

# Audit and Corporate Governance Committee

Report of Audit Manager

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To: Audit and Corporate Governance Committee

DATE: 29 September 2011

## AGENDA ITEM 10

## Internal audit activity report quarter two 2011/2012

### Recommendation

That members note the content of the report.

### Purpose of report

1. The purpose of this report is to summarise the outcomes of recent internal audit activity for the committee to consider. The committee is asked to review the report and the main issues arising, and seek assurance that action has been or will be taken where necessary.

### Background

2. Internal audit is an independent assurance function that primarily provides an objective opinion on the degree to which the internal control environment supports and promotes the achievements of the councils' objectives. It assists the councils by evaluating the adequacy of governance, risk management, controls and use of resources through its planned audit work, and recommending improvements where necessary.
3. After each audit assignment, internal audit has a duty to report to management its findings on the control environment and risk exposure, and recommend changes for improvements where applicable. Managers are responsible for

considering audit reports and taking the appropriate action to address control weaknesses.

4. Assurance ratings given by internal audit indicate the following:

**Full Assurance:** There is a sound system of internal control designed to meet the system objectives and the controls are being consistently applied.

**Satisfactory Assurance:** There is basically a sound system of internal control although there are some minor weaknesses and/or there is evidence that the level of non-compliance may put some minor system objectives at risk.

**Limited Assurance:** There are some weaknesses in the adequacy of the internal control system which put the system objectives at risk and/or the level of non-compliance puts some of the system objectives at risk.

**Nil Assurance:** Control is weak leaving the system open to significant error or abuse and/or there is significant non-compliance with basic controls.

5. Each recommendation is given one of the following risk ratings:

**High Risk:** Fundamental control weakness for senior management action

**Medium Risk:** Other control weakness for local management action

**Low Risk:** Recommended best practice to improve overall control

## Internal Audit Activity

6. Since the last audit and corporate governance committee meeting, the following audits have been completed:

### Planned Audits

Full Assurance: 1

Satisfactory Assurance: 7.5

Limited Assurance: 2.5

Nil Assurance: 0

|                                 | Assurance Rating    | No. of Recs | High Risk Recs. | No. Agreed | Medium Risk Recs. | No. Agreed | Low Risk Recs. | No. Agreed |
|---------------------------------|---------------------|-------------|-----------------|------------|-------------------|------------|----------------|------------|
| <b>Project Management 10/11</b> | <b>Satisfactory</b> | <b>4</b>    | <b>0</b>        | <b>0</b>   | <b>1</b>          | <b>1</b>   | <b>3</b>       | <b>3</b>   |
| <b>Stationery System</b>        | <b>Satisfactory</b> | <b>2</b>    | <b>0</b>        | <b>0</b>   | <b>2</b>          | <b>2</b>   | <b>0</b>       | <b>0</b>   |

|                                | Assurance Rating | No. of Recs | High Risk Recs. | No. Agreed | Medium Risk Recs. | No. Agreed | Low Risk Recs. | No. Agreed |
|--------------------------------|------------------|-------------|-----------------|------------|-------------------|------------|----------------|------------|
| Petty Cash Spot Checks         | Full             | 0           | 0               | 0          | 0                 | 0          | 0              | 0          |
| Facilities Management          | Satisfactory     | 0           | 0               | 0          | 7                 | 7          | 9              | 9          |
| Ocella/Uniform ICT Procurement | Full             | 1           | 0               | 0          | 0                 | 0          | 1              | 1          |
| Grounds Maintenance            | Satisfactory     | 17          | 0               | 0          | 7                 | 7          | 7              | 7          |

### Follow Up Reviews

|                      | Initial Assurance Given | No. of Recs | Implemented | Partly Implemented | Not Implemented | Ongoing |
|----------------------|-------------------------|-------------|-------------|--------------------|-----------------|---------|
| Leisure Centres      | Limited                 | 9           | 8           | 1                  | 0               | 0       |
| 1. Health and Safety | Limited                 | 12          | 6           | 2                  | 3               | 1       |

7. **Appendix 1** of this report sets out the key points and findings relating to the completed audits which have received limited or nil assurance, and satisfactory or full assurance reports which members have asked to be presented to committee.
8. Members of the committee are asked to seek assurance from the internal audit report and/or respective managers that the agreed actions have been or will be undertaken where necessary.
9. A copy of each report has been sent to the appropriate head of service, the relevant strategic director, the section 151 officer and the relevant member portfolio holder. In addition to the above arrangements, reports are now published on the council intranet and committee members are alerted by e-mail when reports are published.
10. Internal audit continues to carry out a six month follow up on all non-financial audits to establish the implementation status of agreed recommendations. All key financial system recommendations are followed up as part of the annual assurance cycle.

## **Systemic Control Weaknesses**

11. **Appendix 2** of this report sets out weaknesses which have been identified within planned audits which internal audit consider to be systemic within the council. Every recommendation made by internal audit since April 2010 has been logged within a recommendation register according to an Institute of Internal Auditors control type definition, and a point system has been used - 1 point for a low risk recommendation, 2 points for a medium risk recommendation and 3 points for a high risk recommendation. The points have been totalled against each control type, and the top 10% control weaknesses which occur across a number of operational areas have been listed as a systemic control weakness. The table will be reviewed and updated by the audit manager, head of finance and the strategic director (section 151 officer) on an ongoing basis, and will be used to inform the annual audit plan and the scope of individual reviews

## **Financial Implications**

12. There are no financial implications attached to this report.

## **Legal Implications**

13. None.

## **Risks**

14. Identification of risk is an integral part of all audits.

ADRIANNA PARTRIDGE  
AUDIT MANAGER

## 1. HEALTH AND SAFETY FOLLOW UP 2010/2011

### 1. INTRODUCTION

- 1.1 This report details the findings from internal audit's follow-up review of Health and Safety 2010/2011. The original fieldwork was undertaken in December 2010 and the final report was issued in January 2011. Follow-up work has been undertaken in accordance with the 2011/2012 audit plan agreed with the Audit and Corporate Governance Committee of South Oxfordshire District Council, to ensure that the agreed recommendations have been implemented within the timescales provided.

### 2. INITIAL AUDIT FINDINGS

- 2.1 The final report made 12 recommendations. Seven recommendations were agreed, and five were agreed in principle. A limited assurance opinion was issued.

### 3. FOLLOW UP MAIN FINDINGS

- 3.1 The review found that six recommendations have been implemented, three recommendations are ongoing, two recommendations have been partly implemented and one recommendation has not been implemented. Revised implementation dates have been provided where appropriate.

## FOLLOW-UP OBSERVATIONS

### HEALTH AND SAFETY POLICIES

#### 1. Review of Health and Safety Policies

(Low Risk)

| Rationale   | Recommendation  | Responsibility            |
|---|---|---------------------------|
| <p><u>Best Practice</u><br/>All health and Safety (h&amp;s) policies and procedures should be reviewed periodically to ensure compliance with current h&amp;s legislation.</p> <p><u>Findings</u><br/>Investigating incident guidance was last reviewed July 2006. DSE policy, fire policy and procedure, fire procedures for new staff and the h&amp;s guide were last reviewed in 2007.</p> | All h&s policies should be reviewed periodically in accordance with the council's h&s procedures. | Health and Safety Adviser |

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| <p><u>Risk</u><br/>If policies are not regularly reviewed there is a risk staff may not be aware of the most up to date practices to follow. This may lead to the council being in non-compliance with current h&amp;s legislation.</p>  |  |  |
| <p><b>Management Response</b></p>  |  | <p><b>Implementation Date</b></p>  |
| <p>Recommendation is <b>Agreed</b><br/>Although there are policies that are due to be reviewed, prior to harmonisation efforts were concentrated on completing all H&amp;S procedures rather than reviewing existing policies. Reviews were set at annually which is probably unrealistic and unnecessary. Due to joint working with the Vale – all of the health and safety policies will need to be harmonised. The review date has been changed to at least 3 yearly.</p> <p>Management Response: Health and Safety Adviser</p> |  | <p>31 March 2012</p>   |
| <p><b>Follow-Up Observations</b></p>   |  |  |
| <p>From discussion with the Health &amp; Safety Adviser, the process of writing up all policies due to harmonisation is still ongoing. There is an intention to update the list of all policies to include a review date. Policies which are completed now have an issue and review date.</p>  |  | <p><b>Ongoing</b><br/><br/><b>Revised implementation date: 31 March 2013</b></p> |

## 2. Terms of Reference

(Low Risk)

| Rationale  | Recommendation   | Responsibility   |
|--|--|--|
| <p><u>Best Practice</u><br/>Terms of reference should be up-to-date and available to all staff.</p> <p><u>Findings</u><br/>Terms of reference (TOR) for the Health and Safety Review Board (HSRB) and the Safety Action Group (SAG) were last reviewed on January 2006. TOR for the HSRB and SAG are not available on the intranet.</p> <p>The shared head of health and housing has not attended quarterly SAG meeting in February 2010, May 2010 and September 2010 and a representative has not been in</p> | <p>a) Terms of reference for the relevant h&amp;s groups should be kept up-to-date to ensure members are aware of their h&amp;s duties and responsibilities.</p> <p>b) TOR's for both groups should be available on the intranet.</p> <p>c) Heads of service should ensure there is representation for their service area at all SAG meetings.</p> | <p>Health and Safety Adviser</p> <p>Heads of Service</p> |

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| attendance.  |  |   |
| <u>Risk</u><br>Failure to ensure clarity with regards to the TOR for h&s review groups could result in staff not being aware of their roles or responsibilities in improving the effectiveness of the HSRB and SAG.  |  |   |
| <b>Management Response</b>   |  | <b>Implementation Date</b>  |
| Recommendation is <b>Agreed</b><br>The SAG was adopted as a joint group in July 2009, and the first meeting of the joint HSRB was in November 2010. Terms of reference for HSRB were updated in Sept 2009 and again in November 2010. The minutes of the HSRB and new terms of reference have been added to the intranet. The SAG minutes have been added to the intranet. The terms of reference for the safety action group will be reviewed in January and then placed on the intranet. We will set up a link from the Vale intranet to the South health and safety page.<br><br>A reminder will be sent to heads of service regarding attendance at the safety action group.<br><br>Management Response: Health and Safety Adviser |  | 28 February 2011  |
| <b>Follow-Up Observations</b>  |  |   |
| The terms of reference have been updated and made available on the intranet for the health and safety review board (HSRB), however they have not been updated for the safety action group (SAG).<br><br>There has been only one safety action group meeting (SAG) for which the minutes are currently not available. The Health & Safety Adviser stated there has been greater representation of heads of services at this meeting.  |  | <b>Partly Implemented</b><br><br><b>Revised implementation date: 30 November 2011</b> |

## HEALTH AND SAFETY TRAINING

### 3. Employee Training List

(Medium Risk)

| Rationale  | Recommendation  | Responsibility              |
|--|---|-----------------------------|
| <u>Best Practice</u><br>Officers who require h&s training are identified and registered.<br><br><u>Findings</u><br>From a sample of ten permanent employees, six were not included | HR 'admin team' should ensure that the employee training list (ETL) is kept up-to-date and include details of all employees with regards to h&s training. Furthermore a regular | HR Business Support Manager |

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| <p>in the employee training list (ETL). Furthermore individuals who have left the council's employment remain on the list. The process to update the ETL is not as robust as it can be.</p> <p><u>Risk</u><br/>If all relevant employees are not included in the ETL there is a risk that employees are not being monitored and therefore may not receive the required h&amp;s training.</p> | <p>reconciliation should be carried out with the establishment list to remove employees who have left.</p> |  |
| <p><b>Management Response</b></p>  |  | <p><b>Implementation Date</b></p>  |
| <p>Recommendation is <b>Agreed in Principle</b><br/>The recent lapse in the maintenance of the employee training list has been due to lack of resources within HR administration. With the recent recruitment of the HR Business Support Manager, the list should be updated monthly.</p> <p>Management Response: HR Business Partner (Learning and Development)</p>                         |  | <p>31 May 2011</p>   |
| <p><b>Follow-Up Observations</b></p>   |  |  |
| <p>The Shared HR Business Partner (Learning and Development) stated they have undertaken a reconciliation from the employee training list to the establishment list. However, due to restructuring within the human resources team, this is a temporary measure, a new appointment has been made and responsibility for this task is to be allocated.</p>                                    |  | <p><b>Partly Implemented</b></p> <p><b>Revised implementation date: 30 November 2011</b></p> |

#### 4. Casual Staff

(Low Risk)

| Rationale  | Recommendation  | Responsibility                     |
|--|---|------------------------------------|
| <p><u>Best Practice</u><br/>All staff should receive adequate health and safety training.</p> <p><u>Findings</u><br/>The shared HR Business Partner (learning and development) does not always receive assurance that h&amp;s training is provided to casual staff, as induction checklists for new employees are not regularly returned to HR.</p> <p><u>Risk</u></p> | <p>Induction check-lists should be returned to HR for all employees. HR to remind all service managers.</p> | <p>HR Business Support Manager</p> |

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| <p>If adequate training records are not maintained for all employees there is a risk the council may be in non-compliance with h&amp;s legislation. Furthermore training records are not reviewed to confirm whether adequate/refresher training is provided/needed.</p>   |                           |                                   |
| <p><b>Management Response</b></p>  |                           | <p><b>Implementation Date</b></p> |
| <p>Recommendation is <b>Agreed in Principle</b><br/>It will be investigated as to whether it is practical to add casual employees onto the employee training list, so their training can be tracked in the same way as permanent staff.</p> <p>Management Response: HR Business Partner (Learning and Development)</p> |                           | <p>31 July 2011</p>               |
| <p><b>Follow-Up Observations</b></p>   |                           |                                   |
| <p>An e-mail has been sent to all service managers reminding service managers to complete and sign induction checklists and send to HR on the 12/07/2011.</p>  | <p><b>Implemented</b></p> |                                   |

## 5. Health and Safety Training

(Medium Risk)

| Rationale  | Recommendation  | Responsibility  |
|--|---|---|
| <p><u>Best Practice</u><br/>All h&amp;s training should be provided in a timely manner.</p> <p><u>Findings</u><br/>From review of the ETL it was confirmed that 28 employees have not received any h&amp;s training. Furthermore instances were noted of staff receiving h&amp;s training two years after their employment start date.</p> <p>Courses are only provided once sufficient new starters have registered for the course. This results in significant delays.</p> <p><u>Risk</u><br/>If training is not provided in a timely manner, staff may not be aware of the processes to follow. This may lead to the council being in non-compliance with current h&amp;s legislation and</p> | <p>All staff should receive h&amp;s training in a timely manner. Consideration should be given to providing h&amp;s courses via e-learning.</p> | <p>HR Business Partner (Learning and Development)</p> |

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| avoidable risks are not addressed.  |  |  |
| <b>Management Response</b>  |  | <b>Implementation Date</b>   |
| <p>Recommendation is <b>Agreed</b></p> <p>The HR Business Partner (Learning and Development) and H&amp;S Adviser strive to ensure that staff receive H&amp;S training in a timely manner. There is a process in place to monitor existing and new staff and whether they have attended the H&amp;S training. The relevant courses have been available at regular intervals since they were introduced in 2007. However, some staff have persistently failed to turn up on the session they were booked to attend. This was addressed in 2009 with support from our strategic director who communicated to everyone that non attendance on training courses could only be authorised by their strategic director. This resulted in staff finally turning up to courses two years after they had first been invited.</p> <p>The investigation of the cost effectiveness of e learning is already on the work plan for the HR Business Partner (Learning and Development). Health and Safety training is included in this review.</p> <p>Management Response: HR Business Partner (Learning and Development)</p> |  | 30 June 2011   |
| <b>Follow-Up Observations</b>   |  |  |
| <p>From discussion with the Health and Safety Adviser, it has been agreed training will take place when the procedures have been updated.</p> <p>This currently leaves risk especially for new employees, this has been reported to service managers and discussed within the annual report sent to senior management.</p>  |  | <p><b>Not Implemented</b></p> <p><b>Revised implementation date: 31 March 2013</b></p> |

## 6. IOSH Membership

(Low Risk)

| <b>Rationale</b>   | <b>Recommendation</b>   | <b>Responsibility</b>            |
|--|---|----------------------------------|
| <p><u>Best Practice</u></p> <p>The h&amp;s adviser should have the relevant experience and qualifications to carry out their duties effectively.</p> <p><u>Findings</u></p> <p>From discussion with the h&amp;s adviser it was confirmed that their membership of the Chartered Institute of Occupational Safety and Health (IOSH) has lapsed. Members of IOSH are kept informed of any changes to h&amp;s</p> | <p>The h&amp;s adviser should review with management whether membership of the Chartered Institute of Occupational Safety and Health (IOSH) is a necessary requirement for the role of h&amp;s adviser.</p> | <p>Health and Safety Adviser</p> |

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| <p>legislation and best practice.</p> <p><u>Risk</u><br/>If the officer responsible for h&amp;s is not a member of a recognised body they may not be aware of the changes in legislation. The council may be at risk of non-compliance with h&amp;s legislation by not receiving up-to-date advice.</p> |  |                            |
| <b>Management Response</b>  |  | <b>Implementation Date</b> |
| <p>Recommendation is <b>Agreed</b><br/>Health and Safety Adviser has now rejoined IOSH.</p> <p>Management Response: Health and Safety Adviser</p>   |  | Immediate                  |
| <b>Follow-Up Observations</b>   |  |                            |
| The health & safety adviser now has membership to the Institute of Occupational Safety and Health (IOSH)  |  | <b>Implemented</b>         |

## HEALTH AND SAFETY LEGISLATION

### 7. DSE Assessments

(Medium Risk)

| <b>Rationale</b>   | <b>Recommendation</b>  | <b>Responsibility</b>  |
|--|--|--|
| <p><u>Best Practice</u><br/>All staff should receive Display Screen Equipment (DSE) assessment in a timely manner. Ideally this should be carried out as part of the induction process.</p> <p><u>Findings</u><br/>The h&amp;s adviser could not provide IA with any records to confirm which officers have received a DSE assessment.</p> <p>From a sample of five employees it was confirmed only two employees had received a DSE assessment.</p> <p><u>Risk</u><br/>If DSE assessments are not carried out the council may be at risk of non-compliance with current h&amp;s legislation. This may lead to penalties and/or fines.</p> | <p>a) Line managers must ensure that all relevant staff receive a display screen equipment (DSE) assessment in a timely manner.</p> <p>b) Accurate records for staff DSE assessments should be maintained by the h&amp;s adviser and HR consultants.</p> | <p>Heads of Service</p> <p>Health and Safety Adviser and HR consultants.</p> |

| Management Response   | Implementation Date       |
|---|---------------------------|
| <p>Recommendation is <b>Agreed in Principle</b></p> <p>Due to all the restructures and office moves managers were advised that the reviewing of DSE assessments except for staff experiencing any health problems could wait until everyone was settled in their final destination. DSE assessments are carried out electronically at Vale and by trained assessors at South. A decision needed to be made as to which system would be adopted which has also caused a delay in carrying out DSE assessments. A decision has now been made to adopt the system used at South. Reviewing of DSE assessments has now commenced. Originally records of DSE's were kept by DSE assessors – some were in paper format, some electronic. All DSE records have now been scanned/saved to personnel files and recorded on HR Pro. DSE assessments were reviewed annually but this has now been changed to a more realistic every three years unless there has been a change in circumstances to which the DSE assessment relates.</p> <p>Management Response: Health and Safety Adviser</p> | <p>31 December 2011</p>   |
| Follow-Up Observations  |                           |
| <p>The Health and Safety Adviser stated e-mails have been sent to:</p> <p>a) Line managers to remind them all staff receive a display screen equipment (DSE) assessment in a timely manner.</p> <p>b) records should be maintained for staff DSE assessments and these should be maintained by the health and safety adviser and HR consultants.</p> <p>The e-mail sent has been reviewed for audit purposes.</p>   | <p><b>Implemented</b></p> |

## 8. First Aid Courses

(Medium Risk)

| Rationale  | Recommendation   | Responsibility   |
|--|--|--|
| <p><u>Best Practice</u><br/>Current legislation requires employers to provide adequate 'first aid personnel' and inform employees of the location of first aid personnel.</p> <p><u>Findings</u><br/>Responsibility for managing the provision of first aid has not been assigned to an officer. Furthermore first aid certificates are not checked by HR/h&amp;s adviser.</p> <p>Of a list 13 first aid</p> | <p>Adequate monitoring arrangements should be in place to ensure SODC is in compliance with first aid legislation and that responsibility for first aid is assigned to an appropriate officer.</p> | <p>H&amp;S Adviser, HR Business Partner (Learning and Development) and HR Business Support Manager</p> |

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| <p>personnel for all VWHDC buildings, six are due to leave the council's employment by December 2010 with no replacements identified.</p> <p>In two instances first aid courses were booked after the expiry date of first aid certificates leading to increased costs to the council as a refresher course is cheaper.</p> <p><u>Risk</u><br/>If accurate information for first aid is not held there is a risk that the council may be in non-compliance with first aid legislation.</p>   |                    |                            |
| <b>Management Response</b>   |                    | <b>Implementation Date</b> |
| <p>Recommendation is <b>Agreed in Principle</b></p> <p>The Vale do have an appropriate number of first aiders, due to staff moving to different locations or leaving the organisation we need some more volunteers. We now have a list of volunteers who will be trained shortly. Due to the Vale training officer moving to Cornerstone – some first aid certificates did expire without reminders being sent.</p> <p>There is no written first aid procedure for the Vale – this will be rectified when the first aid arrangements are harmonised.</p> <p>Responsibilities for the whole process of monitoring the number of first aiders and ensuring records are up to date needs to be agreed between the H&amp;S Adviser, HR Business Partner (Learning and Development) and HR Business Support Manager</p> <p>Management Response: HR Business Partner (Learning and Development) and Health and Safety Adviser.</p> |                    | 31 March 2011              |
| <b>Follow-Up Observations</b>  |                    |                            |
| <p>A meeting has been held to allocate responsibilities, "Health and Safety Training - Tasks and Responsibilities" meeting on 11 May 2011. The following tasks have been allocated:</p> <p>HR</p>  | <b>Implemented</b> |                            |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>➤ Arrange training for new first aiders</li> <li>➤ Identify when certificates will expire in next two months</li> <li>➤ Arrange refresher and re qualification first aid training</li> <li>➤ Update HR Pro when new person becomes qualified or requalified and expiry date</li> <li>➤ Update HR Pro if any qualifications expire</li> <li>➤ Inform Payroll of new first aid qualifications, leavers who were receiving first aid payment and any staff who are no longer qualified</li> <li>➤ Issue original certificate to delegate and scan onto personnel file</li> </ul> <p>H&amp;S</p> <ul style="list-style-type: none"> <li>➤ Maintain first aiders list and ensure updated copies are displayed around the sites</li> </ul> <p>Evidence of monitoring taking place has been provided to internal audit.</p> |  |
|---|--|

**9. First Aid Allowances**

**(High Risk)**

| Rationale  | Recommendation   | Responsibility  |
|--|--|---|
| <p><u>Best Practice</u><br/>Payroll should be notified in a timely manner when first aid certificates have expired.</p> <p><u>Findings</u><br/>Payroll had not been notified of the following:</p> <p>One individual in waste contract was overpaid one month's first aid allowance.</p> <p>One individual at Cornerstone who qualified in September 2010 has not yet received the monthly first aid allowance at the time of the review.</p> <p><u>Risk</u><br/>If payroll is not notified in a timely manner there is a risk inappropriate payments may be made leading to financial loss for the council.</p> | <p>Payroll should be informed in a timely manner by HR when monthly first aid allowances become due or are no longer appropriate. Furthermore recovery of any overpayments should be instigated.</p> | <p>HR Business Partner (Learning and Development) and HR Business Support Manager</p> |
| <b>Management Response</b>   |  | <b>Implementation Date</b>  |

|  |                    |
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| <p>Recommendation is <b>Agreed in Principle</b><br/> A robust process needs to be agreed between the HR Business Partner (Learning and Development) and HR Business Support Manager</p> <p>Management Response: HR Business Partner (Learning and Development)</p>   | 31 March 2011      |
| <b>Follow-Up Observations</b>  |                    |
| <p>A meeting has been held to allocate responsibilities, "Health and Safety Training - Tasks and Responsibilities" meeting on 11 May 2011. It has been agreed that responsibility to "inform payroll of new first aid qualifications, leavers who were receiving first aid payment and any staff who are no longer qualified" is that of Human Resources. The two cases identified at audit, one was recommended not to recover payment as it was not cost efficient and for the remaining case payment was notified to payroll to stop. Notifications are now given to recover overpayments; an example has been reviewed for audit purposes.</p> | <b>Implemented</b> |

#### 10. Hazardous Substances

(Medium Risk)

| <b>Rationale</b>  | <b>Recommendation</b>  | <b>Responsibility</b>      |
|---|--|----------------------------|
| <p><u>Best Practice</u><br/> The h&amp;s adviser and the shared facilities manager (SFM) should be aware of all hazardous chemicals used in SODC buildings.</p> <p><u>Findings</u><br/> The h&amp;s adviser/SFM does not maintain a centralised list of hazardous chemicals contained within SODC buildings.</p> <p><u>Risk</u><br/> If the h&amp;s adviser/SFM is not aware of all hazardous chemicals at all SODC buildings then Control of Substances Hazardous to Health (COSHH) assessments may not be carried out. Furthermore in the event of a fire, hazardous chemicals may not be identified quickly.</p> | <p>Heads of service should provide a list of all hazardous chemicals within their service area to the shared h&amp;s adviser and the relevant facilities officer for review.</p> | <p>Heads of Service</p>    |
| <b>Management Response</b>  |  | <b>Implementation Date</b> |
| <p>Recommendation is <b>Agreed</b><br/> A reminder will be sent to heads of service.</p>  |  | <p>31 December 2011</p>    |

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| Management Response: Health and Safety Adviser  |                |
| <b>Follow-Up Observations</b>   |                |
| The Health & Safety Adviser has stated a request/reminder to ensure all heads of service complete a list of all hazardous chemicals return has not been done (and no lists have been received between the report and follow-up date). | <b>Ongoing</b> |

## RISK ASSESSMENTS

### 11. Risk Assessment (Guidance Notes)

(Low Risk)

| Rationale   | Recommendation   | Responsibility             |
|---|--|----------------------------|
| <p><u>Best Practice</u><br/>Risk assessments should be reviewed periodically and updated when necessary.</p> <p><u>Findings</u><br/>A number of risk assessment reviewed by IA were last reviewed by officers in 2006.</p> <p><u>Risk</u><br/>If guidance notes for risk assessments are not reviewed periodically there is a risk hazards may not be identified.</p> | Guidance notes for risk assessments should be reviewed periodically. | Health and Safety Adviser  |
| <b>Management Response</b>  |  | <b>Implementation Date</b> |
| <p>Recommendation is <b>Agreed</b><br/>See comments in recommendation 1. The risk assessment policy and associated guidance was one of the priority policies to be reviewed. All documentation has been updated and is being reviewed by management team prior to going out to consultation.</p> <p>Management Response: Health and Safety Adviser</p>                |  | 30 June 2011               |
| <b>Follow-Up Observations</b>   |  |                            |
| The "health and safety risk assessment and control" outlines risk assessment guidance and version 1 issued, available on the intranet, has been issued on December 2010 and due for review on December 2013   |  | <b>Implemented</b>         |

## CONTRACTORS

### 12. Contractor Monitoring

(Medium Risk)

| Rationale  | Recommendation   | Responsibility                                  |
|--|--|---|
| <p><u>Best Practice</u><br/>As per the council's contractor policy 'h&amp;s issues for the</p> | Managers must ensure that employees and contractors are adhering to the councils | Heads of Service and Health and Safety Adviser. |

|   |   |                                   |
|---|---|-----------------------------------|
| <p>selection &amp; management of contractors', it is the responsibility of the h&amp;s adviser to monitor compliance with the policy.</p> <p><u>Findings</u><br/>The h&amp;s adviser does not receive assurance that contractors are adhering to the council's policy 'h&amp;s issues for the selection &amp; management of contractors' or that the checklist within the policy is completed by council monitoring teams.</p> <p>During the recent leisure centre audit IA noted monitoring processes for carrying out CRB checks and pool tests are not as robust as they can be.</p> <p><u>Risk</u><br/>If contractors are not monitored effectively there is a risk the council may be held liable for any non-compliance with current h&amp;s legislation.</p>   | <p>h&amp;s guidelines and seek advice from the council's h&amp;s adviser when necessary. A periodic review of contractor's compliance with h&amp;s guidelines should be carried out by the h&amp;s adviser.</p> |                                   |
| <p><b>Management Response</b></p>   |   | <p><b>Implementation Date</b></p> |
| <p>Recommendation is <b>Agreed</b><br/>We have procedures in place and the selection and monitoring of contractors has improved immensely over the last 5 years due to the appointment of the health and safety adviser and the work of the procurement team. However, a contractor could be one man putting up a sign to the waste management/leisure services contract. We have a robust process for the appointment of contractors for contracts above £5,000. Below £5,000 most officers are now in the habit of obtaining references, insurance, risk assessments and method statements.</p> <p>Monitoring of contractors does take place but the degree and extent of monitoring will vary dependent on a variety of factors, such as, length of contract, complexities, risks, etc. It is the contractor that is responsible for health and safety, however, the council will also need to make periodic checks to ensure compliance with the risk assessments/method statements/contract, to ensure that employees and members of the public are protected from any risks and that the quality of</p> |   | <p>31 March 2012</p>              |

|   |  |
|---|--|
| <p>work/service is satisfactory.</p> <p>The HSE would not expect the council to monitor every single aspect of the health and safety management system of the contractor; we do not have the resources nor the detailed expertise in some cases. They would expect the council to provide evidence of periodic monitoring and checks. For example, meetings where health and safety issues are discussed, receiving accident statistics, monitoring the outcome of investigations and actions for serious incidents, site visits to check compliance with contract and health and safety, etc.</p> <p>Although there is evidence of improvement in the selection and management of contractors this has never been confirmed by a comprehensive audit. This will therefore be part of the 2011 – 2012 service plan.</p> <p>The health and safety check-list is guidance only for officers use, they do not have to complete these. A reminder will be sent to heads of service regarding the importance of the selection and monitoring of contractors.</p> <p>Management Response: Health and Safety Adviser</p> |  |
| <b>Follow-Up Observations</b>   |  |
| <p>From discussion with the Health and Safety Adviser, it is the intention to embed the responsibility to those undergoing procurement to adequately consider the need for health and safety inspections of the contract and publicise the importance of this change. In addition, to the completion of policies and publicising the documents as and when they are completed as outlined in recommendation one.</p>  | <p><b>Ongoing</b></p> <p><b>Revised implementation date: 31 March 2013</b></p> |