

Final Internal Audit Report

East Herts Council – Health and Safety 2019/20

June 2019

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Overall Satisfactory

Assurance:

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1. EXECUTIVE SUMMARY

Introduction

- 1.1 Internal Audit provides East Herts Council ('the Council') with an independent and objective opinion on the organisation's governance arrangements, encompassing internal control and risk management, by completing an annual risk-based audit plan. The audit of Health and Safety (H&S) derives from the Council's approved 2019/20 Audit Plan.
- 1.2 Health and Safety legislation confers upon the Council statutory obligations to control hazards which could result in illness or injury to an employee or member of the public. This legislation includes the Health and Safety at Work Act 1974, personal safety / lone working and management / monitoring of contractors.
- 1.3 In recent years the Council's Health and Safety Handbook has been reviewed and brought into line with Human Resource Policies and has focused on identifying and managing significant risk, as directed by the Health and Safety Executive (HSE). Operational Risk Assessments are carried out by services and a review of this process is due to be carried out by the Health and Safety Officer in September 2019.
- 1.4 The Health and Safety Officer currently collates and monitors all accident and incident reports. Human Resources and Operational Development are working towards online accident and incident reporting via a module on MyView.
- 1.5 This audit provides assurance on the direction of travel since the previous Internal Audit review of Health and Safety in 2016/17 and how embedded Health and Safety practice is across Council services.

Overall Audit Opinion

- 1.6 The Council has a Health and Safety Guide dated 2019, as well as clear procedures that cover all aspects of Health and Safety.
- 1.7 There is a central record of risk assessments held by the Health and Safety Officer. Risk assessments should be carried out by service managers. Based on guidance from the Health and Safety Executive (HSE) the Council takes a proportionate approach to manage significant risk. Risk Assessments are the responsibility of the service to complete, review and implement. We identified that some service areas had not reviewed their Risk Assessments in four years.
- 1.8 Lone workers carry a personal alarm system operated by Guardian24. Individuals are responsible for ensuring their alarm is charged and tested. Lone Worker Risk Assessments are completed by each service. Line managers and individuals are responsible for ensuring risks and controls in Risk Assessments are understood by all lone working staff.
- 1.9 The health and safety element of contracts entered into by the Council are monitored by the respective contract manager. There is no formal oversight by the Health and Safety Officer.

- 1.10 At present contractors carry out evacuation drills at two Council sites (Charrington's House and Buntingford depot). It is not practical to carry out drills at Hertford Theatre and Hillcrest Hostel. There are satisfactory procedures in place in the event of an evacuation.
- 1.11 Based on the work performed during this audit, we can provide overall satisfactory assurance that there are effective controls in operation for those elements of the risk management processes covered by this review. These are detailed in the Assurance by Risk Area Table in section 4 below.
- 1.12 For definitions of our assurance levels, please see Appendix B.

Summary of Recommendations

- 1.13 We have made four recommendations to further strengthen the control environment. One is classified as low priority and three are classified as medium priority. These relate to reviewing risk assessments, ensuring lone working risk assessments are understood by staff and auditing the health and safety aspects of contracts.
- 1.14 Please see Management Action Plan at Appendix A for further detail.

Annual Governance Statement

1.15 This report provides satisfactory levels of assurance to support the Annual Governance Statement.

2. ADVISORY ACTIONS

- 2.1 We note that Human Resources and Operational Development are currently aware of some risk and control weaknesses and are working towards implementing additional controls. Therefore, we have not included these as recommendations in the Management Action Plan. SIAS endorses the following actions being implemented:
 - Member Health and Safety training being carried out annually, which is coordinated by Democratic Services. This recommendation was included in the 2016/17 Internal Audit report of Health and Safety. During this audit we identified that Member training was last conducted in February 2018.
 - The Health and Safety Officer should sign and date all Health and Safety Checks carried out. During the audit we identified that the Health and Safety Officer and the Facilities Team Leader had carried out a COSHH assessment of Hertford Theatre, which was dated, but did not evidence which officers carried out the assessment.
 - As part of the corporate training programme an e-Learning module is in development for staff that do or may lone work. This will be an annual requirement. Currently Lone Working is directed by service risk assessments and communication between the service manager and individuals.

 A module on MyView should be created for incident and near miss reporting and monitoring. Currently incidents and near misses are reported to, documented and monitored by, the Health and Safety Officer. Accident forms are already being reported on MyView

3. HEALTH AND SAFETY BEST PRACTICE

- 3.1 Having carried out a number of Health and Safety audits at other SIAS clients over recent years we can outline examples of best practice at neighbouring local authorities. This is for information. We are pleased to report East Herts already have some of these protocols in place and are working towards others where appropriate.
 - Corporate Health and Safety Group attended by senior managers, thereby promoting awareness of health and safety risks, incidents and actions throughout the Council.
 - A Risk Management Committee representation from Health and Safety Officers.
 The Committee assists in the development of Health and Safety procedures and ensure the Council is compliant with Health and Safety procedures.
 - A Risk Assessment Database used to record risk assessments. The database allows the Council to prioritise the frequency of review, based upon the level of risk to services.
 - An annual Health and Safety Audit Plan is devised whereby audits are scheduled and carried out by the Health and Safety Team. Action plans are then produced at the end of each audit to identify issues and actions for improvement.
 - A Health and Safety survey sent out bi-annually to all staff to identify the training needs of the organisation.

4. ASSURANCE BY RISK AREA

4.1 Our specific objectives in undertaking this work, as per the Terms of Reference, were to provide the Council with assurance on the adequacy and effectiveness of internal controls, processes and records in place to mitigate risks in the following areas:

Risk Area	No	Limited	Satisfactory	Good
Follow-up of recommendations made in 2016 / 17 review of Health and Safety - to determine if recommendations made in the previous audit have been implemented or superseded.				
Policies & Procedures – up to date and approved Health and Safety policies and procedures and communicated to stakeholders.				
Risk Assessments and Registers – strategic and operational risk identification, documented risk assessments and risk mitigation plans for significant risks.				
Operational Health and Safety Compliance – monitoring and records to evidence compliance with Health and Safety policies. Incident and illness reporting and effective investigations. Contractor compliance. Management information on Health and Safety compliance is produced, reported and effectively monitored by Safety Committee.				
Induction and Training – provision of Health and Safety training to all permanent and temporary officers, as appropriate. Training and induction courses conducted for staff, contractors and Members.				
Health and Safety Best Practice – examples of SIAS partner best practice and recommendations.			NOT APPLICABLE	
Overall				

4.2 See definitions for the above assurance levels at Appendix B.

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
1.	Risk Assessments			Responsible Officer(s):	
1.	The Health and Safety Officer holds a register of Risk Assessments completed by services. There are some Risk Assessments that have not been reviewed in four years. Whilst the Council takes the approach of managing significant risks there is an expectation that Service Managers regularly review their Risk Assessments. The Health and Safety Officer is currently working towards timetabling more frequent reviews of Risk Assessments to ensure Service Managers are carrying out these reviews and provide guidance. Associated Risk Appropriate Health and Safety risk assessments may not have been carried out to identify health and safety risks within the organisation.	Medium	We recommend the Health and Safety Officer produces a timetable for reviewing Risk Assessments based on the date of the last risk assessment and taking a proportionate approach to risks endured by each service.	Responsible Officer(s): Peter Dickinson – Health and Safety Officer Simon O'Hear – Head of HR &OD Agreed Management Action: A timetable (excel spreadsheet) for risk assessment reviews is already produced by the H&SO, the need to review this annually is prompted for completion by September each year which includes the offer of support and to undertake a random checks with staff in the specific area to ensure they are aware and operating the control measures set out (concerns	October 2019
	za.z., none mami are organication.			regarding progress will be made to HOS as well SMs). The progress will be included in an annual safety report to	
				LT and then HRC. The increased reporting should produce increased	

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
				compliance and identify gaps in a more timely manner so that appropriate action is taken.	
2.	Lone Working Risk Assessments Risk Assessments for lone working are carried out by service managers for all officers that work alone during visits to various locations. There is no evidence that officers have read and understood the risk assessments. Associated Risk Staff are unaware of Health and Safety policies and therefore become harmed or injured.	Medium	We recommend Risk Assessments that relate to the lone working of officers are shared with relevant staff, who are then asked to sign and date the risk assessment (or email confirmation) confirming they have understood the possible risks and control actions associated with working alone.	Responsible Officer(s): Peter Dickinson – Health and Safety Officer Agreed Management Action: H&SO to attend relevant team meetings to discuss effective use and risk assessment which is then followed up by either signing or confirming by email (from individuals) that all is understood. This can then be annually re-acknowledged, with new starters being supported through local induction (the induction checklist will be updated around this). The e-learning module on Lone Working	July to September 2019 Annually thereafter
				which is being introduced will also support embedding effective use.	

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
3.	Health and Safety Oversight of Contracts			Responsible Officer(s):	
	The Council are responsible for ensuring its contracts are compliant with Health and Safety matters. At present the Health and Safety Officer is consulted by Contract Managers on a needs basis. There are no ad hoc checks by the Council to confirm contractors are compliant with the Health and Safety elements of their contracts. Additionally, the Health and Safety Officer has been consulted during the tender stage of contracts to confirm health and safety elements of the contract are satisfactory. Advice was recently given on the waste contract and leisure service contract. There are no formal records of this consultation. Associated Risk The Council may be liable for any harm contractor's cause to the public, or from their insufficient safety	Medium	We recommend the Health and Safety Officer carries out ad hoc safety audits of Council contracts that carry out works or services on behalf of the Council. The Health and Safety Officer may wish to obtain evidence from Contract Managers that the safety element of contracts is being appropriately managed. We further recommend a document is produced and retained by Health and Safety for consultation on contracts out to tender. This document should include: The contract name Contract manager Reference to the part of the contract advice is sought on Advice given Actions Date of advice	Peter Dickinson – Health and Safety Officer Leadership Team Agreed Management Action: The H&SO will review the contract register and then contact the contract managers to ensure H&S is covered and an ongoing audit is included which is then reported back. HOS and SMs will be required to ensure that any new contract is identified to the H&SO during the specification stage to ensure H&S elements are considered (documented as suggested) and then an ongoing audit agreed. HOS/SMs will liaise with H&SO where identified to ensure any existing contracts are given appropriate oversight this can then be	October 2019
	checks. This may result in financial penalty and / or a negative reputation			reported to LT and HRC through the safety reports.	

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	for the Council.				
4.	Safety Committee Chair The Safety Committee meets quarterly and is attended by representatives from:	Low / Advisory	We recommend minutes of the Safety Committee are reviewed by Leadership Team with consideration given to senior management representation at the Safety Committee.	Responsible Officer(s): Leadership Team Agreed Management Action: LT have considered the recommendation, and this was discussed in the exit meeting with a modified response agreed. The minutes of Safety Committee will in future go to LT to ensure greater join up. A review can then be undertaken by LT of how to manage representation and LT participation as appropriate. The Head of HR & OD will continue to chair the meeting to ensure continuity.	June 2019 Then ongoing

Assurance Level	Definition
Good	The design and operation of the internal control framework is effective, thereby ensuring that the key risks in scope are being well managed and core objectives will likely be achieved. There are minor reportable audit findings.
Satisfactory	The internal control framework is largely working well in managing the key risks in scope, with some audit findings related to the current arrangements.
Limited	The system of internal control is only partially effective, with important audit findings in key areas. Improvement in the design and/or operation of the control environment is necessary to gain assurance risks are being managed to an acceptable level, and core objectives will be achieved.
No	The system of internal control has serious gaps, and controls are not effective in managing the key risks in scope. It is highly unlikely that core objectives will be met without urgent management intervention.

Prio	Priority Level		Definition			
Corporate	Critical Critical		Audit findings which, in the present state, represent a serious risk to the organisation as a whole, i.e. reputation, financial resources and / or compliance with regulations. Management action to implement the appropriate controls is required immediately.			
	High		Audit findings indicate a serious weakness or breakdown in control environment, which, if untreated by management intervention, is highly likely to put achievement of core service objectives at risk. Remedial action is required urgently.			
Service	Medium		Audit findings which, if not treated by appropriate management action, are likely to put achievement of some of the core service objectives at risk. Remedial action is required in a timely manner.			
	Low / Advisory		Audit findings indicate opportunities to implement good or best practice, which, if adopted, will enhance the control environment. The appropriate solution should be implemented as soon as is practically possible.			