating for compliance with these controls is **Satisfactory Assurance**.

3. Action plan

The following action plan includes three recommendations to address the findings identified by the audit. If accepted and implemented, these should positively improve the control environment and aid the Council in effectively managing its risks.

4. Limitations to the scope of the audit

This is an assurance piece of work and an opinion is provided on the effectiveness of arrangements for managing only the risks specified in the Audit Planning Record (APR).

The Auditor's work does not provide any guarantee against material errors, loss or fraud. It does not provide absolute assurance that material error, loss or fraud does not exist.

ACTION PLAN

| Rec No. | ISSUE | RECOMMENDATION | Management Comments | Priority | Officer Responsible | Due date |
|---------|---|---|---------------------|---|---------------------------|------------|
| 1. | <p>It is noted that over 50% of the Council's health and safety management system manual is either incomplete, or requires further clarification, or information, at the time of reporting. Whilst a project plan has been developed in relation to this, Internal Audit review has confirmed that the current plan is incomplete and out of date.</p> <p>In addition, the following outstanding key tasks are not currently detailed within the project plan:</p> <ul style="list-style-type: none"> • Review / update of the relevant health and safety procedures; • Training needs analysis exercise, following the development of the corporate health and safety training matrix; • Development of a corporate health and safety risk register; • Development of a rolling, risk based audit plan; and • Performance information to be detailed within quarterly and annual reports. | <p>The project plan should be updated to provide assurance that all key tasks requiring attention are documented and monitored accordingly.</p> <p>The relevant activities detailed should be cross referenced to the Council's health and safety management system manual to ensure consistency and transparency, and the project plan should be included as a standing agenda item for Health and Safety Steering Group meetings.</p> | Agreed. | Medium  | Health and Safety Advisor | 01/09/2022 |

| Rec No. | ISSUE | RECOMMENDATION | Management Comments | Priority | Officer Responsible | Due date |
|---------|---|---|---------------------|----------|---------------------------|------------|
| | The omission of a comprehensive project plan increases the risk that key tasks requiring attention may be overlooked, which could have a detrimental impact on the time, quality and cost of implementing the Council's corporate health and safety framework, which could lead to a failure to comply with health and safety legislation and regulatory requirements. Such risks materialising could result in compensation orders, fines (including unlimited fines), imprisonment, a failure to maximise value for money, financial loss and reputational damage to the Council. | | | | | |
| 2. | It is understood that whilst the Terms of Reference (TOR) for the Joint Safety Committee and the Health and Safety Steering Group have been verbally approved, details of this have not been recorded. | The approval of the TOR for the Joint Safety Committee and the Health and Safety Steering Group should be recorded within the meeting notes. | Agreed. | Low ● | Health and Safety Advisor | 01/12/2021 |
| 3. | The Council's contract procedure rules do not currently confirm that contract managers are required to take due regard of health and safety when procuring contracts, as detailed within the Council's strategic risk register. The omission of such information increases the risk of poor and uninformed decision-making, which could lead to a failure to comply with health and safety legislation and regulatory requirements. | This matter should be followed up accordingly to provide assurance that the relevant responsibilities are clearly communicated, and to ensure the accuracy of the controls detailed within the Council's strategic risk register. | Agreed. | Low ● | Health and Safety Advisor | 01/01/2022 |

| Rec No. | ISSUE | RECOMMENDATION | Management Comments | Priority | Officer Responsible | Due date |
|---------|--|----------------|---------------------|----------|---------------------|----------|
| | Such risks materialising could result in compensation orders, fines (including unlimited fines), imprisonment, a failure to maximise value for money, financial loss and reputational damage to the Council. | | | | | |

GLOSSARY

The Auditor's Opinion

The Auditor's Opinion for the assignment is based on the fieldwork carried out to evaluate the design of the controls upon which management rely and to establish the extent to which controls are being complied with. The tables below explain what the opinions mean.

| Compliance Assurances | | |
|-----------------------|---|---|
| Level | Control environment assurance | Compliance assurance |
| Substantial ● | There are minimal control weaknesses that present very low risk to the control environment. | The control environment has substantially operated as intended although some minor errors have been detected. |
| Good ● | There are minor control weaknesses that present low risk to the control environment. | The control environment has largely operated as intended although some errors have been detected. |
| Satisfactory ● | There are some control weaknesses that present a medium risk to the control environment. | The control environment has mainly operated as intended although errors have been detected. |
| Limited ● | There are significant control weaknesses that present a high risk to the control environment. | The control environment has not operated as intended. Significant errors have been detected. |
| No ● | There are fundamental control weaknesses that present an unacceptable level of risk to the control environment. | The control environment has fundamentally broken down and is open to significant error or abuse. |

| Organisational Impact | | |
|-----------------------|---|--|
| Level | Definition | |
| Major ● | The weaknesses identified during the review have left the Council open to significant risk. If the risk materialises it would have a major impact upon the organisation as a whole. | |
| Moderate ● | The weaknesses identified during the review have left the Council open to medium risk. If the risk materialises it would have a moderate impact upon the organisation as a whole. | |
| Minor ● | The weaknesses identified during the review have left the Council open to low risk. This could have a minor impact on the organisation as a whole. | |

Category of Recommendations

The Auditor prioritises recommendations to give management an indication of their importance and how urgent it is that they be implemented. By implementing recommendations made managers can mitigate risks to the achievement of service objectives for the area(s) covered by the assignment.

| Priority | Impact & Timescale |
|-----------------|---|
| High ● | Action is imperative to ensure that the objectives for the area under review are met. |
| Medium ● | Requires actions to avoid exposure to significant risks in achieving objectives for the area. |
| Low ● | Action recommended to enhance control or improve operational efficiency. |