



BROMSGROVE DISTRICT COUNCIL

MEETING OF THE AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

THURSDAY 10TH SEPTEMBER 2020, AT 6.00 P.M.

VIRTUAL MEETING - SKYPE - VIRTUAL

SUPPLEMENTARY DOCUMENTATION

The attached papers were provided in support of the following item.

7. Internal Audit - Health and Safety Verbal Update Report (Pages 1 - 16)

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9th September 2020

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AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

Appendix 4

Finalised 'Follow-Up' Reports

Worcestershire Internal Audit Shared Service



Final Internal Audit Report

Health and Safety Follow Up 2019/20

17th February 2020

Distribution:

To: Director of Finance and Resources
Head of Transformation
Human Resources and Development Manager

CC: Senior Health and Safety Advisor
Chief Executive

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

Contents

| | |
|--|----|
| 1. Introduction | 54 |
| 2. Audit Scope and objective | 55 |
| 3. Executive Summary | 55 |
| 3.3 Conclusion - Current Position statement | 56 |
| 4. Detailed Findings, Recommendations and Updated Position | 57 |
| 5 Independence and Ethics: | |
| APPENDIX A | |
| APPENDIX B | |

1. Introduction

- 1.1 The Health & Safety follow-up was carried out in accordance with the Worcestershire Internal Audit Shared Service Audit Plan for Redditch Borough Council for 2019/20 as approved by the Audit and Governance Committee on 20th March 2019. The audit was a follow up of the Health & Safety Audit 2018/19.
- 1.2 This area is fundamental in the achievement of all 5 themes contained in the Worcester City Plan 2016-2021.
- 1.3 The following entries on the corporate risk register were relevant to the original review:
 - COR19 – Non Compliance with Health and Safety legislation

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

The following entries on the service risk register were relevant to the original review:

- COR19 – Non Compliance with Health and Safety legislation

1.4 This follow up was undertaken during the months of January and February 2020.

2. Audit Scope and objective

2.1 The original review gave **Limited Assurance** over the control environment and covered:

- Review of action plan
- Financial Analysis and Review of the training budget
- Health and Safety Documents
- Planning and development
- Training
- Communication of Health and Safety information
- Risk Assessments and Risk Management
- Fire Safety Risk Assessment and Risk Management
- Active and Re-active Monitoring and review of Health and Safety Statistics and information
- Corporate Health and Safety advice and support

2.2 This follow up has concentrated on the actions taken by management to address the findings of the 2018/19 audit.

3. Executive Summary

3.1 The original review gave **Limited Assurance** and found that controls could be strengthened in the following areas:

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

| | Priority (see Appendix B) |
|---|------------------------------|
| Policies | High |
| Manager IOSH training | High |
| Fire Risk Assessments Action Plan | High |
| Fire Alarms and Drills | High |
| Action Plan update | Medium |
| Financial Analysis and Training budget: | Medium |
| Induction Process | Medium |
| Bespoke health and safety training | Medium |
| Risk Assessments | Medium |

3.2. This follow-up has sought evidence, explanations and information in order to assess the progress against the Management action plan in relation to the above control areas. The results of this follow up can be seen in Section 5.

4. Conclusion - Current Position statement

Health and Safety have made good progress in addressing the recommendations made during the Health & Safety 2018/19 Internal Audit. Bespoke in house training has been developed for health and safety including risk assessment training for managers with scope to expand this to include a Health and Safety Induction and Manual handling.

There remains an outstanding risk as the Fire Risk Assessments throughout the council need to be fully completed however there is a programme in place for the completion of these. In addition there is no evidence that regular fire alarm testing is taking place and a full

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

programme of fire drills has not been completed. Whilst we are aware that there is a programme in place for alarm testing and fire drills, work needs to be undertaken to ensure these are being completed and completion is documented.

5. Detailed Findings, Recommendations and Updated Position

The issues identified during the 2018/19 Health and Safety audit have been set out in the table below along with the related recommendations, management responses and action plan and actions taken up to the time of the follow-up. The issues identified were prioritised according to their significance / severity. The definitions for high, medium and low priority are set out in the "Definition of Priority of Recommendations" table in Appendix B.

| <u>Original Ref./ Priority</u> | <u>Original Finding</u> | <u>Original Recommendation</u> | <u>Original Management Response and Action Plan</u> | <u>Position as at 29th January 2020</u> <u>1st Follow up</u> |
|--------------------------------|--|--|---|---|
| 1 High | <p><u>Policies</u></p> <p><u>The Orb</u> Testing of the policies on the orb found that: -</p> <ul style="list-style-type: none"> • There are policies missing i.e. the Fire Safety Policy. • There is no version control on the policies from a version/review date perspective. • There is no evidence to show if the documents on the orb is the same | <p><u>The Orb</u> Effective working practice is established to ensure policies are uniform and are uploaded on the orb in a timely manner for both Councils at the same time to prevent any knowledge gaps. All policies must have a version control associated and a review date prominently displayed.</p> | <p><u>Responsible Manager:</u> HR Manager</p> <p>Approval process is currently under review which will potentially change the delegation which will stream line the process and the activation and communication of policies.</p> <p>Implementation date: April 2019</p> | <p>In Progress</p> <p>Health and Safety statement of intent and Health and Safety Manual have been developed, both documents have been approved by the both Council Leaders and have been published on the Orb. The policies detail version control and the date of publishing.</p> <p>The Health and Safety statement of intent details the Councils' commitment to a 'Plan Do check Act' approach to health and Safety.</p> <p>The Health and Safety Manual is an all-</p> |

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| | <p>document that was written in 2011.</p> <ul style="list-style-type: none"> Using the Orb it is easy to access Health and Safety policies but regarding fire procedures, training and other areas it is more difficult to navigate through. | <p>There must be an established forum e.g. Orb, notice board, providing ease of use and access to information.</p> | <p>Review of notice boards will be undertaken including review of electronic notice boards</p> <p>Section was cleared down in Sept/Oct 18</p> <p>April 2019</p> | <p>encompassing manual which details:</p> <ul style="list-style-type: none"> Organisation structure and responsibilities, Health and Safety Management Governance. Specific Health and Safety Arrangements including fire precautions, first aid at work and lone working. <p>Noticeboards are still in place however information held on these has been reduced. No funding is currently available for rolling screens however information is updated to Orb to ensure staff are aware of changes to policies/procedures.</p> <p>Council wide decision taken to continue with the orange high vis, some areas have introduced green for first aiders. Details of first aiders are held centrally and courses are made available to them. Further work to be undertaken to display first aider notice to include photos and locations.</p> |
| 2 High | <p>Manager IOSH training</p> <p>The findings indicate that:</p> <ul style="list-style-type: none"> There is no review date. There is no expiry date. Managers may not have attended the allocated training slot. | <p>Establish a mandatory requirement for IOSH training and issue reminders when completed training is set to expire.</p> | <p>Responsible Manager: Health and Safety Officer / HR</p> <p>Accepts taking on part of the risk, as does not believe need to commit to IOSH Managing Safety as a mandatory course, as there are alternative routes that could be taken.</p> | <p>Complete</p> <p>There is no requirement to make IOSH a mandatory course. CMT have given approval for internal risk assessment training to be delivered by the Senior Health and Safety advisor. The training will be delivered to frontline managers, however IOSH training will be provided where required.</p> |

BROMSGROVE DISTRICT COUNCIL

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| | | | <p>Suggestions to improve include: -</p> <ul style="list-style-type: none"> • Identify the right people who would require the training (likely front line managers) • Develop an in-house course, which could take one day, which delivers: <ol style="list-style-type: none"> 1.) Broad introduction to health and safety law and how it applies to both councils 2.) Accident and incident investigation 3.) Risk assessment • To go down the route of getting approval / endorsement from IOSH • This would not require IOSH to be paid to come in and present each time <p>Regarding ensuring this detail is tracked and reviewed, that is not difficult to achieve. I would then</p> | |

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| 3 High | <p>Fire Risk Assessments Action Plan The findings are that: -</p> <ul style="list-style-type: none"> • According to the 2014 action plan there are a number of items incomplete especially regarding housing. • There are no public buildings such as Parkside in Bromsgrove and Town Hall in Redditch mentioned within the 2014 action plan. • There is a sheet being filled in by housing and a sheet being filled in by place partnership. • There is a high risk item set in 2016 which was not complete as of 11th June 2018. Review date stated mentions 2019. • Risk assessments are not being completed frequently. | <p>To update the 2014 action plan to include all public buildings for both councils and to ensure that it is up to date to mirror the actual fire risk assessments that have been filled in.</p> <p>It is recommended to have regular meetings regarding the process on the action plan to ensure controls are in place and to create an audit trail through the minutes.</p> <p>To ensure 'high risk' items are updated and dealt with in as a priority and it a timely manner.</p> | <p>suggest refresher on a three year basis.</p> <p>Implementation date: February 2019</p> <p>Responsible Manager: Senior Manager</p> <p>An IT system has been sourced and will be part of the asset management system implementation that Senior Contracts Manager is leading on and will enable better maintenance of records and data. Public buildings will be managed centrally. Budget bid for dedicated system linking to PPL transfer in-house.</p> <p>HR & OD Manager Facilities Management</p> <ul style="list-style-type: none"> - Property Services - Place Partnership - Housing <p>Implementation date: Bromsgrove to review in October/November 2019.</p> | <p>In Progress</p> <p>Ridge have now been contracted to complete the Council's Fire Risk Assessments. There is a programme in place to complete baseline assessments across the council; once these are completed the plan will change to a risk based approach.</p> |

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| | | | <p>Place Partnership will no longer be carrying out this work post 31st march 2019. It is therefore intended that processes and procedures will be established as part of the Officer in Charge process to ensure that all fire safety checks are carried out in a timely and compliant way by the transfer date.</p> <p>It is also intended that all officers with responsibility for FRAs will review risk assessment and action plans and training will be delivered where required.</p> <p>Health checks are currently being carried out in the Housing Schemes and new FRAs being developed for High Risk Housing</p> | |
| 4 High | <p>Fire Alarms There is no consistency in how often the test is carried out. In August 2017 for instance it</p> | <p>To ensure a control is in place at both councils to carry out a weekly fire</p> | <p>Responsible Manager: Facilities Management - Property Management – BDC</p> | <p>In Progress Weekly tests are being completed.</p> |

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| | <p>was noticeable that the test was only carried out once; there is also other occasion during the year of 2017 where tests have been infrequent.</p> <p><u>Fire Drills :- Bromsgrove District Council</u> For the Bromsgrove District Council Depot evidence suggests that the latest fire drill was completed on 23/5/2014. The follow up should have been completed in November 2014. This did not occur and is non-compliant.</p> <p>At the Parkside site the evidence provided shows that the last live fire drill was performed in October 2017. This should have been followed up in April 2018. This is now non-compliant.</p> | <p>alarm test and record it to comply within British Standards 5839. If a test is not completed on a weekly basis then there needs to be justification to support why it was not carried out in case a fire officer visits the site and questions it.</p> <p>Redditch Borough Council and Bromsgrove District Council need to establish a requirement to complete a fire test regularly to remain within compliance for fire safety regulations.</p> <p>It is recommended that both depots start to commence fire drills within a 6 month window to ensure that they are compliant and regiment the evacuation process for any fire Marshalls.</p> <p>A process to be established where a designated fire warden is</p> | <p>- Place Partnership – RBC</p> <p>Implementation date: BDC – Implemented RBC – April 2019</p> <p>To create a sub group to work through recommendations and give a clear plan by April 2019. Group to feature Health and Safety Advisor, Facilities and be supported by Claire Felton and Guy Revans. This group will also review officer behaviour through fire drills to ensure compliance.</p> <p>To deliver fire drills at all sites in Dec-18.</p> | <p>Fire evacuation drills will happen over a phased period across all locations once completed these will take place on a risk basis, i.e. some locations may only complete one a year however other such as children's centres will have these more frequently.</p> <p>Fire wardens are made aware of their responsibilities during training. Evacuation procedures are being reviewed by RIDGE as part of their Fire Risk Assessments and local site management is then required to establish plans based upon recommendations therein.</p> <p>Contractors are provided with a site induction on arrival.</p> |

BROMSGROVE DISTRICT COUNCIL

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| | | <p>located next to one of the fire exits to ensure no unauthorised personnel re-enter the building until safe to do so.</p> <p>Better planning to ensure that the fire alarms are tested on time and that the key is available and not moved.</p> <p>A process is established to ensure all contractors sign a register when coming to work on site and that they have basic induction training to know where the fire evacuation point is.</p> <p>It is recommended to have a systematic approach to ensuring all documentation is up-to-date at all times so that if departments change locations this does not impact on obtaining an assurance that everyone has left the building.</p> | <p>To provide audit trail moving forwards, to be implemented immediately.</p> | |

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| <p>5 Medium</p> | <p>Action Plan Update Testing of the health and safety action plan found: -</p> <ul style="list-style-type: none"> • There is no version control within the action plan to state when it was last edited or modified. • There is a lot of information which has a narrative as 'Out of date' and no comments as to why the action is out of date or what has been put in its place. • The target deadline date has been not been adhered to since the end of 2014. • There are target dates in place but none of the targets set have been completed. • The recommendations from the fire risk assessment and management perspective have not been completed according to the action plan. • There is no tab specifically for 'Planning and Development'. There is no evidence of a planning and development within the action plan scope for the | <p>The action plan should be treated as a key management tool driving the development of H&S and must be regularly updated with a systematic approach to enable a clear indication of progress. A version control must also be included and priorities need to be established e.g. fire risk assessments and management perspective.</p> <p>To focus on getting any work 'Out of date' completed and to include a new tab saying 'Planning and development' as well as to include High/Medium/Low priority to assist the planning structure.</p> | <p>Responsible Manager: HR Manager</p> <p>Work will be actioned to combine all H&S Audits into a definitive action plan</p> <p>Implementation date: April 2019</p> <p>Whilst a large amount of work has been taken from the 2014 action plan. An ambulation of plans will take place and used to go forward from April 2019.</p> | <p>Complete</p> <p>Action plan is regularly reviewed and monitored; progress towards implementation is reported to the Health, Safety and Wellbeing Committee and the Audit and Governance Committee.</p> |

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| 6 Medium | <p>technological and innovative factors of the business.</p> <p>Financial Analysis and Training budget:</p> <ul style="list-style-type: none"> There is no centralised finance code dedicated for Health and Safety. There is no system in place for showing value for money is being achieved on spend. The budget was overspent on a couple of occasions at both Bromsgrove District Council and Redditch Borough Council. | <p>To improve overview of the training budget use.</p> <p>To consider using cost centres for the training budget and Health and Safety to improve corporate oversight of expenditure.</p> | <p>Responsible Manager: HR Manager in conjunction with Finance Director.</p> <p>There is a current review of corporate training budgets and the separation of H&S training in readiness for 2019/20.</p> <p>Implementation date: April 2019</p> | <p>Complete</p> <p>Review of budgets completed, a decision has been taken to provide bespoke in house training in most instances. External training courses will only be provided where there is a specific need.</p> |
| 7 Medium | <p>Induction Process</p> <p>The findings from the testing showed that: -</p> <ul style="list-style-type: none"> No corporate training has been completed on a scheduled basis and there is evidence to show that even under the presumption that training was being carried out on a monthly basis there is no evidence that can prove this. Inductions have not been completed for a while; there | <p>Training</p> <p>Design into the new HR training system to leaver's dates, start dates and a review date to enable local monitoring regarding the training from both a corporate and service level perspective leading to better communication between local departments and Human Resources.</p> | <p>Responsible Manager: HR Manager</p> <p>Implementation date:</p> <p>Looking at corporate induction process and currently under review. Consideration being given to hard copy and interactive learning.</p> <p>Full review to be undertaken which is</p> | <p>In Progress</p> <p>A review of the corporate induction process is currently being undertaken</p> |

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| | <p>is no review date or location included to state Redditch Borough Council or Bromsgrove District Council.</p> <ul style="list-style-type: none"> There are blank entries and 'n' showing in the attendance of the training throughout the training document with no comments as to what was done to get staff on the training. No training has happened since 2017 due to limited resources. There is no information being passed on to Human Resources from local teams to confirm what training that has been completed. | <p>To establish exception reporting to ensure comment are included in any fields that are blank or show 'n' on the training attendance. The frequency of induction training to be established.</p> <p>Introduce self-serve training systems through e-learning and ensure all new employees complete mandatory induction training within 30 days. Probationary periods should not be signed off if mandatory training has not been satisfactorily completed. Existing staff to have mandatory training requirements identified for their roles and reported on an exceptions basis.</p> | <p>currently underway.</p> <p>July 2019</p> | |
| 8 Medium | <p>Bespoke health and safety training</p> <ul style="list-style-type: none"> There is no systematic approach in reference to how the training is being recorded. | <p>Be-Spoke training</p> <p>To develop further the 2014 action plan to ensure all training is completed and recorded in a timely manner.</p> | <p>Responsible Manager: HR Manager</p> <p>Continue to review and explore how training can be monitored and recorded on</p> | <p>In Progress</p> <p>A new system is being introduced later this year which will encompass the HR system, functionality of this may allow for training to be recorded and allow for prompts highlighting that</p> |

AUDIT, STANDARDS AND GOVERNANCE COMMITTEE

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| | <ul style="list-style-type: none"> • There are dates in place for training for both supervisors and team leaders, but there is no evidence that training took place or who attended the training sessions. • There is no review date in place for any training that was completed. • There is no information that the employee in question still currently works for the Council. | <p>Consider what the new system can provide in order to establish record integrity in regards to the current workforce training requirements, how it is reported and how potential training gaps can be identified.</p> | <p>the HR 21 system. By the end of the first financial quarter we will have a better understanding of the budgets allocation and the spend on training and training records.</p> <p>Implementation date: July 2019</p> | <p>training needs are to be reviewed after a given time period.</p> |

6. Independence and Ethics:

- WIASS confirms that in relation to this review there were no significant facts or matters that impacted on our independence as Internal Auditors that we are required to report.
- WIASS conforms to the Institute of Internal Auditors Public Sector Internal Audit Standards as amended and confirms that we are independent and are able to express an objective opinion in relation to this review.
- WIASS confirm that policies and procedures have been implemented in order to meet the IIA Ethical Standards.
- Prior to and at the time of the audit no non-audit or audit related services have been undertaken for the Council within this area of review.

Andy Bromage
Head of Internal Audit Shared Services

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