

Worcestershire Internal Audit Shared Service



Final Internal Audit Report

Health and Safety 2018/19

30th November 2018

Distribution:

To: Deb Poole - Head of Transformation
Becky Talbot - Human Resources and Development Manager

1. **Introduction**

- 1.1. The audit of the Health and Safety was carried out in accordance with the Worcestershire Internal Audit Shared Service Audit Plan for Bromsgrove District Council and Redditch Borough Council for 2018/19 as approved by the audit Governance and Standards Committee in Redditch Borough Council on the 26th April 2018 and the Audit Standards and Governance Committee in Bromsgrove District Council on 15th March 2018. The audit was a risk based systems audit of the Health and Safety operated by Bromsgrove District Council and Redditch Borough Council.
- 1.2. Corporate health and safety requirements are fundamental to all corporate priorities as without the correct Health & Safety measures the organisations would not be able to perform it's duties in a safe and diligent way.

1.3 Risks

The following entries on the corporate risk register are relevant to this review:

- Non-compliance with Health and Safety Legislation

The following entries on the service risk register are relevant to this review:

- Failure to be pro-active on Health and Safety Matters
- Failure to adequately manage health & safety
- Fail to ensure the health & safety of the Public / Staff and visitors using services

- 1.4 This audit was carried out by Sami Al-Moghraby over the months of April, May and June 2018.

2. **Audit Scope and objective**

- 2.1 The audit was carried out to provide assurance that the recommendations from the 2014 external health and safety audit has taken place and the action plan has been adhered to and kept up to date.

2.2 The audit 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

2.3 The review did not cover the new HR21 and Chris21 system and any additional new systems that were introduced in 2018.

3. **Audit Opinion and Executive Summary**

- 3.1 From the audit work carried out we have given an opinion of **limited assurance** over the control environment in this area. The level of assurance has been calculated using a methodology that is applied to all Worcestershire Internal Audit Shared Service audits and has been defined in the “Definition of Audit Opinion Levels of Assurance” table in Appendix A. However, it should be noted that statements of assurance levels are based on information provided at the time of the audit.
- 3.2 We have given an opinion of **limited assurance** in this area because we have identified weaknesses in the design and inconsistent application of controls in many of the areas reviewed therefore the assurance is limited to the few areas of the system where controls are in place and are operating effectively.
- 3.3 The review found the following areas of the system were working well:
- That there is a Health and Safety section on the orb to allow users to access policies for both Bromsgrove District Council and Redditch Borough Council.
 - The policies are accessible for users.
 - The Risk Assessments follow the same uniform approach across all sectors within the council

3.4 The review found the following areas of the system where controls could be strengthened:

Objectives of Audit	Number of Recommendations			Section 4 Recommendation number
	High	Medium	Low	
• Review of Action Plan	-	1	-	11
• Financial Analysis and Training budget	-	1	-	12
• Health and Safety Documents	-	-	-	See recommendation 1
• Planning and Development	-	-	-	See recommendation 10
• Training	1	2	-	3,13, 14
• Communication of Health and Safety Information	1	-	-	1
• Risk Assessment and Management including Fire	6	1	-	2,4,5,6,7,8
• Active and Re-active Monitoring and Review	1	-	-	9, 10
• Corporate Health and Safety advice and support	-	-	-	See recommendation 1

4. Detailed Findings and Recommendations

The issues identified during the audit have been set out in the table below along with the related risks, recommendations, management responses and action plan. The issues identified have been 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.

Ref.	Priority	Finding	Risk	Recommendation	Clearance meeting discussion points
New matters arising					
1	H	<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 document that was written in 2011. • 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>If policies such as the fire safety policy are missing there is the potential of risk to life, knowledge gaps in hazardous situations, inconsistent work practices and also a safeguarding breach.</p> <p>A further potential risk is that of certain information being lost in transit through the orb as although there is a section dedicated for Health and Safety, not all communication regarding updates are located in the specific section. This can potentially lead to inconsistency in the working practices and act as a communication barrier.</p>	<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. There must be an established forum e.g. Orb, notice board, providing ease of use and access to information.</p>	<p>Responsible Manager: HR Manager</p> <p>Approval process is currently under review which will potentially change the delegation which will streamline the process and the activation and communication of policies.</p> <p>Implementation date: April 2019</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>January 2020 Approval process is currently under review which will potentially change the delegation which will streamline the process and the activation and communication of policies.</p>

		<p><u>Hard-copy Information Redditch Borough Council</u> Testing found that:-</p> <ul style="list-style-type: none"> • There is a lot of information on the notice boards in Redditch Borough Council but it can be questioned in how relevant the information is. • The notice board in Redditch Borough Council Town Hall is showing information which is outdated. • It was difficult to identify the health and safety section on the notice board in Redditch Borough Council Town Hall due to the amount of available information. 		<p><u>Hard Copy Information</u> Cluttered notice boards must be eliminated and re-designed to make them more appealing, visually easier to read and to keep a control in place to update them. There should be clear responsibility established to maintaining such areas and it may also be worth considering new innovative ways of delivering the information in the offices e.g. scrolling monitors running presentations to keep all council staff up-to-date with relevant information, or having pop ups created from IT about important notices.</p>	<p>Update 27.03.19 - Health and Safety Statement of Intent and Supporting Manual of Organisation and Arrangements in final draft for approval by Committee on 05.04.19 and then to be signed by Kevin Dicks and both Council Leaders and subsequently published. Update 19.09.19 - Both Health and Safety Statements and Manuals (for RBC and BDC) have now been approved and signed by Kevin Dicks and the relevant Leader of the Councils. These have been shared with the Trade Unions and via Net Consent to all employees.</p> <p>January 2020 How can we eliminate and redesign them? Update 27.03.19 - noticeboards are still in place, but had been decluttered since the audit. Funding not yet sought for alternatives such as rolling screens as this will require regular updating - need to establish who will own this. Updates 19.09.19 - Noticeboards remain as decluttered as possible and a cost effective solution has yet to be sought. Consideration to be given to reducing the number and supplying noticeboards with fire safe glass door fronted ones.</p>
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		<p><u>Observations: -</u></p> <ul style="list-style-type: none"> • At the depot it was noticed that TV screen was switched off in the canteen which meant that staff were not able to get daily information updates. • Although there were noticeboards some of the information was not relevant and not being updated. • That although there is a list of names for first aiders at both depot's there is no version control to see how up-to-date the information presented is, there is no photograph to allow staff to locate the first aider. 		<p>It is recommended to start to introduce different colour hi-vis. Example Green to represent first aiders, Red to represent Fire safety officers, Blue for trainers to assist with assisting staff who are unsure who to go to during an emergency. It is also recommended to add a mandatory requirement to ensure all first aider's qualifications are up to date and to have a log in place to ensure they do not lapse unnecessarily.</p>	<p>January 2020</p> <p>This will be considered and a process devised when reviewing Emergency Planning Policy (or similar). Update 27.03.19 - a good idea in principle and tested with the potential introduction of red hi-vis for Fire Wardens, which would be standard, but there are many already in use that are orange and as such that is the colour that has been further supplied. Blue for Trainers is not necessary and it isn't clear for what purpose they serve. Green for First Aiders makes sense and can be introduced. Update 19.09.19 - Red Hi-Vis for Fire Wardens had been considered but the organisation is used to the established orange theme. Green for First Aid is in place in some areas and will be rolled out. Different hi-vis colours can prove useful in a full evacuation event, but First Aiders unlikely to wear one to respond to an isolated incident. List of First Aiders is current and held centrally, with more courses also available to book onto. Method of displaying First Aiders across the two Councils will include photos and locations to assist with identification.</p>
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2	H	<p><u>Fire Safety and Fire Evacuations</u></p> <p>The visual communication methods to employees vary in display and content at between Council sites.</p>	<p>Different visual displays where you have multi-site working can potentially lead to confusion and time lost which could impact severely during an evacuation requirement potentially leading to a risk to life.</p>	<p>To consider having a joint and uniform approach where the blueprint map at Redditch Borough Council is similar to the design of the blueprint map at Bromsgrove District Council showing where you are stood in the building and where the nearest evacuation point is.</p>	<p>Responsible Manager: Head of Customer Services / Head of Legal, Equalities and Democratic Services</p> <p>Review of blue prints to be actioned by facilities management.</p> <p>To be put on the orb once updated.</p> <p>Place partnership will be working with the FM manager at Bromsgrove to agree plans and consistent signage by 31st march 2019.</p> <p>Implementation date: To be reviewed in April 2019 when facilities returns in house from place partnership.</p> <p>January 2020 Review of blue prints to be actioned by Facilities Management. To be put on the orb once updated. Place Partnership will be working with the FM Manager at Bromsgrove to agree plans and consistent signage by 31st March 2019. To be reviewed in April 2019 when Facilities returns in-house from place partnership. Update 19.09.19 - Fire Risk Assessment conducted by RIDGE has confirmed the blueprint map at Parkside is</p>
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					actually over-complicated and could be simplified. Hence, a broader review required outside this item as part of FRA action closures.
3	H	<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. 	Managers that do not receive the most relevant training in IOSH could potentially lead to, legislation breaches, risk of injury or even death in service	Establish a mandatory requirement for IOSH training and issue reminders when completed training is set to expire.	<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 Safely as a mandatory course, as there are alternative routes that could be taken.</p> <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 suggest refresher on a three year basis.</p> <p>Implementation date: February 2019</p> <p>January 2020 No real / legal need to commit to IOSH Managing Safely as a mandatory course, as there are alternative routes that could be taken. Update 27.03.19 - approval received from CMT on 12.03.19 to move forward with providing internal risk assessment training (and in due course accident investigation training) to be delivered by Martyn Bradley. This will be to front line managers in the first instance. IOSH Managing Safely may still be provided to 4th Tier.</p>
4	H	<p><u>Lifts Risk Assessment</u></p> <p>Working on the lifts could mean an engineer needs to go into the shaft to fix an issue.</p> <p>The findings have found that: -</p> <ul style="list-style-type: none"> • There is no current Risk Assessment in place for external contractors checking the lifts. • There is no evidence to support that there is a control in place. • Due to the evidence obtained, it 	<p>Due to the inconsistency with the risk assessments carried out from a third party and also internally there is potential that risk assessments are not adequate or in place thus leading to reputation damage, injury loss of or danger to life.</p>	<p>It is recommended that a risk assessment process is made available whereby a contractor carrying out maintenance on the lifts either fill in a form or we fill in one of their behalf and keep it on file. To establish and set up a control so that all information from the assessments is gathered together to provide an audit trail in case of incident.</p>	<p>Responsible Manager: Facilities Manager</p> <p>Currently having a new contract tendered which will include lift risk assessments in all public buildings. Additional staff being hired to help support documents being kept up to date.</p> <p>Implementation date: April 2019</p>

		<p>was found that not all the must-kept locked secure doors were locked which could lead to potential danger to life as the door is meant to be secure to prevent person(s) from entering due to the electrical main switch.</p>		<p>Bigger stickers are required on the doors to further deter someone from opening the door to the main electrical switch. Also to create a measure to ensure that all doors are kept locked and that there is more vigilance in this regard.</p>	<p>Bigger stickers have been put on doors so has been implemented Oct-18.</p> <p>Property Services will put in place a revised procedure and risk assessment for the maintenance of lifts to ensure compliance is moving forward by end of December 2018.</p> <p>Property services are issuing an email to all relevant officers to ensure that the secure doors are properly secured and locked. Implemented</p> <p>There will be a new contract for lifts in public buildings and relevant risk assessment supplied to the new contractor.</p> <p>January 2020 Absolutely not! This goes against all known risk management training, as per the Management of Health and Safety at Work Regulations 1999. Contractors must assess their own risks and communicate these to us prior to works commencing. If we have concerns we can raise them, but we must not edit or update or provide a template as this then becomes our risk assessment! The Council</p>
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					can only be responsible for risk management of lifts maintenance if we were to undertake it ourselves.
5	H	<p><u>Fuelling point assessment at Redditch Borough Council Depot</u></p> <p>The findings have found that: -</p> <ul style="list-style-type: none"> • There has not been an updated health and safety hazard report since 2010 which is prior to the 2014 external health and safety audit report. • There is no evidence of work being carried out based on the following recommendations: - <ol style="list-style-type: none"> 1.) The concrete on the dispenser island was showing wear. The areas around the dispenser should be impervious. 2.) It was identified in the 2010 report that repairs need to be made. <ul style="list-style-type: none"> • Vehicles are parking in the no-parking zones which can be found on top of the fuel dispensers with the engines left needlessly running. 	<p>The worst case scenario is that there is the potential for explosion that could lead to multiple casualties, danger to life. Toxics in the air and reputational damage to the council.</p>	<p>To reconsider the points from the 2010 report and establish whether they remain pertinent. To instigate an assessment to identify whether there has been further deterioration since the 2010 report and establish an action plan to address as necessary.</p> <p>To establish and enforce measures for any vehicle found parked on the forecourt in the no parking zones and to create a mandatory requirement for all staff to adhere to the rules within the depot sites. Ensure that there is no smoking, safety shoes and hi-vis are worn at all times and implement sanctions against repeat offenders.</p> <p>To re-enforce safety requirements at the site with all relevant staff.</p>	<p>Responsible Manager: Head of Environment / Officer in Charge and Place Partnership</p> <p>Fuel tank has been recognised to be 40 years old and requires somebody to come and check the concrete dispenser island and pumps.</p> <p>Implementation date: Nov-18</p> <p>Following consultation with the former Health and Safety Officer it has been agreed that the current Health and Safety Hazard report completed in 2010 is still relevant and valid as there have been no changes. Implemented</p> <p>Electrical cable issue resolved. Implemented</p> <p>Place Partnership is commissioning a review of the fuel pumps and fuelling area and tanks to assess current state and works required this is due to be completed by 31st December 2018 and any resulting capital works will be programmed accordingly</p>

					<p>during 2019/20</p> <p>Email has been sent to all Housing and Environmental services managers to ensure that all teams are reminded not to park in the fuelling zones or leave engines running. Implemented.</p> <p>January 2020 Fuel tank has been recognised to be 40 years old and requires somebody to come and check the concrete dispenser island and pumps. Place Partnership is commissioning a review of the fuel pumps and fuelling area and tanks to assess current state and works required this is due to be completed by 31st December 2018 and any resulting capital works will be programmed accordingly during 2019/20. Update 05.04.19 - it had been decided that this would be addressed once the Place Partnership contract had ended and John Homer would then lead on this from within RBC. Update 19.09.19 - Worcester Petroleum Services have conducted integrity tests and initial tests failed. Repairs to the tanks were then carried out, re-tests were successful and will now be undertaken annually. Some minor repairs are still required to the</p>
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				concrete plinth, on hold pending a review of the potential replacement of the whole system.	
6	H	<p><u>Fire Risk Assessments Action Plan</u> 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>There seems to be no control in place on the fire risk assessments and risk management which could potential have far reaching implications e.g. corporate manslaughter charges if there was an incident.</p>	<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>Responsible Manager: Senior Contracts 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>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>	
7	H	<p>Fire Alarms There is no consistency in how often the test is carried out. In August 2017 for instance it 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>Fire Drills : - Redditch Borough Council In the Town Hall the latest fire drill was completed in October 2017. The follow up to the drill should have been completed in April 2018 to keep within compliance. This did not occur as of 15/5/2018 meaning that when the drill did take place it was still non-compliant at the time of the drill.</p> <p>At the Depot there are no set drills that get conducted and there was no evidence to say that a fire drill has been conducted in the last 3 years.</p> <p>Fire Drills : - Bromsgrove District Council For the Bromsgrove District Council Depot evidence suggests that the</p>	<p>Fire Alarms If the tests are not carried out within a 6 month period there is the potential that the site is non-compliant and would fall out of British Standards 5839. This could lead to financial implications, council reputational damage and potential danger to life. The council could also be deemed non-compliant to fire safety regulations.</p> <p>Fire drills: - The 10 minute limit that the building should be cleared of all personnel may be breached and there could pockets of staff and others in the building unaccounted for potentially leading to unnecessary searches and potential threat to life. Poor communication could lead to confusion and whether all personnel are clear of the building.</p>	<p>To ensure a control is in place at both councils to carry out a weekly fire 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 located next to one of the fire exits to ensure no unauthorised personnel re-enter the building until safe to do</p>	<p>Responsible Manager: Facilities Management - Property Management – BDC - 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>January 2020 as part of the recent Fire Risk Assessments across the corporate buildings portfolio,</p>

	<p>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><u>Fire Drill Observations Redditch Town Hall</u></p> <ul style="list-style-type: none"> • There was disorganisation in the lead up to the fire drill. The fire drill was meant to commence at 11:45am but there was an issue locating the key for the alarm. • There was no monitor on the fire exits meaning that staff and members of the public could have re-entered the building if they had chosen to do so without challenge • The main door in reception for members of the public to evacuate was not working during the drill and went into lockdown, which meant that the public had to exit through the council workers fire exit instead. • Department locations have not been updated on blueprint so a department was not able to be accounted for and delayed the fire drill evacuation time. • There was delay with getting the accountability for the Crèche due to communication between the Crèche and the operating fire 		<p>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>there has been sufficient evidence supplied that weekly tests are being undertaken (in some cases by external contractors, i.e. Housing Locality Offices), but advice had been given to some ensure that a different call point is checked each time. This issue has also been raised during Fire Warden training courses delivered by the Senior Health and Safety Advisor.</p> <p>Fire Evacuation Drills will happen over a phased period across all locations (not just the Depots) in the last quarter of 2019, as per further recommendations in recent Fire Risk Assessments. These will begin a risk-based review of the frequency with some having two a year, some once a year and some quarterly (Children's Centres, owing to regular churn of attendees).</p> <p>A Fire Risk Assessor from RIDGE has been engaged since the last update, with recommendations that refer to reviewing evacuation procedures such as this action regarding preventing re-entry. As such this audit action will be reviewed consistently across all other corporate buildings along with other FRA actions.</p>
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		<p>Marshall on site.</p> <p>There is no control in place from a fire risk assessment perspective on contractors coming in to carry out work. It was observed that an on-site contractor walked out of the building from car park entrance and sat in their van rather than going to the evacuation point.</p>			<p>All Contractors are given a site induction (such as fire evacuation procedures, security issues, how to report an accident, exchanging of essential information and issuing of Permit to Work where applicable).</p>
8	H	<p>Evacuation of less able people from Redditch Borough Council Town Hall.</p> <p>Testing of the procedures with assisting wheel chair users in a fire has shown :-</p> <ul style="list-style-type: none"> • That there is no written procedure in place to show how to assist wheel chair users in an emergency situation or where responsibility is allocated. • That there is only one stair lift in the building which has never been used when the building has eight flights of stairs to contend with. • That there has been no fire drill to test out the Wheel chair stair case to get an accurate timing of how long it would take to get someone out of the building. • That there is no signs for wheel chair users to locate a stair lift in case of emergency. 	<p>There has been no documentation in what to do with a member of staff/public who has wheel chair access. With little knowledge of the workings of the stair lift to get the member of staff/public out of the building it could lead to confusion and impede the flow of people in the stairwell leading to panic and injury. This could potentially lead to reputation damage, litigation or ultimately loss of life.</p>	<p>To arrange for a fire drill with someone who uses a wheel chair to assist with monitoring how long it would take in a fire evacuation for the individual to exit the building from the top floor.</p> <p>To develop a procedure manual with who is responsible for the person(s) in case of a fire and what needs to happen, to arrange for appropriate signs to be implemented to locate the stair lift in an emergency situation.</p> <p>Once a test is conducted alternative approaches to assist with evacuation for the less able may be required.</p>	<p>Responsible Manager: Facilities Manager HR Manager</p> <p>Implementation date: Place Partnership to review the procedure with health and safety advisor</p> <p>January 2019</p> <p>To arrange test to identify learning to develop guidance notes. Co-ordination required with facilities and planned to be picked up as part of next fire drill. Drill training date to be agreed</p> <p>January 2020</p> <p>Organising a fire drill with someone who uses a wheel chair is really not necessary (under these circumstances you would put the individual under emotional pressure) – to be addressed once EvacChairs have been procured (and people trained) and then time / stage an evacuation with a</p>

					wheelchair user without actually setting the alarms off. To arrange test to identify learning to develop guidance notes. Co-ordination required with facilities and planned to be picked up as part of next fire drill.
9	H	<p><u>Active and Re-active measures of a terrorist attack</u></p> <p>the testing on active and re-active measures on terrorist attacks has shown that: -</p> <ul style="list-style-type: none"> • There is a potential security breach in Redditch Borough Council Town Hall between 09:00am to 09:25am. 	Should a terrorist event take place there could be confusion and an ineffective procedure followed potentially leading to injury and loss of life.	<ul style="list-style-type: none"> • Follow other authorities' leads with the Hide, Run, and Tell policy for terror. • Consider training staff on terrorism attacks through e-learning or various methods. • Create a process in how to best suit the situation at both councils. • Create an action plan date as soon as possible to discuss this. 	<p>Responsible Manager: HR Manager & Facilities</p> <p>Lock down of doors, 9am onwards.</p> <p>Implementation date: November 2018.</p> <p>January 2020 This has been discussed at CMT and the Hide, Run, Tell is due to be disseminated across the organisation during September 2019 on the Orb as part of a wider national campaign called 30 Days 30 Ways.</p>
10	M	<p><u>Active and Re-active measures of a terrorist attack</u></p> <p>the testing on active and re-active measures on terrorist attacks has shown that: -</p> <ul style="list-style-type: none"> • There is no current policy in place. • There is no process in place. • Although there is currently an agenda for a meeting to occur at some point in the future. There is no current date booked for a 		<ul style="list-style-type: none"> • To ensure all doors are shut at 09:00am at Redditch Borough Council Town Hall. (Practical / pragmatic in a public building Consider the most appropriate and safest foot traffic route for entry to the building. 	<p>Responsible Manager: HR Manager & Facilities</p> <p>Interim has officer being recruited. Looking to post information on Orb regarding safety breaches. Dec-2018</p> <p>Implementation date: April 2019</p> <p>January 2020</p>

		meeting to discuss.			Lock down of doors, 9am onwards. Update 27.03.19 - this has changed inasmuch as doors from Town Hall car park are now opened at 08:45am, but the other access route (via the basement) is on swipe access only anyway.
11	M	<p>Action Plan Update</p> <p>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 technological and innovative factors of the business. 	If the action plan is not being used as a management tool and not being kept up-to-date people within the organisation will not know what is complete and what remains outstanding, potentially could lead to inaction and lost opportunity to develop. The absence of information within the action plan does not provide an assurance that work has been carried out this could also lead to misunderstanding and confusion.	<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>
12	M	<p>Financial Analysis and Training budget:</p> <ul style="list-style-type: none"> • There is no centralised finance code dedicated for Health and 	The actual budget position is not correctly identified from a corporate or service perspective potentially	To improve overview of the training budget use. To consider using cost centres for the training budget and Health and Safety to improve	Responsible Manager: HR Manager in conjunction with Finance Director.

		<p>Safety.</p> <ul style="list-style-type: none"> • 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>leading to overspends or the belief that there is no money available thus impacting on commitment accounting missed training opportunity.</p>	<p>corporate oversight of expenditure.</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>
13	M	<p><u>Induction Process</u></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 is no review date or location included to state Redditch Borough Council or Bromsgrove District Council. • 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>Staff that do not receive relevant and timely training potentially leading to a breach of legalisation, risk of injury or even death in service.</p> <p>With a fundamental issue with the communication between local teams and HR regarding staff training there is the potential for inconsistent working practices and reduced ability of vision for safeguarding staff.</p>	<p><u>Training</u></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>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>Responsible Manager: HR Manager</p> <p>Implementation date: July 2019</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 currently underway.</p>
14	M	<p><u>Bespoke health and safety training</u></p> <ul style="list-style-type: none"> • There is no systematic approach in reference to how the training is being recorded. 	<p>Potential lack of adequate training and knowledge will result in errors being made</p>	<p><u>Be-Spoke training</u></p> <p>To develop further the 2014 action plan to ensure all training is completed and recorded in a timely</p>	<p>Responsible Manager: HR Manager</p> <p>Continue to review and</p>

		<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>leading to reputational damage and personal injury and non-compliance.</p>	<p>manner. 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>explore how training can be monitored and recorded on 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>
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Independence and Ethics:

- WIASS confirms that in relation to this review there are no significant facts or matters that impact on our independence as Internal Auditors that we are required to report.
- WIASS conforms with the Institute of Internal Auditors Public Sector Internal Audit Standards 2013 (revised 1st April 2017) 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.
- 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

andy.bromage@worcester.gov.uk

APPENDIX A

Definition of Audit Opinion Levels of Assurance

Opinion	Definition
Full Assurance	<p>The system of internal control meets the organisation's objectives; all of the expected system controls tested are in place and are operating effectively.</p> <p>No specific follow up review will be undertaken; follow up will be undertaken as part of the next planned review of the system.</p>
Significant Assurance	<p>There is a generally sound system of internal control in place designed to meet the organisation's objectives. However isolated weaknesses in the design of controls or inconsistent application of controls in a small number of areas put the achievement of a limited number of system objectives at risk.</p> <p>Follow up of medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.</p>
Moderate Assurance	<p>The system of control is generally sound however some of the expected controls are not in place and / or are not operating effectively therefore increasing the risk that the system will not meet it's objectives. Assurance can only be given over the effectiveness of controls within some areas of the system.</p> <p>Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.</p>
Limited Assurance	<p>Weaknesses in the design and / or inconsistent application of controls put the achievement of the organisation's objectives at risk in many of the areas reviewed. Assurance is limited to the few areas of the system where controls are in place and are operating effectively.</p> <p>Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.</p>
No Assurance	<p>No assurance can be given on the system of internal control as significant weaknesses in the design and / or operation of key controls could result or have resulted in failure to achieve the organisation's objectives in the area reviewed.</p> <p>Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.</p>

APPENDIX B

Definition of Priority of Recommendations

Priority	Definition
H	<p>Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives.</p> <p>Immediate implementation of the agreed recommendation is essential in order to provide satisfactory control of the serious risk(s) the system is exposed to.</p>
M	<p>Control weakness that has or is likely to have a medium impact upon the achievement of key system, function or process objectives.</p> <p>Implementation of the agreed recommendation within 3 to 6 months is important in order to provide satisfactory control of the risk(s) the system is exposed to.</p>
L	<p>Control weakness that has a low impact upon the achievement of key system, function or process objectives.</p> <p>Implementation of the agreed recommendation is desirable as it will improve overall control within the system.</p>