

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

Internal Audit Consortium

Internal Audit Report

Authority:	Chesterfield Borough Council
Subject:	Corporate Health and Safety
Date of Issue:	16th October 2019
Assurance Level Provided	Reasonable
Report Distribution:	Assistant Director Health & Wellbeing Corporate Health and Safety Advisor



**CHESTERFIELD
BOROUGH COUNCIL**



**North East
Derbyshire
District Council**

INTERNAL AUDIT REPORT

HEALTH AND SAFETY

Introduction

In accordance with the 2019 internal audit plan, an internal audit of the processes and procedures in respect of Corporate Health & Safety has been completed.

Scope and Objectives

The purpose of the audit 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: -

- Follow up of previous internal audit recommendations
- Allocation of responsibility for Health and Safety
- Compliance with Health and Safety legislation
- Comprehensive policies are in place
- Qualifications of Health and Safety employees are appropriate
- Training provided and records maintained
- Performance Management / Benchmarking
- Accident Reporting
- Health and Safety inspections / audits
- Contractor Management
- Health and Safety budget
- Progress made against the Health & Safety Recovery Plan

Conclusion

The conclusion of the audit was that the reliability of the internal controls operating in the system reviewed was assessed as **Reasonable** - the majority of controls are in place and operating effectively, although some control improvements are required. The system should achieve its objectives. Risks are generally well managed.

At the last audit in January 2018 a conclusion of inadequate was reached - there are fundamental control weaknesses, leaving the system/service open to material errors or abuse and exposes the Council to significant risk. There is little assurance of achieving the desired objectives.

As a result of the 2018 audit, a Health and Safety Group was formed and a Health and Safety Recovery Plan developed. The Health and Safety Recovery Plan included the Internal Audit recommendations but also addressed wider issues as well.

The findings of this audit are that significant progress has been made in implementing both the internal audit recommendations and the Health and Safety Recovery plan however there is still work to be done. It is considered that the best way forward is to formally sign off the Health and Safety Recovery Plan recommendations that have been implemented and to formulate a new plan that incorporates the findings of this review.

Findings and Recommendations

Follow up of Previous Internal Audit Recommendations

1. At the last audit 20 recommendations were made. At this review it was established that 12 recommendations have been implemented and 8 are in the process of being implemented. The actions that are in progress have been raised again within the body of this report.

Allocation of Responsibility for Health and Safety

2. There is a Council Health and Safety Committee that meets on a regular basis. The Committee discuss the following items on a routine basis:-
 - Corporate accidents and incidents report
 - Corporate Management team reports
 - Health and Safety Recovery Plan
 - Asbestos issues
 - Ad hoc issues / reports
3. The Council's Corporate Health and Safety Policy 2017 specifies the roles of all members and Council Officers in relation to health and safety and is clear that everybody has a role to play. Members of the Corporate Management Team attend the Council Health and Safety Committee on a regular basis and produce management team reports.
4. Health and Safety is a standing item on the Performance Development Reviews of all staff and this process should identify any training needs and ensure that employees know their responsibilities.

Compliance with Health and Safety Legislation

5. 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. Health and Safety Essentials also send fortnightly updates and have a comprehensive database which includes risk assessments that can be adapted for use by CBC.
6. When new and amended legislation comes into force and when the HSE issues new and amended approved codes of practice, the Health and Safety Advisor updates the Council's corporate H&S arrangements to ensure compliance with the changes.

7. The Health and Safety Advisor is also a member of the Derbyshire Safety Group that meets every quarter.

Comprehensive Policies are in place

8. The Corporate Health and Safety policy was reviewed and approved by the Council's Health and Safety Committee on the 27th June 2018 and can be located on the intranet. The policy is due for review again before the end of 2019.
9. At the last audit it was identified that there are a raft of other health and safety policies that are out of date. A consultant was appointed to review all of the Council's policies and concluded that there were only minor issues with the current policies. The Health and Safety Advisor is working through the policies to make the required amendments. It is hoped that all of the policies will have been reviewed and approved by March 2020. Following approval the revised policies should be placed on the intranet.

Qualifications of Health and Safety Employees are Appropriate

10. The Corporate Health and Safety Advisor confirmed that he is a Chartered Member of the Institute of Occupational Safety and Health and undertakes Continuous Professional Development.

Training Provided and Records Maintained

11. At the last audit health and safety training was not mandatory and completion of the modules on Learning Pool was poor.
12. Now, all required health and safety training is identified during PDR's and managers should ensure that this is completed. Training is available on Aspire Learning Pool and is supplemented with classroom based training.
13. Aspire Learning keeps a record of the training completed by each employee and if a course is mandatory then a reminder is sent when that training is due to be completed again.
14. The table below details the health and safety courses that are now mandatory and the % of staff that have completed these as at the 3rd September 2019. It can be deemed that the completion rates although not perfect are at a high level.

Course	% of staff that have completed
Fire Safety	84.4%
Office Safety	94.9%
Manual Handling	89.5%
Principles of Risk Assessment	88.3%
Managing Health & Safety	89.4%
Working at Height	97.9%
Asbestos Awareness	96.9%
Legionella Awareness	100%
Control of Hazardous Substances	97.7%

15. In addition to this 10 new starters were selected and all of these were found to have completed the relevant Health and Safety training for their role. This is in contrast to the last audit when none of the new starters sampled had completed the training.

16. Work is continuing to improve and assess learning needs linked to job roles.

Performance Management / Benchmarking

17. There are no performance indicators as such but the Health and Safety Recovery Plan identifies the areas that the service needs to focus on and improve. The Health and Safety Advisor also has 7 PDR objectives.

18. The problem with benchmarking is that it is very difficult to compare like with like even when looking at similar authorities. This is not a priority for the service at the moment it may be something that could be revisited in the future.

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. There is an accident reporting procedure on the intranet and this specifies that it is also a requirement that managers record all work related ill health including stress on to the SHE system.

22. The accidents and incidents report to the Council Health and Safety Committee in February 19 demonstrated that there are still many occasions when managers are not completing the column in respect of "action taken to prevent a re-occurrence". This was

discussed with the Health and Safety advisor who confirmed this was a common problem and involved a lot of work for him in chasing up managers. This column had been removed from later Health and Safety Committee reports due to its lack of completion. It is important that the Committee is aware if managers are not appropriately investigating accidents in order that action can be taken.

23. At the time of the audit the Health and Safety Advisor sent an e mail out to all managers reminding them of the need to complete an investigation and to record the actions taken to prevent a re-occurrence on the SHE system. This could also be important in the event of an insurance claim to be able to prove that an investigation has taken place.
24. In terms of the SHE system, meetings have been held with Bassetlaw (system administrators) to enable the better understanding of the system and to improve the use of it. Some “super users” have been created and trained however a few of those have now left the Council.
25. There has been no training in recent years for CBC managers that may need to enter accident details or work related incidences. At the time of the audit the Health and Safety Advisor e mailed managers to forward any names of staff requiring training. About 30 responses were received. The training is to be provided by Bassetlaw.
26. As detailed above, work related stress absences should be recorded on the SHE system however this is clearly not happening in every instance:-
 - At the Health and Safety meeting in June HR reported that 1st Jan – 31st March 2019 there were 11 work related stress absences totaling 260 days. For the same period 1 work related stress absence was recorded in SHE for a period that just says over 7 days.
 - In August for the period 1st April – 30th June 2019 HR reported 3 work related stress instances with 37 lost days but the SHE system recorded 1 absence of 54 days.
27. At the time of the audit an e mail was sent to all managers by the Corporate Health and Safety Advisor reminding them of the requirement to record all work related stress absences on the SHE system.
28. At the time of the last audit the idea of reconciling the 2 systems was rejected in favour of finding a different solution. This issue is raised in a recommendation at the end of the report.

	Recommendation
R1	That the column in Health and Safety Committee reports detailing the action taken to prevent the re-occurrence of an accident be re-instated in order that the Committee can review and call officers to account if necessary (Priority: Medium)

Health and Safety Inspections / Audits

29. Service Heads are responsible for undertaking Health and Safety inspections of their areas. Monthly inspections are performed by officers, quarterly inspections with Union representatives and an annual inspection with a Member and the Executive Director.
30. The inspections are then reported to the Council Health and Safety Committee by each Assistant Director.
31. Internal Audit have also now built in to their testing schedules for the main operational areas to ensure that managers are undertaking health and safety checks.
32. The inspections undertaken by the Health and Safety advisor re commenced in August 19 after a long gap. A timetable of inspections has been devised for the 2019/20 financial year. August and Septembers checks have been completed. It is important that this timetable is adhered to.
33. In addition to the above QLM Leisure Safe were employed to review the arrangements at the Healthy living centre. Certification was gained; a score of 69.12% was achieved with 65% being the necessary score to achieve certification. The recommendations and learning from this report are now to be applied to Queens Park Leisure Centre.

Contractor Management

34. A lot of work has been undertaken in respect of contractor management since the last audit. The Code of Practice Managing Contractors Working for or on Behalf of the Council policy was updated in September 2018 and is on the intranet along with a raft of other relevant documents. Training was also supplied to Officers in June 2019.

Health and Safety Budget

35. Corporate Health and Safety have their own budget cost centre however this only consists of employee expenses, transport and supplies and services, this expenditure is recharged out. Departments within the Authority have their own budgets for training / health and safety issues.

36. The budget for the second health and safety officer that was not replaced is now being utilised to cover the costs for fire risk assessments that are carried out by a consultant.

Progress Made Against the Health and Safety Recovery Plan

37. The Health and Safety Recovery Plan was developed following an “inadequate” audit report in January 2018. The Recovery Plan was wider than but incorporated the internal audit recommendations.

38. Progress against the Recovery Plan has been reported to the Health and Safety Committee quarterly between April 18 and February 19 however there has not been an update to Committee since then. At the time of the Audit the Assistant Director Health and Wellbeing provided a further update to internal audit (August 19).

39. Progress against the Recovery Plan was reviewed by internal audit and was largely in line with the update provided by the Assistant Director Health and Wellbeing. All actions are either completed or progressing. Areas identified by the audit and / or the recovery plan that are still in progress are:-

- Review of policies is not yet complete
- Continued development of the SHE system required
- Aspire to be updated with new policies once completed and approved
- Culture improvement ongoing
- Further work required on the assessment of learning needs for specific roles
- Lone worker policy review to be completed

40. Progress has also been monitored by the Health and Safety Group that was established specifically for this purpose. A number of the Group have now left / are leaving the Council.

	Recommendations
R2	<p>That completed actions on the Health and Safety Recovery Plan be signed off and that a new plan be developed that includes the issues identified as still in progress by this audit. These issues are :-</p> <ul style="list-style-type: none"> • That the structure / resource levels of Corporate Health and Safety is kept under review • Review of policies to be completed. Policies to be approved and placed on the intranet. • That the Asbestos Management Plan and Policy are placed on the intranet • That SHE training is provided to all officers that may need to log an

	<p>accident or work related stress (that have not yet had it).</p> <ul style="list-style-type: none"> • That use of the SHE system is developed including a range of management reports • That further work is undertaken to embed health & safety in to the culture e.g. ensuring that all work related stress is logged on the SHE system, that fire risk assessment actions are completed in a timely manner and that accidents are fully investigated with actions taken to avoid a re-occurrence being logged. • That the Lone Worker review and Policy are completed <p>(Priority :Medium)</p>
<p>R3</p>	<p>That the composition, meeting frequency and purpose of the Health and Safety Group be re visited following the departure of several Members of the Group.</p> <p>(Priority : Medium)</p>

Acknowledgement

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

Internal Audit Consortium Opinion Definitions

Assurance Level	Definition
Substantial Assurance	There is a sound system of controls in place, designed to achieve the system objectives. Controls are being consistently applied and risks well managed.
Reasonable Assurance	The majority of controls are in place and operating effectively, although some control improvements are required. The system should achieve its objectives. Risks are generally well managed.
Limited Assurance	Certain important controls are either not in place or not operating effectively. There is a risk that the system may not achieve its objectives. Some key risks were not well managed.
Inadequate Assurance	There are fundamental control weaknesses, leaving the system/service open to material errors or abuse and exposes the Council to significant risk. There is little assurance of achieving the desired objectives.

Internal Audit Report – Implementation Schedule

Report Title:	Corporate Health and Safety	Report Date:	16 th October 2019
		Response Due By Date:	6 th November 2019

Recommendations	Priority (High, Medium, Low)	Agreed	To be Implemented By:		Comments
			Officer	Date	
R1 That the column in Health and Safety Committee reports detailing the action taken to prevent the re-occurrence of an accident be re-instated in order that the Committee can review and call officers to account if necessary.	Medium	Y	MJ	Dec 19	
R2 That completed actions on the Health and Safety Recovery Plan be signed off and that a new plan be developed that includes the issues identified as still in progress by this audit. These issues are :- <ul style="list-style-type: none"> • That the structure / resource levels of Corporate Health and Safety is kept under review • Review of policies to be completed. Policies to be approved and placed on the intranet. • That the Asbestos Management Plan and Policy are placed on the intranet 	Medium	Y	IW	March 2020	All points below to be accommodated

Recommendations	Priority (High, Medium, Low)	Agreed	To be Implemented By:		Comments	
			Officer	Date		
<ul style="list-style-type: none"> • That SHE training is provided to all officers (that have not yet had it) that may need to log an accident or work related stress. • That use of the SHE system is developed including a range of management reports • That further work is undertaken to embed health & safety in to the culture e.g. ensuring that all work related stress is logged on the SHE system, that fire risk assessment actions are completed in a timely manner and that accidents are fully investigated with actions taken to avoid a re-occurrence being logged. • That the Lone worker review and Policy are completed 						
R3	That the composition, meeting frequency and purpose of the Health and Safety Group be re visited following the departure of several Members of the Group.	Medium	Y	IW	March 2020	

Signed Head of Service:	Ian Waller	Date:	25/10/19
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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.

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