



Internal Audit Report
The Environment Service
Corporate Health and Safety
Assignment No 17-28
December 2017

Final Report

Legal and Governance
Corporate and Democratic Services
Perth & Kinross Council
Council Offices
2 High Street
Perth
PH1 5PH

Internal Audit Report

Internal Audit

“Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”. Public Sector Internal Auditing Standards (PSIAS)

The Council’s Audit Committee approved the PSIAS as the relevant standard for its Internal Audit activity.

Background and Introduction

This audit was carried out as part of the audit plan for 2017/18, which was presented to the Audit Committee on 27th September 2017. Audit testing was carried out in October and November 2017.

The Health, Safety and Wellbeing Manager is part of the Environment Service and provides the lead on Health, Safety & Wellbeing arrangements for the Council. The Health, Safety and Wellbeing Manager supports the Corporate Management Group and Executive Officer Team to set and monitor health and safety standards across the organisation.

The Occupational Health and Safety Policy was approved by the Strategic Policy and Resources Committee on the 22 April 2015 with a review date every 3 years thereafter.

Scope and Limitations

The purpose of the audit was to provide assurance over the effectiveness of the model which ensures that the Council manages its Corporate Occupational Health and Safety responsibility. In order to arrive at an opinion on the achievement of the control objective, the audit included interviews with The Environment Service staff and review of relevant documentation.

The role of the Council as an Enforcing Authority was excluded from this audit.

Control Objectives and Opinions

This section describes the purpose of the audit and summarises the results. A ‘control objective’ is a management objective that requires the maintenance of adequate and effective internal controls to ensure that it is achieved. Each control objective has been given a rating describing, on the basis of the audit work done, the actual strength of the internal controls found to be in place. Areas of good or poor practice are described where appropriate.

Control Objective: To provide assurance over the effectiveness of the model which ensures that the Council manages its Health and Safety responsibilities
Audit Comments: The model for ensuring the Council manages its Health and Safety responsibilities is contained in the Occupational Health and Safety Policy. Responsibilities such as fire safety, emergency procedures, incident reporting, reviewing of performance and training are detailed in the Policy. Whilst this audit can provide assurance over

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the effectiveness of the model there are agreed audit actions aimed at enhancing controls.

The Policy states that Health & Safety Team Co-ordinators (Service Managers/Head Teachers) play a pivotal role in the management of health and safety.

The Health, Safety and Wellbeing Team prepares quarterly Health and Safety and also Fire Safety reports for each Service to inform their respective Consultative Committee and to assist with the monitoring of performance within that Service. This report also states that Co-ordinators have completed a risk profiling exercise and they are now using these and developing action plans to assist with the monitoring and reviewing of performance and to help ensure compliance with the Policy.

The Health, Safety and Wellbeing Team is responsible for conducting a risk based programme to monitor the work of Co-ordinators and help ensure that health and safety arrangements are compliant with the Policy .. The Service advised there had been some delays in completing these reviews due to resourcing issues which is in the process of being resolved. The Team's role includes the carrying out of fire assessment reviews, some of which have also been delayed. The Policy states that the Executive Officer Team and the Corporate Management Group monitors health and safety performance through quarterly performance reports, but no such performance information has been submitted to the EOT by the Health, Safety and Wellbeing Team since August 2016 and no performance monitoring reports submitted to the CMG. Such information is provided, however, to the Chief Executive as part of the general monthly performance information which forms part of her discussions with senior managers.

The health and safety information published on the Council's intranet site would benefit from review as some information is out of date. There is also benefit in reminding Head of Establishments and Co-ordinators of their role.

Strength of Internal Controls:

Moderately Strong

Management Action and Follow-Up

Responsibility for the maintenance of adequate and effective internal controls rests with management.

Where the audit has identified areas where a response by management is required, these are listed in Appendix 1, along with an indication of the importance of each 'action point'. Appendix 2 describes these action points in more detail, and records the action plan that has been developed by management in response to each point.

It is management's responsibility to ensure that the action plan presented in this report is achievable and appropriate to the circumstances. Where a decision is taken not to act in response to this report, it is the responsibility of management to assess and accept the risks arising from non-implementation.

Achievement of the action plan is monitored through Internal Audit's 'follow up' arrangements.

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Management should ensure that the relevant risk profiles are reviewed and updated where necessary to take account of the contents of Internal Audit reports. The completeness of risk profiles will be examined as part of Internal Audit's normal planned work.

Acknowledgements

Internal Audit acknowledges with thanks the co-operation of The Environment Service and Corporate and Democratic Services staff during this audit.

Feedback

Internal Audit welcomes feedback, in connection with this audit or with the Internal Audit service in general.

Distribution

This report has been distributed to:

B Malone, Chief Executive

J Fyffe, Senior Deputy Chief Executive

J Valentine, Deputy Chief Executive and Chief Operating Officer

B Renton, Director, the Environment Service

S Devlin, Executive Director of Education & Children's Services

L Cameron, Acting Director of Housing & Community Safety

S Crawford, Head of Property

J Dixon, Transformation and Business Manager, the Environment Service

J Handling, Corporate Health, Safety and Wellbeing Manager

R Turner, Team Leader/Senior Health and Safety Adviser

A King, Premises Officer, The Environment Service

L Simpson, Head of Legal & Governance

S Mackenzie, Head of Finance

K McNamara, Head of Strategic Commissioning and Organisational Development

G. Taylor, Head of Democratic Services

External Audit

Authorisation

The auditor for this assignment was D McCreadie. The supervising auditor was M Morrison.

This report is authorised for issue:

Jacqueline Clark
Chief Internal Auditor
Date: 19 December 2017

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Appendix 1: Summary of Action Points

No.	Action Point	Risk/Importance
1	Monitoring of Health and Safety	Medium
2	Awareness of Health and Safety Matters	Low
3	Reporting of Health and Safety Matters	Low
4	Reporting to the EOT & CMG	Medium
5	Fire Risk Records	Low

Appendix 2: Action Plan

Action Point 1 - Monitoring of Health and Safety

The Health, Safety and Wellbeing Team monitor the work of Service Health & Safety Team Co-ordinators by carrying out reviews, however there have been delays in carrying out these reviews. The Service advised that this was due to previous resourcing issues and that these are in the process of being resolved.

Testing also revealed delays in carrying out some fire assessment reviews. The Service advised this was due to additional unplanned support required from Services which was not identified in the original work plan.

Furthermore, there is scope for Services to improve the evidence that periodic inspections are taking place, as required by the policy.

Management Action Plan

- a) The Team Leader will advise the Corporate Health, Safety and Wellbeing Consultative Committee of the delay in carrying out scheduled performance monitoring and fire assessment reviews.
- b) A new health & safety monitoring plan and fire assessment plan will be implemented detailing revised monitoring dates.
- c) An update will be issued to Health and Safety Team Coordinators reminding them of the need to ensure that safety inspections are undertaken and evidence retained.

Risk/Importance:	Medium
Responsible Officer:	R Turner, Team Leader
Lead Service:	The Environment Service
Date for Completion (Month / Year):	a) & b) March 2018 c) January 2018
Required Evidence of Completion:	a) Extract from Committee Report. b) Updated health & safety monitoring plan and fire assessment plan. c) Copy of Update Alert.

Auditor's Comments

Satisfactory

Action Point 2 - Awareness of Health and Safety Matters

Whilst the A-Z of resources page on the Council's Eric site contains health, and safety information, the performance and resources page contains out of date information and hyperlinks.

Head of Establishment information is available on Eric but this information is also out of date. The Service advised this had been caused by various office moves but they were in the process of updating the relevant page.

Whilst it is appreciated that health and safety awareness is raised by various means such as quarterly reporting and ongoing monitoring there is benefit in reminding Co-ordinators of their role.

Management Action Plan

a) The Team Leader will arrange for the out of date information and hyperlinks relating to health, safety and wellbeing on the performance and resources of Eric to be removed. The Head of Establishment information will also be updated.

b) An alert will be issued to Health and Safety Team Coordinators reminding them of their responsibilities as detailed in the Occupational Health and Safety Policy.

Risk/Importance:	Low
Responsible Officer:	R Turner, Team Leader
Lead Service:	The Environment Service
Date for Completion (Month / Year):	January 2018
Required Evidence of Completion:	a) Confirmation out of date Eric information removed and link to updated Head of Establishment page. b) Copy of Update Alert

Auditor's Comments

Satisfactory

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Action Point 3 - Reporting of Health and Safety Matters

Neither of the Service health and safety quarterly reports detail the name of the author or approver. The health and safety report of June 17 states that copies of action plans are submitted on a monthly basis but the Service advised that this is not occurring and the frequency is being changed to quarterly.

There is benefit in including an additional bullet point in the summary section of the health and safety report regarding the number of incidents in that period, as testing revealed minor reconciliation differences.

The Fire Safety report confirms no recommendations which present an immediate risk to the safety of occupants or visitors. For consistency, there may be benefit in including such a statement as appropriate in the fire safety update information provided by the Service to the Chief Executive.

Management Action Plan

- a) The requirement to submit health and safety action plans on a monthly basis will be amended to quarterly and detailed in the next Health and Safety reports.
- b) To help reconcile totals, the summary section of each Service's health and safety report will include a bullet point relating to the number of incidents.
- c) A statement that confirms there were no recommendations which present an immediate risk to the safety of occupants or visitors (if that is the case) will be included in future updates presented to the Chief Executive

Risk/Importance:	Low
Responsible Officer:	R Turner, Team Leader
Lead Service:	The Environment Service
Date for Completion (Month / Year):	March 2018
Required Evidence of Completion:	a) Evidence action plans now quarterly. b) Health and safety report extract with bullet detailing number of incidents. c) Copy of a fire update to Chief Executive detailing statement.

Auditor's Comments

Satisfactory

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Action Point 4 - Reporting to the EOT & CMG

The Occupational Health & Safety Policy states the Executive Officer Team monitors health and safety performance through quarterly performance reports, but no such performance information has been submitted to them since August 2016.

The Policy also states that the Corporate Management Group receive quarterly update and monitoring reports on health and safety matters, but this is not occurring.

Management Action Plan

The Team Leader will arrange for quarterly health and safety performance monitoring reports to be prepared and submitted to the Corporate Management Group in line with the requirements of the Occupational Health & Safety Policy in the first instance and escalated to the Executive officer Team as required in accordance with the corporate risk strategy.

Risk/Importance:	Medium
Responsible Officer:	R Turner, Team Leader
Lead Service:	The Environment Service
Date for Completion (Month / Year):	March 2018
Required Evidence of Completion:	Extract from EOT & CMG quarterly health and safety report.

Auditor's Comments

Satisfactory

Action Point 5 - Fire Risk Records

An element of the Occupational Health and Safety Policy is fire safety management guidance. This guidance states that all testing, inspection and preventative maintenance records should be held in a dedicated fire log book for each premise. Audit testing of a randomly selected log book for the 2 High Street premises revealed that whilst such information was held, this was not held in a dedicated fire log but stored in various locations and formats.

The above guidance and the separate Fire Risk Assessment states the Head of Establishment should ensure that a fire safety self-assessment is carried out for the premises every 12 months from the date of receiving that assessment. This assessment was carried out during the audit.

Management Action Plan

- a) The Premises Management will arrange for the fire testing, inspection and preventative maintenance records to be held in a dedicated fire log book.
- b) The Team Leader/Senior Health and Safety Adviser will issue an update alert to each Head of Establishment reminding them of their responsibilities to maintain a dedicated fire log book and carry out an annual fire safety self-assessment in line with the requirements of the Fire Safety Management Guidance.

Risk/Importance:	Low
Responsible Officer:	a) A King, Premises Officer b) R Turner, Team Leader
Lead Service:	a) and b) The Environment Service
Date for Completion (Month / Year):	a) and b) January 2018
Required Evidence of Completion:	a) Fire log for 2 High Street. b) Copy of Update Alert.

Auditor's Comments

Satisfactory