

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

Internal Audit Consortium

Internal Audit Report

Authority:	Bolsover District Council
Subject:	Health and Safety (BO06)
Date of Issue:	20th August 2015

Report Distribution:	Health and Safety Advisor Human Resources Manager Joint Assistant Director of HR and Payroll Executive Director for Transformation Executive Director of Operations
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INTERNAL AUDIT REPORT
HEALTH AND SAFETY
TRANSFORMATION

Introduction

An operational audit has recently been completed by the Internal Audit Consortium to review the arrangements for the internal control surrounding the authorities Health and Safety arrangements.

Scope and Objectives

The primary objectives of the review were to confirm:-

- Previous recommendations had been implemented.
- Overall allocation of responsibility.
- Compliance with Health and Safety legislation.
- Comprehensive policies are in place.
- Health & safety employees have the necessary experience and qualifications.
- Training provided and records held.
- Performance management information produced.
- The level of accident reporting in place.
- The completion of health and safety inspections.
- The level of organisational development information received.
- Health and Safety budget provision.

Conclusion

The overall conclusion of the audit was that the reliability of the internal controls operating within Health and Safety is **Marginal**; a number of areas have been identified for improvement.

It is disappointing to note that during this pre planned audit with an agreed commencement date the audit has overrun due to the delay in receiving information from the Health and Safety Advisor.

Findings and Recommendations

1. Previous recommendations

- 1.1 Three recommendations were made as a result of the previous audit review in June 2011. The previous recommendations related to the Health & Safety policy and

benchmarking; as benchmarking data will be provided shortly no formal recommendation has been repeated in these areas, recommendation 1 below relates to the Health & Safety policy.

2. Overall responsibility

- 2.1 An established Safety Committee is in place which convenes on a quarterly basis. The committee is made up of representation from Councillors, union representatives and officers. A health and safety report is presented at each Safety Committee. The purpose of the report is to:
- provide an update on the Council's health and safety performance over the last quarter.
 - provide an update on the Council's health and safety aims and objectives and the progress made against realising these targets.
 - report on any significant health and safety accidents, incidents, enforcement activity or legislative changes which could adversely affect the Council's risk exposure.
- 2.2 Quarterly directorate meetings are also held where sickness absence and accident statistics form part of the discussion.

3. Compliance with health and safety legislation

- 3.1 Health & Safety Officers monitor changes to health & safety legislation by way of the Health & Safety Executive (HSE) website – www.hse.gov.uk, through press releases and RSS feeds. Additionally, updates are received from the professional body Institution of Occupational Safety and Health (IOSH). Policies are reviewed to reflect changes in legislation and changes to policy are presented to Safety Committee for approval prior to formal sign off by Council.

4. Health and safety policies

- 4.1 The authority's health and safety policy can be easily obtained from the intranet. The policy, dated December 2009 was due to be reviewed in December 2012. The Health and Safety Advisor confirmed that the policy is currently being rewritten as a joint policy between the two Strategic Alliance authorities. which will include categorising each element of health and safety e.g. fire, accident reporting, hazardous substances etc rather than focusing on responsibilities. It is envisaged that the rewritten policy will be submitted to Safety Committee for approval in December 2015 (as per the annual health & safety draft action plan).
- 4.2 A health and safety action plan update is presented to Safety Committee, a required action was to ensure policies were compliant with legislation, it has been reported to Members that the action has been completed.

R1	The review and adoption of the Health and Safety revised policy should be completed as soon as possible. Priority : medium
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5. Health and Safety employees

5.1 The Health and safety Advisor has ten years health and safety experience and holds a National Examination Board in Occupational Safety & Health (NEBOSH) qualification. He is also working towards achieving chartered membership of the Institute of Occupational Safety & Health (IOSH). The Health & Safety Officer holds a NEBOSH general certificate.

6. Training

6.1 Mandatory health and safety training for new starters forms part of the Council's induction process. The current Health and Safety Advisor has introduced three new areas of training; risk perception/hazard spotting, defibrillator training and trainee (apprentices) health & safety induction.

6.2 The current method of documenting training course attendance is to transfer information recorded on attendance tick sheets completed at training sessions onto personnel records held on the Comprehensive Human Resources Integrated Solution system (CHRIS 21).

6.3 A health and safety training needs matrix in the form of a spreadsheet has been developed to replace the use of CHRIS 21. The matrix has been introduced in Housing and the intention is to eventually roll out the matrix across the entire Strategic Alliance. A copy of the matrix was provided by the Health and Safety Advisor and is divided into two components:

- Organisational training matrix
- Individual record sheet (IRS)

6.4 For each post and designated role within BDC, the organisational training matrix shows whether specific elements of training are mandatory, desirable or contractually/operationally dependant. The IRS has been pre-populated with conditional formatting therefore in future on entering training dates overdue training will be clearly identifiable through colour coding.

6.5 A sample CHRIS 21 training records of ten employees across ten occupations was taken and compared to the mandatory training required for their occupation within the organisational training matrix.

Organisational training matrix	Induction	H&S Awareness	Risk perception /Hazard spotting	Manual handling	Asbestos Awareness	Fire safety awareness	Work at height	Use of ladders
Bricklayer	✓	✓	✓	✓	✓	✓	✓	✓
Community Ranger	✓	✓	✓	✓	-	✓	-	-
Electrician	✓	✓	✓	✓	✓	✓	✓	✓
Gas/Plumbing Engineer	✓	✓	✓	✓	✓	✓	✓	✓
Joiner	✓	✓	✓	✓	✓	✓	✓	✓
Mechanic	✓	✓	✓	✓		✓		✓
Painter	✓	✓	✓	✓	✓	✓	✓	✓
Leisure Attendant	✓	✓	✓	✓	-	✓	-	-
Plumber	✓	✓	✓	✓	✓	✓	✓	✓
Repairs Apprentice	✓	✓	✓	✓	✓	✓	✓	✓

CHRIS 21 records	Induction	H&S Awareness	Risk perception /Hazard spotting	Manual handling	Asbestos Awareness	Fire safety awareness	Work at height	Use of ladders
Bricklayer				✓	✓			
Community Ranger				✓	-		-	✓
Electrician	✓			✓	✓		✓	
Gas/Plumbing Engineer		✓		✓	✓		✓	✓
Joiner	✓			✓	✓		✓	
Mechanic							-	-
Painter				✓	✓		✓	
Leisure Attendant							-	-
Plumber	✓			✓	✓		✓	
Repairs Apprentice	✓				✓			

6.6 Currently, neither system of recording training provided presents a comprehensive picture of health and safety training received by all employees. I.e. the training matrix is not in use throughout the whole Council and CHRIS 21 records are incomplete.

6.7 Health and Safety training figures are provided to Safety Committee each quarter. It was reported in August 2014 that 2014-15 training was to commence in September 2014. A report submitted to the Safety Committee held in November stated that out of the 221 scheduled individual employee courses 14 employees received training. January 2015 saw a slight improvement; 237 employees were scheduled to receive training and 75 employees received training. It was reported to the 30th April 2015 Committee that of the 149 employees scheduled all received training

6.8 Training course attendance tick sheets for manual handling, fire warden training, fire safety awareness and risk perception/hazard spotting training courses held in January, February and March were obtained by the Health and Safety Advisor to verify reported attendance numbers. From evidence provided the Auditor was able to confirm fire warden training figures within the given timescale, however it was only possible to confirm the attendance of 27 out of 30 employees on the other courses and therefore the accuracy and consistency of Health and Safety figures provided at Health & Safety Committee cannot be confirmed from records provided.

R2	A comprehensive and accurate system of recording health and safety training provided to employees should be introduced. Priority : high
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6.9 A list of first aiders was provided by the Health and Safety Support Officer the list was briefly checked for new starters and leavers. A number of ex council employees still appear on the list.

R3	Consideration should be given to including the Health & safety Advisor on the establishment changes distribution list to assist with the update of the first aiders list and recruitment of replacement first aiders should they be required. Priority : high
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7. Performance Management

7.1 The annual health & safety action plan is subject to approval by Safety Committee. The plan sets out key targets for the Council's health and safety provision, it is a live document being subject to amendment during the course of the year should the need arise. The specific target areas included in the draft action plan for 2015/16 are:

- Review/amendment of health and safety policies.
- Full launch of SHE system across the Council.
- Fire compliance.
- First aid compliance.
- Undertake DSE assessments across the Council.
- Training.

7.2 It was reported to the 19th January 2015 Safety Committee that all elements of the 2014/15 action plan had been completed.

7.3 The section has a number of key performance indicators on which it reports to Safety Committee:

- Accident incident rate.
- Accident frequency rate.
- Hours since last reportable accident.

8. Accident reporting

- 8.1 Accident records are used to compile figures presented in the Accident and Stress Statistics report. The report is discussed at Safety Committee and quarterly directorate meetings. The purpose of the report is:
- To provide an update on the authorities accident and stress management performance over the last quarter.
 - To allow comparison of current accident / stress management performance against historical data to demonstrate whether effective continual improvement is being achieved.
 - To review key accident indicators so that potential accident or stress management trends can be identified and intervention strategies can be developed and delivered.
- 8.2 Details of accidents and near misses are recorded directly into the electronic accident reporting (SHE) system at Creswell Leisure Centre. In other departments accidents and near misses are initially recorded on an accident form and then input onto the SHE system by the Health and Safety Advisor.
- 8.3 A sample of five accident records was taken and cross referenced to SHE system records, testing was satisfactory.
- 8.4 The remedial action written on two of the five accident records was 'take greater care' rather than to identify whether further training is required or whether a risk assessment should be carried out. In another two of the sample the remedial action area was left blank.
- 8.5 The above sample was also checked to ensure any RIDDOR reportable accidents had been reported within the allotted time period and the remedial action taken. Within the sample one incident had been RIDDOR reportable and was reported to the Health & Safety Executive 21 days after the accident. As per the Health & Safety Executive (HSE) RIDDOR incidents should be reported to the HSE within 10 days, or within 15 days for accidents resulting in over seven day incapacitation of a worker. The authority could be fined or prosecuted by the HSE for persistent late reporting of incidents. It is the responsibility of the Health and Safety team to report RIDDOR incidents to HSE.
- 8.6 It should be noted that delays in RIDDOR reporting to HSE can be as a result of delayed reporting at departmental level, introduction of the SHE system should alleviate the problem. As per the draft action plan a target date of March 2016 has been set for full launch of the system across the Council.
- 8.7 The following incidents are classed as RIDDOR reportable –
- Fatality
 - Major injury

- employee off for over 7 days
- Dangerous occurrences
- Diseases
- Non fatal accidents resulting in hospital treatment

R4	Relevant employees should be reminded of appropriate remedial action to be taken when accidents occur. Priority : high
R5	As per the Health and Safety Executive RIDDOR incidences should be reported within 10 days of the incident. Priority : high

9. Workplace inspections

9.1 Workplace inspections are scheduled to be carried out every six months. Workplace inspection data is collated, recorded and reported to Safety Committee. Throughout 2014-15 a number of re-assessments became overdue. On such occasions the Health and Safety Advisor contacted the relevant Joint Assistant Directors or Head of Service to rearrange inspection dates.

R6	Every effort should be made to ensure that inspections are completed every 6 months. Priority : medium
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R7	Copies of relevant insurance certificates should be publicly displayed in all necessary premises. Priority : medium
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10. Organisational development

10.1 The Health and Safety Advisor advised that there are times when he is not made aware of organisational developments in a timely manner, the health and safety implications can be wide reaching and require time to implement.

R8	Closer working between Health and Safety and Property & Estates should take place during the earlier stages of organisational developments e.g. office moves. Priority : medium
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11. Budget provision

11.1 The health and safety function has been allocated its own budget provision, analysis of the code G052/1024 – Human Resources & Payroll/Health and Safety showed the majority of the health & safety budget in 2015-2016 to date had been used to purchase first aid equipment.

12. Benchmarking

12.1 As mentioned in paragraph 8.5, it is envisaged that the electronic accident reporting system (SHE) will be rolled out across the whole Authority. Data input to the system will

in future be used for benchmarking purposes between A1 Housing, Ashfield DC, Bassetlaw DC, Bolsover DC, Chesterfield BC, Mansfield DC and NEDDC.

- 12.2 The Health and Safety Advisor attends Nottinghamshire Health & Safety group where informal good practice is discussed. He is also part of the East Midlands virtual Health & Safety group.

Internal Audit Report – Implementation Schedule

Report Title:	Health and Safety 2015/16	Report Date:	20 th August 2015
		Response Due By Date:	10 th September 2015

	Recommendations	Priority (High, Medium, Low)	Agreed	To be Implemented By:		Disagreed	Further Discussion Required	Comments
				Officer	Date			
R1	The review and adoption of the Health and Safety revised policy should be completed as soon as possible	Medium						
R2	A comprehensive and accurate system of recording health and safety training provided to employees should be introduced	High						
R3	Consideration should be given to including the Health & safety Advisor on the establishment changes distribution list to assist with the update of the first aiders list and recruitment of replacement first aiders should they be required.	High						
R4	Relevant employees should be reminded of appropriate remedial action to be taken when accidents occur	High						
R5	As per the Health and Safety Executive RIDDOR incidences should be reported within 10 days of the incident	High						

Recommendations		Priority (High, Medium, Low)	Agreed	To be Implemented By:		Disagreed	Further Discussion Required	Comments
				Officer	Date			
R6	Every effort should be made to ensure that inspections are completed every 6 months	Medium						
R7	Copies of relevant insurance certificates should be publicly displayed in all necessary premises.	Medium						
R8	Closer working between Health and Safety and Property & Estates should take place during the earlier stages of organisational developments e.g. office moves	Medium						

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

Signed Head of Service:		Date:	
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Appendix A

Definitions of Conclusions:	
Good	A few minor recommendations (if any).
Satisfactory	Minimal risk; a few areas identified where changes would be beneficial.
Marginal	A number of areas have been identified for improvement.
Unsatisfactory	Unacceptable risks identified, changes should be made.
Unsound	Major risks identified; fundamental improvements are required.