

**Bolsover, Chesterfield and North East Derbyshire District
Councils'**

Internal Audit Consortium

Internal Audit Report

Authority:	Chesterfield Borough Council
Subject:	Health and Safety
Date of Issue:	18th November 2016

Report Distribution:	Health & Wellbeing Manager
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INTERNAL AUDIT REPORT

HEALTH AND SAFETY

Introduction

A routine internal audit of the procedures relating to the internal control operating in respect of Corporate Health & Safety Unit has recently been completed.

Scope and Objectives

The purpose of the audit examination was to report a level of assurance on the adequacy of corporate systems in place to meet the Council's statutory obligations on health and safety as employer and provider of services and facilities to customers and the public. Areas reviewed as part of this audit included: -

- Overall allocation of responsibility
- Compliance with Health and Safety legislation
- Comprehensive policies are in place
- Qualifications of Health and Safety employees
- Training provided and records maintained
- Performance Management / Benchmarking
- Accident Reporting
- Health and Safety inspections / audits
- Contractor Management
- Health and Safety budget

Conclusion

The conclusion of the audit was that the reliability of the internal controls operating in the system reviewed was assessed as **unsatisfactory** (Unacceptable risks identified, changes should be made).

It is appreciated that the understaffing/restructure and large projects requiring the input of the Health and Safety Unit such as the Town Hall restack, corporate stock asbestos survey and demolition of the old Queens Park Sports Centre has had an adverse effect on the performance of the Health and Safety Unit.

The Health and Wellbeing Manager is aware of the issues and challenges facing the Health and Safety Unit and is in the process of addressing these matters.

Findings and Recommendations

Overall Responsibility

1. The Council holds a quarterly Health and Safety Committee meeting which reports to the Council Employment and General Committee. The Committee is made up of elected Members of the Council, Trade Union representatives and Management. At the time of the audit the last Council Health and Safety Committee was held on 28th July 2016.
2. The purpose and objectives of the Committee are as follows: -
 - To ensure a positive culture of health and safety across the Council by promoting co-operation between the Council, as an employer, and its employees in instigating, developing and carrying out measures to ensure the health, safety, welfare and wellbeing at work of employees.
 - To act as a focus for employee participation in the promotion of health and safety as work, the prevention of accidents and incidents and the avoidance of work related ill health.
 - To provide a strategic overview of health and safety in the organisation.
 - To ensure the Council complies with all legal requirements and the requirements set out in the corporate health & safety policy.
 - To provide scrutiny and direction for the work of the Occupations Health & Safety Improvement Group (OHSIG)

Compliance with Health and Safety Legislation

3. The Corporate Health and Safety Advisor monitors changes to Health and Safety legislation by way of the Health & Safety Executive (HSE) website/bulletins and professional journals. When new and amended legislation comes into force and when the HSE issues new and amended approved codes of practice, the Health and Safety Unit updates the Council's corporate H&S arrangements to ensure compliance with the changes.

Health and Safety Policies

4. The authority's Health and Safety policy can be readily obtained from the Aspire Intranet. The policy is dated 2015 and is next due for review in 2017. The policy outlines: -
 - The responsibilities of its management (including senior management, service managers and supervisors) and members for implementing the policy.
 - Requirements of employees in co-operating and compliance with the policy.
 - Requirements of Safety Representatives
 - Role of Corporate Health and Safety Advisor.
 - Contractors / other persons working on Council Premises
 - Arrangements for implementing the policy

5. Other policies such as working with display screen equipment, fire safety, driving to work etc have links on the Aspire intranet; however no corporate policies are attached to these links.
6. The Corporate Health and Safety Advisor confirmed as part of the audit that policies, procedures and protocols are updated every two years or sooner if changes to legislation or HSE guidance require it.
7. From a review of the Aspire Intranet there are very few policies available for employees to access. Policies maintained by the Health and Safety Unit are held on the "P" drive. From a review of the current policies approximately 34 out of the 38 policies (covering such areas as legionella control guidance, bomb threat guidance and safety inspection guidance) are due for review with the majority last revised in 2013.

	Recommendations
R1	A review of all Health and Safety policies, protocols and guidance should be undertaken to ensure they are up to date and reflect the most current legislation and approved codes of practice (Priority: High)
R2	To ensure all Health and Safety related information and guidance is available to employees the Intranet should be updated to contain links to relevant policies (Priority: Medium)

Health and Safety Employees

8. The Corporate Health and Safety Advisor confirmed that they are a Chartered Member of the Institute of Occupational Safety and Health. As part of the membership regular evidence of Continuous Personal Development has to be provided.

Training

9. The Health and Safety Unit currently provides accredited and general awareness Health and Safety training corporately. Training is either provided on-line or classroom based. Training with an on-line training provider has ceased due to an approximate 18 month delay in procuring a new provider that includes both Human Resources and Health and Safety training. It is anticipated that on-line training will recommence early 2017. There has been no routine Fire Awareness, Asbestos or Legionella training in this 18 month period only where requested,
10. On-line training results provided by the previous online training provider (Frontline Skills) showed that a large number of employees had not completed the training, for example: -

Programme Name:	FIRE RISK AWARENESS 2014/15
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Start date:	01/04/2014
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End date:	Not finished
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Total number of users:	853
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Users that have completed the programme:	121
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Users that have started but not finished:	1
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Users that have not started:	731
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Users that are not in the programme:	189
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However; the list of employees not having completed the programme may include errors and not be accurate.

11. Previously Service Managers have been requested to complete a corporate H&S training needs form that identifies staff requiring H&S training or refresher training. The Internal Audit Consortium Manager confirmed that she was last requested to complete a training needs form in 2014.

	Recommendations
R3	Generic training needs for all employees should be reviewed to ensure training is up to date (Priority: Medium)

12. All new employees are required to attend a Corporate Health and Safety Induction. A sample of 10 new starters was selected from records held by Human Resources. It was confirmed that 8 of the new starters were required to undertake the Health and Safety Induction (one omitted because employed on a zero hours contract and the other employee had moved from another department so therefore had previously attended an H&S Induction).

13. It was confirmed all employees had received Health and Safety Induction training; however it was identified that for training held on 23rd May 2016 the SHE system had not been updated to record the training against the individual employee record. Discussions with the Corporate Health and Safety Advisor identified that the procedure of sending the attendance list to the relevant Admin Officer for input into the SHE had failed.

	Recommendations
R4	It must be ensured all corporate Health & Safety training is recorded on the SHE System against the individual employee record (Priority: Medium)

14. Periodic training such as DSE (Display Screen Equipment) and Manual Handling are provided to employees. The current method of documenting training courses attendance is to transfer information recorded on attendance tick sheets completed at training sessions onto personnel records held with the SHE system. The Corporate Health and Safety advisor confirmed it is the responsibility of the relevant Service Manager to ensure any service specific Health and Safety training is included on the SHE system.
15. As part of the audit services specific training requirements and arrangements for Queens Park Sports Centre and Spire Pride/Landscape Services were reviewed. It was confirmed that specific training had been identified as was being undertaken and recorded, for example pool life guard training, pool plant and equipment awareness, driver certificates, use of cutting machinery etc.
16. Due to the complexities of recording pool life guard training the SHE system is not utilised by the Sports Centres however the Operations Manager confirmed that comprehensive records and spreadsheets are maintained.
17. Discussions with the Health and Safety Quality Officer within Environmental Services confirmed that all training received by Spire Pride / Landscape Services employees is recorded on the SHE system.

Performance Management

18. No performance indicators have been set for the Health and Safety Unit since the Council ceased using the electronic Performance Plus system. A 3-year corporate H&S improvement plan was completed in 2015, it was evidenced that performance against the improvement programme is reported and considered at the quarterly Council Health and Safety Committee. The Corporate Health and Safety Advisor stated that a new method of measuring performance has yet to be agreed.

	Recommendations
R5	Procedures for monitoring and measuring performance in respect of the Corporate Health and Safety Unit should be identified and reported on a periodic basis (Priority: Medium)

Accident Reporting

19. All work related accidents and incidents, including road traffic accidents, near misses, acts of violence, damage to property, environmental incidents, cases of work related ill health and dangerous occurrences, must be reported immediately by the employee involved to their line manager.

20. The line manager is responsible for recording the accident or incident on the SHE system, for ensuring a full investigation into the accident or incident is undertaken and for inviting the relevant Employee health & safety representative to take part in the investigations.
21. A sample of 10 reported accidents recorded within the SHE system were selected for further review.
22. Three of the incidents were identified as being RRIDOR (HSE) reportable, it was confirmed in that all three incidents had been reported and a HSE reference number had been included on file. The following incidents are classed as RIDDOR reportable: -
 - Fatality
 - Major injury
 - employee absent for over 7 days
 - Dangerous occurrences
 - Diseases
 - Non-employee non-fatal accidents resulting in hospital treatment
23. For seven of the incidents investigations, conclusions and actions had been recorded on the incident forms. For the remaining three incidents investigations were ongoing. The Corporate Health and Safety Advisor highlighted that it is only stipulated that investigations must be undertaken as soon as possible following an incident and that the employee safety representative must be invited to take part in the investigation.
24. The Corporate Health and Safety Advisor confirmed that a summary of accidents is reported every two weeks to the relevant CMT manager and a summary to the quarterly Council's Health and Safety Committee.

Workplace Inspections

25. A three year programme of Health and Safety audits commenced in 2016; however due to limited resources only one audit has been commenced (Environmental Services) and at the time of the audit had not been concluded.
26. Due to many departments undergoing a restructure including the Health and Safety Unit and the changes to the Corporate Management Team the Corporate Health and Safety Advisor highlighted that the programme is likely to be postponed until the new-year. It was confirmed that no Health and Safety audits were undertaken in 2015.

	Recommendations
R6	It is essential that the programme of Health and Safety audits are recommenced as soon as possible <i>(Priority: High)</i>

27. Asbestos management arrangements for non-domestic properties were reviewed as part of this audit. It was confirmed that the Council contracted Savills in 2015 to support activities on asbestos as Kier are not able to support this work as it was not part of the original specification and they do not carry adequate insurance to deliver these services on the Council's behalf. Currently a spreadsheet is maintained detailing all non-domestic properties and regularly updated in response from the latest information provided by Kier Asset Management and the Council's external asbestos survey consultants. Going forward this will be recorded and managed through the keystone asbestos software.
28. It was confirmed that based upon the Asbestos Management Compliance Review carried out by Savills an Asbestos Management Steering Group was established under the direction of the Health and Safety Committee to deliver the action plan developed as part of the review. This Group is currently progressing the action plan and the two main actions remaining are to undertake a comprehensive re-survey of the corporate property portfolio and update the existing Asbestos Management Plan. A new programme of re-surveys is currently being finalised and will be undertaken by the external consultants (Environmental Essentials) under the direction of Savills.

	Recommendations
R7	It is essential that the Corporate Asbestos Management Plan is reviewed as soon as possible (Priority: High)
R8	It is essential that the programme of inspections and surveys of the Council-owned non-domestic premises to make a materials assessment for asbestos is commenced as soon as possible (Priority: High)

29. A new programme of re-surveys is currently being undertaken by the external consultants (Environmental Essentials)
30. The Corporate Health and Safety Advisor has no input in to the arrangements for managing asbestos in domestic properties; however the Health and Safety Unit and Housing Management do work together on the Asbestos Management Steering Group.
31. The Asset Management Co-coordinator (Housing) confirmed that communal areas within domestic properties are inspected annually by an external provider under the direction of Savills. Details of all inspections are logged on the Keystone system. It was also confirmed that prior to any capital improvements being undertaken to a domestic property (i.e. kitchen / bathroom improvements) an asbestos survey is completed by an external provider (currently Armstrong and Young)
32. Testing for Legionella for all non-domestic properties is undertaken by an external contractor (Hydro X). Results and testing anniversaries are monitored and arranged by Kier.

33. It was verified that a spreadsheet is maintained for all properties and details what type of testing is required. Certificates of testing are produced by Hydro X and are either retained within the property file or scanned into the asset management system.

34. For a sample of 5 premises it was confirmed that testing had been undertaken

Organisational Development

35. Discussions with Corporate Health and Safety Advisor confirmed that the Health and Safety Unit are often involved and notified of Organisational developments with advice and assistance being given where required.

36. However it is felt that in some instances the Healthy and Safety Unit has not been involved in early stages of major developments which have resulted in additional costs to the authority and delays in projects commencing. The Corporate Health and Safety Advisor highlight the Town Hall restack and the demolition of the old Queens Park Sports Centre as two examples.

	Recommendations
R9	Closer working between the Health and Safety Unit and other Council departments / Union Health and Safety representatives must take place during the early stages of Organisational developments e.g. office moves / structural changes (Priority: High)

Benchmarking

37. The Corporate Healthy Safety Advisor confirmed that no benchmarking takes place. Many neighboring authorities (Bassetlaw, NEDDC, and Bolsover DC) use the electronic reporting SHE system to record incidents and accidents so the possibility of being able to compare accidents rates is available.

	Recommendations
R10	The possibility of benchmarking against other local authorities should be considered (Priority: Low)

Contractor Management

38. In all contracts, it is the Council's and the contractor's legal responsibility to ensure health and safety roles are identified and responsibilities clarified to reduce the risks of harm. The code of practice for the management of contractors working for or on behalf of the Council is available on the Aspire Intranet.

39. It states that the Council will maintain a Contracts Health and Safety Competency and Performance Register and will be regularly updated to take into account the outcome of any monitoring activities.
40. At the Council Health and Safety Committee held on 28th July 2016 concerns were raised regarding contractors were still not being input onto the register (this matter had also previously been raised at the January and April meetings)
41. It was proposed that a sub group of the committee would be set up to look at the process for contractor management and to identify if it could be strengthened.
42. At the time of the audit it was confirmed that a sub group had not been established and that some contractors working on behalf of the authority were being omitted from the register, for example an external contractor undertaking asbestos surveys at the old Queens Park Sports Centre had not been listed.

	Recommendations
R11	It must be ensured that the Managing contractors code of practice and related procedures must be adhered to. If departmental failings are identified the appropriate reminders / training should be given (Priority: High)

Budget Provision

43. The Health and Safety Units budget provision for 2016/17 was reviewed by obtaining a cost centre report from the Agresso system (cost centre 0430). It was identified that annual budgeted position (2016/17) for the Health and Safety Unit was a small deficit of £1,260, with the majority of expenditure being incurred by the unit being recharged to other internal departments.
44. As at period 7 (October 2016) the significant variances identified were: -
- General salaries £7,000 adverse variance
 - Professional Services; actual spend to date £14,903 against and annual budget of £9,600
45. Discussions with Accountancy revealed that salary costs should be on target against budget by the year-end; however professional services costs could continue to increase with additional fire risk assessments being required.

	Recommendations
R12	The Health and Safety Units budget should be closely monitored with adverse variances in respect of professional fees having already being identified. The Health and Wellbeing Manager should continue to investigate the possibility of the virement / centralisation of budgets regarding health and safety expenditure (Priority: Medium)

46. It was identified that service specific budgets are held for individual departmental training requirements.

Acknowledgement

47. The auditor would like to thank the Health and Wellbeing Manager and the Corporate Health and Safety Advisor and his staff for their helpful assistance during this audit.

Internal Audit Report – Implementation Schedule

Report Title:	Health and Safety	Report Date:	18 th November 2016
		Response Due By Date:	9 th December 2016

Recommendations	Priority (High, Medium, Low)	Agreed	To be Implemented By:		Comments
			Officer	Date	
R1	A review of all Health and Safety policies, protocols and guidance should be undertaken to ensure they are up to date and reflect the most current legislation and approved codes of practice.	High	√	<div style="display: flex; flex-direction: column; gap: 10px;"> <div style="display: flex; justify-content: space-between;">MJJuly '17</div> <div style="display: flex; justify-content: space-between;">MJDec '16</div> <div style="display: flex; justify-content: space-between;">H&S CtteeApr '17</div> </div>	<p>The main health and safety policy is reviewed every two years and is due for review in 2017. There are an additional 38 supporting policies and procedures which have not been reviewed since 2013 and the need for all of these processes and policies should be reviewed.</p> <p>A list of all policies and processes along with the date of issue shall be produced.</p> <p>This list shall be reviewed and a prioritized plan for review or deletion shall be produced. This will have a significant resource impact.</p>
R2	To ensure all Health and Safety related information and guidance is available to employees the Intranet should be updated to contain links to relevant policies.	Medium	√	MJ Dec '16	Existing policies will be loaded onto aspire with a note clarifying that they are the current versions and due for review. Subsequent amended versions will be loaded onto aspire once agreed by the Health & Safety Committee.
R3	Generic training needs for all employees should be reviewed to ensure training is up to date.	Medium	√	MJ Feb '17	The responsibility for ensuring training is identified and implemented sits with the relevant manager. Generic training will in future be provided through the on-line Learning Pool tool which will become live in January 2017. The generic training needs will be reviewed as part of the roll-out of Learning Pool.

Recommendations		Priority (High, Medium, Low)	Agreed	To be Implemented By:		Comments
				Officer	Date	
R4	It must be ensured all corporate Health & Safety training is recorded on the SHE System against the individual employee record	Medium	√	KH/MJ	Mar '17	There is a need to ensure that training is recorded in a central location and the circumstances are changing with the introduction of Learning Pool. The view from HR colleagues is that all training should be held on Resource Link. HR will review the mechanism for drawing information from Learning Pool to ensure there is a central comprehensive record. All bespoke training for health and safety issues should be held in one place and it would appear that Resource Link is the most appropriate repository.
R5	Procedures for monitoring and measuring performance in respect of the Corporate Health and Safety Unit should be identified and reported on a periodic basis.	Medium	√	MK/ H&S Cttee	Jun '17	There is an on-going review of the role of health and safety unit and the role of the improvement plan under the direction of the Health & Safety Committee. The current improvement plan is also being reviewed and new performance measures will be considered by the Health & Safety Committee alongside development of strategic aims and objectives.
R6	It is essential that the programme of Health and Safety audits are recommenced as soon as possible.	High	√	MK	Mar '17	There is currently insufficient resource in the health and safety unit to address existing urgent and priority issues including the town hall restack and on-going asbestos issues. The role of auditing is accepted as an important toll to monitor compliance. The resources available within the health and safety unit need to be reviewed.
				CMT / H&S Cttee	Jun '17	The audit programme needs to be reviewed by CMT and the Health & Safety Committee as part of a wider review of the role and functions of the health and safety unit.

Recommendations		Priority (High, Medium, Low)	Agreed	To be Implemented By:		Comments
				Officer	Date	
R7	It is essential that the Corporate Asbestos Management Plan is reviewed as soon as possible.	High	√	MK	May '17	The initial focus of the Asbestos Steering Group has been establishing a baseline assessment of the condition of asbestos in Council premises and design of a centralized recording system (Keystone). This will be a key part of the Asbestos Management Plan. The Asbestos Steering Group will oversee the development of a new Asbestos Management Plan once the survey and recording has been finalized (see R8).
R8	It is essential that the programme of inspections and surveys of the Council-owned non-domestic premises to make a materials assessment for asbestos is commenced as soon as possible.	High	√	MK	Jan '17	The survey of Council-owned non-domestic premises will be piloted to ensure the survey outputs and reporting properly integrates into the recording system. The main survey will commence after verification of the data merge into the recording system (Keystone).
R9	Closer working between the Health and Safety Unit and other Council departments should take place during the early stages of organisational developments e.g. office moves / structural changes.	Medium	√	MK/ RON	Jan '17	The Business Transformation team has introduced a Project Management Office where any project or programme goes through a 'gateway' assessment. This is designed to ensure that all relevant impacts and resource requirements are considered and provided for before the project commences. The need for health and safety involvement will be incorporated into this process.
				MK	Dec '16	Health & Safety responsibilities at CMT manager level have been clarified and where there are organizational developments that may need health and safety input, these will be highlighted at CMT and actioned accordingly.

Recommendations		Priority (High, Medium, Low)	Agreed	To be Implemented By:		Comments
				Officer	Date	
R10	The possibility of benchmarking against other local authorities should be considered.	Low	√	MK	Sep '17	Benchmarking health and safety performance is complex as it is essential that benchmarked organisations have the same mix of operations. The Health & Safety Committee have requested that key incident, accident and health statistics are reviewed and presented differently. Once this has been completed (due January 2017) trends across services will be more easily identified. Once the data has been recorded for a period to allow trends to be identified the opportunity for benchmarking will be reviewed.
R11	It must be ensured that the Managing contractors code of practice and related procedures must be adhered to. If departmental failings are identified the appropriate reminders / training should be given	High	√	MK/MJ	Mar '17	The policy and procedures for managing contractors will be reviewed as detailed in R1 above.
				MK/MJ	Jan '17	A review of the existing records for contractor assessment and inspection will be undertaken.
				MK/MJ	Mar '17	A review of the procurement methods for contractors will be undertaken with a particular focus on the training given to those employing contractors in respect of the health and safety procedures for both contracting and managing performance. Any issues identified will be reviewed and taken into account in the review of the policy and procedures.

Recommendations		Priority (High, Medium, Low)	Agreed	To be Implemented By:		Comments
				Officer	Date	
R12	The Health and Safety Units budget should be closely monitored with adverse variances in respect of professional fees having already being identified. The Health and Wellbeing Manager should continue to investigate the possibility of the virement / centralisation of budgets regarding health and safety expenditure.	Medium	√	MK	Feb '17	The budgets are already monitored and any variances are analysed. There is an opportunity for centralization of some health & safety budgets for example it has been agreed that all budgets for training are centralized in an HR budget heading. Some of the items where there has been adverse variance are costs necessarily incurred for unforeseen circumstances. The budgets will be reviewed in detail as part of the budget setting for 2017/18.

Please tick the appropriate response (✓) and give comments for all recommendations not agreed.

Signed Head of Service:		Date:	30 December 2016
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Note: In respect of any High priority recommendations please forward evidence of their implementation to internal audit as soon as possible.