



# Dacorum Borough Council

## Final Internal Audit Report

### Health and Safety 2015/16

April 2016

This report has been prepared on the basis of the limitations set out on page 12.

CONFIDENTIAL

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**Key Dates:**

Date of fieldwork: February 2016  
Date of draft report: March 2016  
Receipt of responses: April 2016  
Date of final report: April 2016

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# 1. Executive Summary

## 1.1. Background

As part of the Internal Audit Programme for 2015/16, we have undertaken an audit of the Council's systems of internal control in respect of Health and Safety.

An external audit was carried out when the Health and Safety function was being transferred to Regulatory Services and a Corporate Health and Safety Lead Officer was appointed. An action plan was produced in 2014/15 and was updated August 2015, which the Corporate Health and Safety have been working from since.

## 1.2. Audit Objective and Scope

The overall objective of this audit was to provide assurance over the adequacy and effectiveness of current controls over Health and Safety, and provide guidance on how to improve the current controls going forward.

In summary, the scope covered the following areas: roles and responsibilities, support and training, risk assessments, accident investigation, management monitoring and reporting.

## 1.3. Summary Assessment

There is a sound system of internal control designed to achieve the system objectives. There is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk. Our assessment in terms of the design of, and compliance with, the system of internal control covered is set out below:

Evaluation Assessment	Testing Assessment
Full	Substantial

Management should be aware that our internal audit work was performed according to UK Public Sector Internal Audit Standards (PSIAS) which are different from audits performed in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. Similarly, the assurance gradings provided in our internal audit report are not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board.

Similarly, the assessment gradings provided in our internal audit report are not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board. The classifications of our audit assessments and priority ratings definitions for our recommendations are set out in more detail in Appendix A, whilst further analysis of the control environment over Health and Safety is shown in Section 3.

#### 1.4. **Key Findings**

We have raised three Priority 2 and two Priority 3 recommendations where we believe there is scope for improvement within the control environment. These are set out below:

- Policy and procedure documentation should be reviewed and updated on a regular basis (Priority 3).
- Team leaders, group managers and the Corporate Health and Safety Lead Officer's roles and responsibilities should be clearly defined and communicated to all relevant staff (Priority 2).
- The mandatory health and safety course should be completed by all staff and refresher courses should be offered to staff. (Priority 2).
- Risk assessments should be completed by all Services (Priority 2).
- A co-ordinated reporting mechanism should be in place for HSE accident reporting (Priority 3).

Full details of the audit findings and recommendations are shown in Section 4 of the report.

#### 1.5. **Management Response**

We received the management responses in a timely manner and these have been included in the main body of the report.

#### 1.6. **Acknowledgement**

We would like to take this opportunity to thank all staff involved for their time and co-operation during the course of this visit.

## 2. Scope of Assignment

### 2.1. Objective

The overall objective of this audit was to provide assurance that the systems of control in respect of the Health and Safety, with regards to the areas set out in section 2.3, are adequate and are being consistently applied.

### 2.2. Approach and Methodology

The following procedures were adopted to identify and assess risks and controls and thus enable us to recommend control improvements:

- Discussions with key members of staff to ascertain the nature of the systems in operation;
- Evaluation of the current systems of internal control through walk-through and other non- statistical sample testing;
- Identification of control weaknesses and potential process improvement opportunities;
- Discussion of our findings with management and further development of our recommendations; and
- Preparation and agreement of a draft report with the process owner.

### 2.3. Areas Covered

The audit was carried out to evaluate and test controls over the following areas:

- **Roles and Responsibilities**

The Council has in place policies and strategies which incorporate relevant legislative requirements and provide clear guidance to staff. These policies are regularly reviewed to ensure they are up to date.

- **Support and Training**

Staff are fully supported, with relevant training and guidance provided to allow compliance with health and safety requirements and responsibilities.

- **Risk Assessments**

Risk assessments are submitted, reviewed and feedback is provided as per the Health & Safety Policy Statement

- **Accident Investigation**

Accident investigations carried out by service managers are reviewed by Corporate Health and Safety. Reporting to the HSE is corporately co-ordinated.











- **Management Monitoring and Reporting**

Health and Safety information is accurately produced and regularly reported to allow for effective monitoring, decision making and reporting in line with senior management requirements.

### 3. Assessment of Control Environment

The following table sets out in summary the control objectives we have covered as part of this audit, our assessment of risk based on the adequacy of controls in place, the effectiveness of the controls tested and any resultant recommendations.

The classifications of our assessment of risk for the design and operation of controls are set out in more detail in Appendix A.

Control Objectives Assessed	Design of Controls	Operation of Controls	Recommendations Raised
Roles and Responsibilities			Recommendation 1 and 2
Support and Training			Recommendation 3
Risk Assessments			Recommendation 4
Accident Investigations			Recommendation 5
Management Monitoring and Reporting			

The classifications of our assessment of risk for the design and operation of controls are set out in more detail in Appendix A.

## 4. Observations and Recommendations

### Recommendation 1: Health and Safety policies (Priority 3)

<p><b>Recommendation</b></p> <p>A review of Health and Safety policies and procedures should be carried out in a timely manner to ensure staff are aware of correct protocol to follow. Policies and procedures should record the latest date of review and the responsible officer.</p>
<p><b>Observation</b></p> <p>Having up to date and in depth procedure notes will help to ensure that individuals understand their responsibilities with respect to the health and safety. It also helps to provide a consistent approach in the activities undertaken.</p> <p>Audit identified that relevant procedural guidance was accessible from the Council's intranet However a number of procedures had not been reviewed since April 2012 and March 2013 including accident reporting, the risk assessment process, work equipment, working at a height, manual handling and more.</p> <p>In addition the 15/16 Action Plan set out seven policies which were due to all be reviewed by October 2015. Two of these seven relating to transportation and driving, and violence and aggression had last been reviewed April 2012.</p> <p>Where policies and procedures are not updated regularly, there is a risk that health and safety procedures will not be carried out effectively or efficiently.</p>
<p><b>Responsibility</b></p> <p><b>Group Manager Regulatory Services</b></p>
<p><b>Management response / deadline</b></p> <p>Partly Agreed – The policies relating to transportation and driving and violence and aggression had been reviewed but old versions had been accessed on the intranet. Management will therefore address this accordingly to ensure there is version control by the end of June 2016. All other policies will be reviewed as necessary in 2016/2017.</p>

**Recommendation 2: Staff roles and responsibilities (Priority 2)**

<p><b>Recommendation</b></p> <p>Team leaders, group managers and the Corporate Health and Safety Lead Officer’s roles and responsibilities should be clearly and accurately reflected in the Health and Safety policies including the Health and Safety Policy Statement. This should be clearly communicated to all relevant staff.</p>
<p><b>Observation</b></p> <p>In order that reporting, training and submission of risk assessments are carried out effectively, defined roles and responsibilities should be clearly reflected in the policies and communicated to staff.</p> <p>Audit identified that responsibility for accident reporting, including HSE reporting risk assessment submission and health and safety training had not been clearly communicated to all relevant parties.</p> <p>Where defined roles and responsibilities are not clearly communicated to all relevant staff there is a risk that health and safety requirements will either not be completed or staff roles will overlap.</p>
<p><b>Responsibility</b></p> <p><b>Group Manager Regulatory Services</b></p>
<p><b>Management response / deadline</b></p> <p>Agreed There will be new instructions issued to all Group Managers so there is further clarity on roles and responsibilities. This will be ratified by Health and Safety Committee in June 2016.</p>



**Recommendation 3: Staff training and development (Priority 2)**

**Recommendation**

The mandatory health and safety course should be completed by all staff. Where staff have been employed by the Council for a number of years, a refresher health and safety training course should be offered.

**Observation**

In order that staff are sufficiently competent and able to mitigate health and safety risks in the workplace, mandatory and refresher training should be completed by all staff.

A mandatory E-learning health and safety course is available to staff on the intranet. Audit identified that out of an estimated 700 members of staff, only 130 staff members had completed the course. Through discussions with a sample of Group Managers it was also identified that some staff completed the course many years ago and would like a refresher course offered.

Where basic health and safety training is not completed, there is a risk that appropriate actions to mitigate health and safety risks will not be taken.

**Responsibility**

**Group Manager People / Group Manager Regulatory Services**

**Management response / deadline**

Agreed. As well as the general e-learning course for all staff there is clearly a need to check mandatory training takes place in relevant service areas, a spreadsheet to identify these requirements is being collated and will be presented to Health and Safety Committee in June 2016.

There is a requirement in the induction for managers to ensure all staff undertake the health and safety training and email reminders are sent to managers about the necessary for all staff to undertake the mandatory training.

GM's to review training annually to identify any officers that have not undergone relevant training.

**Recommendation 4: Risk Assessments (Priority 2)**

**Recommendation**

Robust risk assessment monitoring should be undertaken. Group Managers and other relevant staff should be reminded to submit risk assessments to Corporate Health and Safety periodically for review and these should be followed up if not received.

**Observation**

In order to effectively mitigate health and safety risks in the workplace, risk assessments should be completed by each Service and reviewed by Corporate Health and Safety on a periodic basis as stated in the Health and Safety Policy statement and updated action plan.

Audit identified that a number of risk assessments are due to be completed per Service however the total expected number was unknown by Corporate Health and Safety. Only 13 risk assessments had been submitted to the Corporate Health and Safety Lead Officer for review. An email reminder had last been sent to Group Managers in October 2015 to remind them to submit risk assessments, however, no further action had been taken.

Where risk assessments are not followed up regularly, and where expected amount of risk assessments to be received are unknown, there is a risk that assessments will not be completed or reviewed in a timely manner, and health and safety risks in the workplace will not be mitigated.

**Responsibility**

**Group Manager Regulatory Services**

**Management response / deadline**

Agreed – there will be a scheme developed to audit individual services to ensure risk assessments are completed , this will be presented to Health and Safety Committee in June 2016.





**Recommendation 5: HSE reporting (Priority 3)**

<p><b>Recommendation</b></p> <p>The mechanism for HSE accident reporting should be clarified, and this should be clearly communicated to all relevant staff.</p>
<p><b>Observation</b></p> <p>In order to ensure that accident reporting is carried out appropriately and that corporate health and safety are aware of accidents in the workplace, a co-ordinated HSE reporting mechanism should be in place as per the Corporate Health and Safety Action Plan for 2015/16.</p> <p>Audit identified through discussion and observation that HSE accident reporting has been reported by other departments and this has not always been communicated to the Corporate Health and Safety team at the time of reporting. However, they have been made aware of what has been reported at a later date.</p> <p>Where a co-ordinated mechanism is not in place there is a risk that the health and safety team will not be aware of accidents that have taken place at the Council, or duplicate reporting may occur.</p>
<p><b>Responsibility</b></p> <p><b>Group Manager Regulatory Services</b></p>
<p><b>Management response / deadline</b></p> <p>Agreed. Currently services report all RIDDOR accidents direct to the HSE but from the 26<sup>th</sup> April 2016 all completed accident forms will be sent to Corporate Health &amp; Safety. The Corporate Health &amp; Safety team will then look at the accident information provided and if it meets the criteria for RIDDOR they will report it via the HSE's website. This will mean that the Corporate H&amp;S team will see all accidents/incidents before they are reported to the HSE so there is no risk of duplication of reports and corporately we are aware first hand of any serious incidents / accidents.</p>

## Appendix A - Reporting Definitions

### Audit assessment

In order to provide management with an assessment of the adequacy and effectiveness of their systems of internal control, the following definitions are used:

Level	Symbol	Evaluation Assessment	Testing Assessment
<b>Full</b>		There is a sound system of internal control designed to achieve the system objectives.	The controls are being consistently applied.
<b>Substantial</b>		Whilst there is a basically sound system of internal control design, there are weaknesses in design which may place some of the system objectives at risk.	There is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk.
<b>Limited</b>		Weaknesses in the system of internal control design are such as to put the system objectives at risk.	The level of non-compliance puts the system objectives at risk.
<b>Nil</b>		Control is generally weak leaving the system open to significant error or abuse.	Significant non-compliance with basic controls leaves the system open to error or abuse.

The assessment gradings provided here are not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board and as such the grading of 'Full' does not imply that there are no risks to the stated control objectives.

### Grading of recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows:

Level	Definition
<b>Priority 1</b>	Recommendations which are fundamental to the system and upon which the organisation should take immediate action.
<b>Priority 2</b>	Recommendations which, although not fundamental to the system, provide scope for improvements to be made.
<b>Priority 3</b>	Recommendations concerning issues which are considered to be of a minor nature, but which nevertheless need to be addressed.
<b>System Improvement Opportunity</b>	Issues concerning potential opportunities for management to improve the operational efficiency and/or effectiveness of the system.

## Appendix B - Staff Interviewed

The following personnel were consulted:

- Chris Troy - Group Manager (Regulatory Services)
- Emma Walker - Team Leader (Food and Health and Safety)
- Paul O'day - Corporate Health and Safety Lead Officer
- Bill Haylock - Organisational Development and Training Team Leader
- Sharon Scourfield - Organisational Development and Training Officer
- Elizabeth Hine - Risk, Compliance and Health and Safety Officer (Housing)
- Chris Taylor - Group Manager (Strategic Planning and Regeneration).

We would like to thank the staff involved for their co-operation during the audit.

## Statement of Responsibility

We take responsibility for this report which is prepared on the basis of the limitations set out below.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by us should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud. Our procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our work and to ensure the authenticity of such material. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

### **Mazars Public Sector Internal Audit Limited**

#### **London**

#### **April 2016**

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