

INTERNAL AUDIT REPORT



HEALTH AND SAFETY 2015-16

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HEALTH AND SAFETY 2015/16

EXECUTIVE SUMMARY

1. INTRODUCTION & OVERALL OPINION

Corby Borough Council (CBC) has a duty to protect the health, safety and welfare of its employees, in accordance with the Health and Safety at Work Act. This means making sure workers are protected from anything that may cause harm and effectively controlling any risks to injury or health that could arise in the workplace. In 2012, CBC entered into a shared service agreement with Kettering Borough Council and East Northamptonshire District Council for the provision of a Safety and Resilience Partnership.

Based upon the audit testing, it is concluded that the design and operation of the health and safety control framework at CBC requires improvement. Key controls to minimise the risk of injury or harm to employees are not operating effectively across all sites and in the majority of cases health and safety policies and procedures have not been reviewed or updated for over ten years.

Internal Audit visited five CBC buildings (Deene House, Cube, Depot, Lodge Park Sports Centre and East Midlands International Pool) and found that evidence of key health and safety controls such as evacuation drills, fire warden training, risk assessments, Control of Substances Hazardous to Health (COSHH) assessments, portable appliance testing (PAT), display screen equipment (DSE) assessments, and induction training was not consistently available or up to date. Furthermore, the Council's Customer Behavioural Register displays personal information that is available to all employees to view and does not capture the names of all potentially violent people identified by the Council, possibly putting employees at risk of harm or injury.

Without sufficient evidence that health and safety controls are designed and operating effectively, the Council is at risk of potential reputational damage and possible fines from the Health and Safety Executive should an accident/incident occur involving one of the Council's employees. It is the Auditor's Opinion that the current overall design and operation of controls provides **Limited Assurance**. The Opinion is based upon testing of the design of controls to manage the three risks about which the client sought assurance and testing to confirm the extent of compliance with those controls as summarised below:

Internal Audit Assurance Opinion	Direction of Travel				
Limited Assurance	n/a				
Risk	Design	Comply	Recommendations		
			H	M	L
Risk 1: Non-compliance with Health and Safety legislation and Council Policy, resulting in both reputational and financial damage.	Sufficient Assurance	Limited Assurance	2	3	3
Risk 2: Failure to identify health and safety risks, exposing staff and stakeholders to potential hazards.	Limited Assurance	Limited Assurance	6	1	0
Risk 3: Poor decision making due to lack of Management information.	Sufficient Assurance	Limited Assurance	0	2	1
Total Number of Recommendations			8	6	4

2. SUMMARY OF FINDINGS

Risk 1: Non-compliance with Health and Safety legislation and Council Policy, resulting in both reputational and financial damage

CBC has a Corporate Health and Safety Policy, signed by the Chief Executive in March 2012, which was due for review in March 2015. The policy sets out the main objectives of the Council, the roles and responsibilities of staff and also how the Council is carrying out its health and safety duties. There are over 80 health and safety policies available to employees on the intranet that support the Corporate Health and Safety Policy. Whilst there is a comprehensive list, there is no evidence to confirm that any of them have been reviewed and updated in the last 12 months. A high number of documents date back to 1996. **Recommendation 1** in the action plan addresses this finding.

The Safety and Resilience Team is responsible for providing advice and guidance on CBC's health and safety control framework. The Team is suitably qualified with up to date qualifications to provide advice in this area and has effective methods to receive details on updates and changes to legislative requirements.

The Safety and Resilience Team has designed a mandatory health and safety in the workplace training programme for new employees. Testing of all (48) new starters within the last twelve months highlighted that 15% left the Council or transferred into another role before receiving training, 6% have not yet received training and on average the number of days between the employees start date and the date training was received was 145. One employee did not receive training until 344 days after their start date. Furthermore, the Council does not provide refresher health and safety training to all employees on a regular basis. Of the Heads of Service and Middle Managers surveyed during the audit, 52% felt they did not receive sufficient health and safety training. **Recommendation 2** in the action plan addresses this finding.

CBC has no mechanisms in place to demonstrate employee accountability for health and safety in the workplace. Employees do not sign to confirm they have read, understood and accept the Health and Safety Policy and health and safety is not integrated into performance management processes or included in all job descriptions. The statement of particulars, however, does state that staff are subject to various policies, including health and safety. **Recommendation 8** in the action plan addresses this finding.

A review of the central record of first aiders, maintained by the Health Protection Manager, confirmed that 6% of the first aiders do not have a valid certificate (i.e. their certificate had expired), and 49% did not have a copy of their certificate on file; however each CBC building has at least one qualified first aider on site. It was identified that lists of first aiders displayed around Deene House are out of date. **Recommendation 6** in the action plan addresses this finding.

It was highlighted that names of fire wardens and training records require updating. From the sample of five buildings visited by Internal Audit, it was not possible to verify that each site had a complete, up to date list of fire wardens displayed for employees and visitors or that all named fire wardens on existing lists had received appropriate training. **Recommendation 5** in the action plan addresses this finding.

It was confirmed that the Council has current employers' liability insurance for an indemnity amount of £5m for any one claim. This is compulsory and enables the Council to meet the cost of compensation for employees' injuries or illness. Employers are required to display a copy of the certificate where employees can easily read it. The certificate is not displayed in Deene House or the Depot and is displayed only in the Facilities Manager's office at both Lodge Park Sports Centre and East Midlands International Pool. **Recommendation 3** in the action plan addresses this finding.

In accordance with Health and Safety Information for Employees Regulations (HSIER), employers must clearly display the 2009 health and safety law poster, or provide each worker with a copy of the approved leaflet or equivalent pocket card. Testing highlighted that an out of date version of the health and safety law poster is currently displayed at Deene House and not at all at the Cube and the Depot. The current version of the poster is displayed only in the Facilities Manager's office at both Lodge Park Sports Centre and East Midlands International Pool. **Recommendation 4** in the action plan addresses this finding.

Risk 2: Failure to identify health and safety risks, exposing staff and stakeholders to potential hazards.

Responsibility for ensuring that risk assessments are carried out on all potential health and safety hazards in the workplace lies with Heads of Service. Typically this task is delegated to Middle Managers within each service area. Guidance on how to carry out risk assessments is not available to employees and there is no evidence to confirm that assessments are reviewed on a regular basis or that all risk assessments are captured and recorded. Internal Audit requested copies of risk assessments from 31 Middle Managers and 67% did not provide copies. Those that were received had been reviewed in the last 12-18 months. **Recommendation 9** in the action plan addresses this finding.

Fire Risk Assessments have been completed within the last twelve months at Deene House, the Cube, Lodge Park Sports Centre and the Depot, and were last conducted in 2013 for EMIP and Grosvenor House. **Recommendation 15** in the action plan addresses this finding. Each CBC building has a fire safety log book and testing confirmed that fire alarms are tested on a weekly basis at all sites.

All buildings visited during the audit had emergency exits that were clear of obstruction and clear signage could be seen. Emergency evacuation drills are tested at least biannually at Deene House, the Cube, Lodge Park Sports Centre and East Midlands International Pool and details are recorded in the fire safety log books. Internal Audit were informed that evacuation drills have been carried out at the Depot and Grosvenor House within the last twelve months however there is no record of these having taken place in the log book. **Recommendation 10** in the action plan addresses this finding.

Guidance on the Control of Substances Hazardous to Health Regulations 2002 (COSHH) requires employers to control substances that are hazardous to health. Internal Audit were not provided with any evidence to confirm that COSHH assessments have been carried out on any harmful substances used by employees except for those at Lodge Park Sport Centre. EMIP and the Depot use chemicals and substances that could potentially harm employees if appropriate precaution and controls have not been put in place. **Recommendation 13** in the action plan addresses this finding.

Portable Appliance Testing (PAT) is not managed centrally and different areas within the Council are responsible for ensuring that their equipment is safe and tested regularly. The Facilities Management Team for Corporate Buildings (Grosvenor House, Cube and Deene House) do not maintain a central record of what items have been tested and

when, therefore internal audit were unable to verify that all portable items had been appropriately tested. Random spot checks on these sites identified that some items had not been tested since 2011. It is not a requirement to carry out testing on an annual basis, however items should be risk rated and higher risk items tested more frequently. **Recommendation 11** in the action plan addresses this finding. Records for Lodge Park Sports Centre and EMIP confirm that PAT took place in the last twelve months and testing at the Depot is due to take place in June 2015.

In order to protect the welfare of employees, the Council has identified a need to have a Customer Behavioural Register on the Intranet that provides details of any person that has been identified as potentially violent and has been banned from Council buildings. All employees currently have access to this register and details of the individual's name and address are recorded on the register. Internal Audit were unable to confirm who owns the register and who is responsible for updating and reviewing the register. Furthermore, it was asserted that there are additional lists of potentially violent people held in other departments, such as Housing; however these individuals are not listed on the Customer Behavioural Register. There is a risk that employees are not aware of all potentially violent people and the Council could possibly be non-compliant with the Data Protection Act. **Recommendation 12** in the action plan addresses this finding.

Sample testing highlighted a lack of evidence of completion of Display Screen Equipment (DSE) assessments for Council staff. Of the ten employees contacted, three advised that they have undertaken an assessment but none were able to provide copies of these. All staff using computer workstations should be subject to a DSE to reduce the risk of work related injuries and ensure the Council fulfils its duties in providing a safe working environment. **Recommendation 14** in the action plan addresses this finding.

Testing highlighted compliance with good practice in relation to health and safety checks on contractors used by the Council. Evidence retained on file to support expectant mothers risk assessments could be improved and has been discussed with officers but no formal recommendation has been made.

Risk 3: Poor decision making due to lack of management information.

Internal Audit conducted a survey of all Heads of Service and Middle Managers and 48% felt that they did not receive enough information on health and safety issues in the workplace. Despite this, communication channels do exist through the Joint Consultative Committee (JCC) where health and safety is a standing agenda item and minutes are maintained as well as quarterly North Northamptonshire Safety and Resilience Partnership (NNSRP) Meetings to review and discuss current issues and work plans. In order to improve the dissemination of health and safety information the Council could benefit from creating a Health and Safety Committee. **Recommendation 16** in the action plan addresses this finding.

The Safety and Resilience Team provide health and safety updates to the JCC, that include the number of accidents/incidents. The Council has identified a need to improve the accident reporting process and the Safety Resilience Team has developed a comprehensive electronic method to capture and report details. This is currently being trialled at the Depot. **Recommendation 18** in the action plan addresses this finding.

In line with best practice, health and safety inspections/audits should be carried out on an internal basis on all buildings and an annual statement of health and safety should be produced by Safety and Resilience Team. Neither controls are currently in place. **Recommendation 17** in the action plan addresses this finding.

The following Action Plan provides a number of recommendations to address the key findings identified by the audit. If accepted and implemented, these should further improve the control environment and aid the Council in effectively managing its risks.

3. LIMITATIONS TO THE SCOPE OF THE AUDIT

The Auditor's work does not provide absolute assurance that material error; loss or fraud does not exist. This is an assurance piece of work and an opinion is provided on the effectiveness of arrangements for managing the risks specified above.

This audit was limited to the health and safety of employees in the workplace only and did not include, for example, controls around safe driving at work.

ACTION PLAN

Risk1	Non-compliance with Health and Safety legislation and Council Policy, resulting in both reputational and financial damage					
Rec No	ISSUE	RECOMMENDATION	Management Comments	Category	Officer Responsible	Due Date
1	<p>The Council has a Corporate Health and Safety Policy that was last reviewed in March 2012 and is due to be reviewed in the next three months.</p> <p>There are 87 health and safety policies/procedures currently available to staff on the intranet. None of these have been subject to regular review and some date back as far as 1996.</p> <p>Internal Audit recognises that a review of these policies is currently being undertaken by NNSRP based upon risk and feedback as well as accidents and incidents. High risk areas are being prioritised for review.</p>	<p>A review of current health and safety policies should be conducted by the Safety and Resilience Team to determine whether they are relevant, up to date or no longer required. All health and safety policies should be updated and subject to regular review. Each policy/procedure should have an owner, a review date and be version controlled.</p> <p>The Council's intranet page for health and safety documents should be updated so that only current, up to date policies are available to staff.</p> <p>Any significant changes to policies and procedures need to be adequately communicated to staff and additional training provided where required by the Safety and Resilience Team.</p>	<p>Corporate Health & Safety Policy to be reviewed and submitted to JCC for agreement.</p> <p>All out of date policies on intranet to be removed</p> <p>Reviews of Health & Safety policies to be agreed with Safety and Resilience team according to risk and priority and form part of work-plan going forward.</p> <p>All new Health & Safety policies/procedures to have owner, review date and version number.</p> <p>All <u>managers</u> to ensure changes to policies procedures are communicated to staff where relevant and training arranged where appropriate</p>	High	<p>HOPES</p> <p>HOPES</p> <p>HOPES</p> <p>All Managers/NNSRP</p> <p>All Managers</p>	<p>Jan 16</p> <p>Dec 15</p> <p>Apr 16</p> <p>Dec 15</p> <p>Apr 16</p>
2	<p>All starters are required to complete a health and safety induction training session upon joining the Council. This is delivered by the Safety and Resilience Team.</p> <p>In the last twelve months, there have been 48 new starters at the Council, of which the following was confirmed:</p> <ul style="list-style-type: none">15% of starters have subsequently have left the Council or transferred roles, however there was no record of a health and safety induction having taken place;6% of starters have not yet received health and safety training; and <p>On average the number of days between the employee's start date and the date training was received was 146. One employee did not receive training until 344 days after their start date.</p>	<p>All employees should be required to read the Corporate Health and Safety Policy prior or on their start date. Employees should sign a declaration to confirm that they have read and understood the policy and should be held on the employee's personnel file.</p> <p>Health and Safety Induction training should be delivered on a monthly basis so that all employees receive training within four weeks of their start date. A record of all training delivered and attendees should be retained by the Safety and Resilience Team.</p>	<p>All new employees will receive a copy of corporate Health & Safety policy on starting employment with the Council with their employment contract (provision to be recorded on files) Employees will not be asked to sign declaration as attendance at Corporate Health & Safety induction training and record of such deemed sufficient.</p> <p>Health & Safety Induction Training records to be retained by HR. Training will be carried out regularly but may not be within a month</p> <p>All new starters now received induction training</p>	High	<p>HR Manager</p> <p>HR Manager NNSRP</p> <p>HR Manager</p>	<p>Oct 15 (discharged)</p> <p>Oct 15 (discharged)</p> <p>Oct 15 (discharged)</p>

3	<p>Corby Borough Council has Employer's Liability Insurance with Zurich Municipal for a value of up to £5m.</p> <p>The insurance certificate for Corby Borough Council is not displayed at Deene House, the Depot or the Cube. If an employer does not display the certificate of insurance they can be fined by the HSE.</p>	<p>A copy of the Council's current Employers Liability Insurance certificate must be displayed in buildings where employees can easily read it.</p> <p>Alternatively, since 1st October 2008 Employers have been allowed to display their certificate electronically. If this method is preferred, employees must know how and where to find the certificate and have reasonable access to it. Factors to consider include the availability of the chosen format and ensuring employees understand how to use it.</p>	<p>Employers Liability insurance now displayed in all Council Operational buildings where employees can easily read it. (To be replaced annually)</p>	Medium	Head of CB Property	Sept 15 (discharged)
4	<p>Employers have a legal duty under the Health and Safety Information for Employees Regulations (HSIER) to display the approved Health and Safety Law Poster in a prominent position in each workplace or to provide each worker with a copy.</p> <p>A sample of five buildings were visited and the following was confirmed:</p> <ul style="list-style-type: none"> - The 1999 poster was displayed in one kitchen area at Deene House (which is out of date) Posters could not be located elsewhere in the building - The poster at EMIP and Lodge Park Sports Centre was up to date; however it was displayed only in the Facilities Managers office, not where all employees could see it. - The poster could not be located at the Cube or the Depot. 	<p>In accordance with the Health and Safety Information for Employees Regulations (HSIER) the Safety and Resilience Team should ensure that the 2009 version of the Health and Safety Law Poster is displayed on notice boards throughout each Council owned building that is occupied by CBC employees.</p> <p>Alternately all CBC employees can be provided with a copy of the poster.</p>	<p>New Health & Safety information for Employees Regulations (HSIER) approved poster now displayed in all Council operational buildings and old poster(s) removed.</p>	Medium	Head of CB Property	Sept 15 (discharged)

5	<p>During visits to five Council buildings the following was noted:</p> <p>Deene House – Fire Wardens have been appointed and the list is displayed on notice boards around the building. The list is dated January 2014 and testing confirmed that of the 16 fire wardens listed, one employee no longer worked at the Council and there are no training records for any of the fire wardens listed.</p> <p>Cube – Fire Wardens have been appointed and the list is displayed on notice boards around the building. The list is dated November 2013 and testing confirmed that of the 30 fire wardens listed, 11 employees no longer worked at the Council. Of the remaining 19 fire wardens, there was no evidence to confirm that 10 fire wardens had received training.</p> <p>Depot – Six fire wardens have been appointed at the Depot. The names of fire wardens are displayed in key areas throughout the depot and testing confirmed that all fire wardens listed are current employees. However there are no training records/certificates available to confirm they have all received training.</p> <p>Lodge Park – There are five nominated fire wardens at Lodge Park. All of which are current employees; however there are no training records/certificates available to confirm they have all received training.</p> <p>No issues noted at EMIP.</p>	<p>The Council should ensure that there are fully trained fire wardens located at all CBC buildings occupied by CBC employees and that training records are retained and held in the fire safety log book.</p> <p>Up to date lists of fire wardens for each building should be clearly displayed or recorded in the fire safety log book</p>	<p>Fire warden Lists for Council facilities reviewed and updated and displayed in Council operational buildings.</p> <p>All fire wardens and their training details to be logged on I-Trent database (HR) to capture leavers and prompt action to address</p> <p>Training programme for Fire Wardens produced by NNSRP agreed.</p> <p>Dates for Fire Warden training to be agreed with NNSRP.</p> <p>Facilities Manager(s) to be trained by NNSRP to deliver ad-hoc fire warden training where appropriate.</p>	Medium	<p>Head of CB Property/ Building Managers</p> <p>HR Manager</p> <p>Health & Safety Working Group.</p> <p>Head of CB Property</p> <p>Head of CB Property/ Building Managers</p>	<p>Sept 15 (Discharged)</p> <p>Dec 15</p> <p>Sept 15 (Discharged)</p> <p>Oct 15</p> <p>Feb 16</p>
6	<p>A review of the central record of first aiders, maintained by the Health Protection Manager, confirmed that 6% of the first aiders did not have a valid certificate (i.e. their certificate had expired), and 49% did not have a copy of their certificate on file; however each CBC building has at least one qualified first aider on site.</p> <p>It was identified lists of first aiders displayed around Deene House are out of date. Four of the first-aiders are no longer employees of the Council and there was no evidence to confirm that six of the remaining employees had valid first aid certificates.</p>	<p>The Health Protection Manager should nominate a person for each CBC building to be responsible for ensuring that first aider lists are kept up to date and clearly displayed within their building.</p> <p>The Health Protection Manager should continue to have oversight of the central record of first aiders, however this should be saved in a shared folder and updated by each nominated person.</p>	<p>Master list of first aiders updated and to be kept under review.</p> <p>First aiders lists for Council facilities reviewed and updated and displayed in all Council operational buildings</p> <p>Copies of current certificates where available obtained for all trained first aiders and kept with master list.</p> <p>Details of First Aiders qualifications and expiry date to be logged on I-Trent database (HR) to prompt action on expiry/leaver.</p>	Low	<p>Health Protection Manager</p> <p>Health Protection Manager/Head of CB Property</p> <p>Health Protection Manager</p> <p>Health Protection Manager/HR Manager</p>	<p>July 15 (discharged)</p> <p>Sept 15 (discharged)</p> <p>Sept 15 (discharged)</p> <p>Dec 15</p>
7	<p>Whilst employees receive a health and safety induction, the Council does not provide employees with refresher training on health and safety policies and procedures.</p>	<p>The Safety and Resilience Team should provide basic health and safety refresher training every 3-5 years to ensure that all employees are suitably informed of the Council's health and safety policies and procedures.</p>	<p>Refresher training to be delivered by Line Managers relevant to individual job roles/local changes i.e. to H & S Policy, Risk Assessments and Safe Systems of Work</p>	Low	<p>All Heads of Service/All Line Managers</p>	<p>Ongoing</p>

8	There are no mechanisms in place to demonstrate employee accountability for health and safety in the workplace. Employees do not sign to confirm they have read and understood the Health and Safety Policy and health and safety is not integrated into performance management processes or included in all job descriptions. However employment contracts states that staff are subject to various policies, including health and safety.	Employees should be asked to read and either sign or confirm electronically that they have read and understood the Health and Safety Policy. Alternatively, health and safety should be included in employee job descriptions and /or integrated in to performance management processes.	All new employees will receive copy of Corporate Health & Safety Policy on starting employment with their employment contract (provision to be recorded on file) (Employees will not be asked to sign declaration as attendance of Corporate Health & Safety Induction training deemed sufficient). Health & Safety standard wording included within contract of employment and some Job Descriptions and referenced in Management Competency Framework (Part of EDS for Managers). To be included in all Job Descriptions going forward. Health & Safety to be addressed with Managers by Line Managers/Heads of Service via annual appraisal and 121's, Departmental Management Team meetings.	Low	HR Manager	Oct 15 (discharged)
					HR Manager	Ongoing
					All Heads of Service/All Managers	Ongoing

Risk 2	Failure to identify health and safety risks, exposing staff and stakeholders to potential hazards.					
Rec No	ISSUE	RECOMMENDATION	Management Comments	Category	Officer Responsible	Due Date
9	Guidance on how to carry out risk assessments is not available to employees and there is no evidence to confirm that assessments are reviewed on a regular basis or that all risk assessments are captured and recorded.	Guidance and templates on how to complete risk assessments should be developed by the Safety and Resilience Team and communicated to all middle manager.	Current guidance on how to complete risk assessments to be re-issued to all Heads of Service and Middle Managers.	High	HOPES	Nov 15
	31 Middle Managers within the Council were asked to provide copies of their risk assessments. Ten Managers provided copies, all of which were completed or reviewed within the last 18 months. 67% of the managers contacted did not provide risk assessments, the majority of which were from the depot, technical or planning and environmental area.	A central register of risk assessments should be created and saved on the intranet. The register should record, as a minimum, the following details: <ul style="list-style-type: none">- Name of risk assessment- Creation Date- Review Date- Owner	Central register of Key risks to be maintained by Health & Safety Working Group.		Chief Executive /Corporate Director (Resources)	Dec 15
	Copies of risk assessments are not held centrally and a central register of assessments is not available. A central register would assist the Council in monitoring, reviewing and searching for risk assessments.	The register can be populated by risk assessment owners; however the Safety and Resilience Team should monitor review dates and ensure that they are reviewed/updated when required.	Heads of Service/Managers to monitor review dates and ensure risk assessments updated as required.		Heads of Service/ Line Managers	Ongoing
		The Safety and Resilience Team should ensure that all Middle Managers have assessed the health and safety hazards in their area and have conducted risk assessments where appropriate.	Heads of Services to ensure all health & safety risks in their respective areas have been assessed and supporting risk assessment documentation produced where appropriate.		Heads of Service/ Line Managers	Ongoing
			Safety & Resilience Team (NNSRP) to carry out programme of audits (including sample risk assessment review) according to risk on annual basis as part of work programme.		HOPES/ NNSRP Manager	Ongoing

10	The Council's Health and Safety Policy states that fire evacuation drills should be carried out at least annually. From a sample of six CBC buildings, there was no evidence available to confirm that fire evacuation drills had been completed within the last year for the Depot and Grosvenor House.	Fire evacuation drills at the Depot and Grosvenor House should be carried out at least annually. Each drill should be recorded in the fire log book for each building. The Safety and Resilience Team should ensure the fire evacuation drills are performed in accordance with the policy through regular audits/inspections.	Fire drills to be carried out at all public access buildings 6 monthly and annually in all other Council owned buildings, and recorded in the Log Book	High	Head of CB Property/ Building Managers	Ongoing
			Periodic audits of planned Fire Evacuations will be carried out by the Safety & Resilience Team (NNSRP) according to risk as part of their annual work plan.		HOPES/ NNSRP Manager	Ongoing
			Fire drill to be carried out at depot.		Repairs & Maintenance Manager	May 2015 (discharged)
			Fire drill to be carried out at Grosvenor House.		Head of CB Property	Dec 2015
11	The Facilities Management Team for Corporate Buildings (Grosvenor House, Cube and Deene House) do not maintain a central record of what items have been tested and when, therefore Internal Audit were unable to verify that all portable items had been appropriately tested. Random spot checks of equipment confirmed that some items have not been tested since 2011. The last portable appliance testing carried out at the Depot was in 2011. Internal Audit were informed that a new programme of testing for the whole depot will commence in early June 2015 and will start with equipment used by the trades team and then the depot equipment.	Facilities Management should have oversight and co-ordinate a testing programme for Portable Appliance Testing (PAT). There should be a nominated person in each CBC building who is responsible for ensuring that all portable appliances are tested on a regular basis.	C & L carry out PAT testing for all Leisure facilities.	High	Head of C & L	Ongoing
			CB Property (Facilities Management) carry out PAT Testing for Cube, Deene House & Grosvenor House.		Head of CB Property	Ongoing
			Neighbourhood Pride (Depot) carry out PAT testing for Depot and all housing properties.		Repairs & Maintenance Manager	Ongoing
			All areas to keep their own record of PAT testing and to investigate setting up central asset register on shared drive.		Head of C & L/ Head of CB Property/R & M Manager	Ongoing Central Asset Register Mar 16 (JW)
			Testing programme to be agreed against all facilities.		"	End Dec 15
			Testing programme to be completed across all facilities.		"	May 16

12	The Council has a Customer Behavioural Register on the Intranet that provides details of any person that has been identified as potentially violent. Details of the person's name and address are recorded on the register. Internal Audit were unable to confirm who owns the register and who is responsible for updating and reviewing the register. The intranet currently refers to a Health and Safety Officer who is no longer employed at the Council.	The Customer Behavioural Register should be removed from the intranet.	New Central Register to be created with supporting process for notification to include all persons deemed to be a risk across all departments (Staff Alert Register)	High	Health & Safety Working Group	Dec 15
	Furthermore, it appears that there are additional lists of potentially violent people held in other departments, such as Housing; however these individuals are not listed on the customer Behavioural Register.	A potentially violent person register should be created and a nominated person should be responsible for maintaining and managing it. All other lists of people should be collated and added to the central register. The Council should take steps to ensure that the register complies with the Data Protection Act so that data is proportionate and only available to individuals that need it as well as ensuring that it is kept accurate and up to date.	Nominated person to be agreed for maintaining and managing it.		Health & Safety Working Group	Dec 15
13	Internal Audit were unable to verify whether COSHH assessments have been undertaken for harmful substances used at the Depot and EMIP.	Guidance on the Control of Substances Hazardous to Health Regulations 2002 (COSHH) requires employers to control substances that are hazardous to health. CBC should prevent or reduce workers' exposure to hazardous substances at all Council buildings by:	Generic COSHH Risk Assessment documentation to be provided.	High	NNSRP Manager	Nov 15
	Safety data sheet (SDS) are available however they do not substitute for carrying out and recording a COSHH risk assessment. Gathering SDSs is only the first stage in the assessment process. The SDS provides information on the hazardous properties of the substances being used, any health effects associated with its use, how likely it is to get into the air or onto the skin, and what risk reduction measures should be used to control exposure to an acceptable level. However, they are not specific to the workplace and do not take into account the particular environment employees work in.	<ul style="list-style-type: none"> Gathering information about the hazardous properties of the substances, the work, and the working practices (or find out what the problems are) Evaluate the risks to health Decide on the necessary measures to comply with Regulations 7-13 of COSHH Record the assessment Decide when the assessment needs to be reviewed 	All areas to carry out review of COSHH to confirm that; Safety Data Sheets available for all substances Risk Assessments carried out and recorded Training of Users carried out and recorded Date set for review of risk assessment		All Heads of Service	Dec 15 Jan 16 Feb 16 Jan 16
14	A random sample of ten office workers using display screen equipment was selected for review. Of the ten employees, three employees confirmed they had undertaken a DSE assessment; however evidence to support this was not available. Therefore in conclusion, no evidence is available to confirm that 100% of the sample has had a DSE assessment.	Clearer guidance and requirements on Display Screen Equipment self-assessments should to be developed and disseminated to all employees. All DSE users should be asked to complete a self-assessment if they have not done so in the last 12 months. Going forward, an assessment should be completed when a new workstation is set up, when a new user starts work, or when a substantial change is made to an existing workstation (or the way it is used). Assessments should be repeated if there is any reason to suspect they may no longer be valid.	DSE Self-Assessment documentation to be re-issued.	High	NNSRP Manager	Nov 15
	The main risks that may arise in work with DSE are musculoskeletal disorders such as back pain or upper limb disorders, visual fatigue, and mental stress. While the risks to individual users are often low they can still be significant if good practice is not followed.	Copies of all DSE self-assessments should be retained by the employee's line manager.	All areas to carry out review of DSE assessments DSE assessments to be recorded Assessments to be reviewed as necessary		All Heads of Service	Jan 16 Jan 16 Ongoing
15	From a sample of five CBC buildings, Internal Audit identified that two buildings (the Depot and EMIP) had not had a fire risk assessment or a review of an existing fire risk assessment in the last twelve months.	A Fire risk assessment should be completed at EMIP in the next 6 months.	Fire Risk assessment to be carried out at EMIP.	Medium	Head of C & L/Head of CB Property	Aug 15 (discharged)
	The Safety and Resilience Team performed a fire risk assessment at the Depot during Internal Audit's Review and a report has now been issued. EMIP's latest fire risk assessment review was December 2013.	All fire risk assessments should be reviewed by the risk assessment owner at least annually.	Fire Risk Assessments to be reviewed for all Council facilities annually.		Head of CB Property/Head of C & L/ R & M Manager	Mar 16

Risk 3 Poor decision making due to lack of management information.						
Rec No	ISSUE	RECOMMENDATION	Management Comments	Category	Officer Responsible	Due date
16	<p>A health and safety audit inspection has not been carried out at Corby Borough Council by the Safety and Resilience Team and there are no plans currently to perform a health and safety inspection in 2015/16.</p> <p>Inspections are a vital element of any safety management system. They are used to determine whether the Council is meeting the safety standards that have been set for the workplace and work activities. They are also important because if carried out effectively, they would allow the Council to identify and remedy problems before they become more serious or result in an incident or accident.</p>	<p>In accordance with the Council's Health and Safety at Work Policy, arrangements should be made for an internal health and safety assessment/inspection/ audit to take place at all major Council buildings occupied by Council employees. This should be a risk based programme, so that high risk buildings are visited more frequently than lower risk buildings.</p> <p>These should be organised by the Safety and Resilience Team and the results of which should be reported to senior management.</p>	<p>Annual health & safety inspections to be carried out and documented for all work areas (checklist approach)</p> <p>Programme of health & safety audits according to risk and priority to be agreed and form part of annual NNSRP workplan.</p>	Medium	<p>Heads of Service</p> <p>HOPES/ Health & Safety Working Group/ NNSRP Manager</p>	<p>Mar 16</p> <p>Apr 16 (ongoing)</p>
17	<p>An Annual Statement of Health and Safety is not currently produced at the Council. Without such a report, key stakeholders are not provided with information about its health and safety performance over the year and its plans for the coming financial year.</p>	<p>In line with best practice, an annual statement of health and safety should be produced by the Safety and Resilience Team. This should include health and safety work to be undertaken, any issues, and recommendations reported to the Management Team. Appropriate aspects of the statement should be incorporated into the Annual Governance Statement.</p>	<p>Safety & Resilience Team to continue to provide Health & Safety update reports to JCC (Officers and Members)</p> <p>NNSRP Board Meetings to continue to discuss progress against work plan, emerging issues and accident statistics etc</p> <p>To introduce annual health & safety report statement.</p>	Medium	<p>NNSRP Manager</p> <p>HOPES/ NNSRP Manager</p> <p>NNSRP Manager</p>	<p>Ongoing</p> <p>Ongoing</p> <p>April 16</p>
18	<p>Accidents are reported to the Safety and Resilience Team via the completion of a paper accident form or using an electronic form, available on the intranet.</p> <p>All 18 accident forms received by the Safety Resilience team in 2015 were reviewed by Internal Audit and evidence was available to confirm that just 17% of these had been investigated.</p> <p>The Safety and Resilience Team has identified this as an area for improvement and a new electronic tool for recording, investigating, reporting and analysing accidents is being trialled at the Depot.</p>	<p>The Safety and Resilience team should continue to implement the new electronic tool for recording, investigating and reporting accidents.</p> <p>The tool should be rolled out across the Council with clear guidance and instructions.</p> <p>All old methods of reporting accidents should be removed from the intranet and accident books should be removed from buildings.</p>	<p>Electronic tool for recording investigating and recording accidents to be introduced across Council if agreed by SMT following evaluation of pilot being run at Housing Services Depot</p> <p>If agreed by SMT all manual accident recording processes and forms to be withdrawn.</p>	Low	<p>HOPES</p> <p>All Heads of Service.</p>	<p>Mar 16</p> <p>Mar 16</p>

GLOSSARY

The Auditor's Opinion

The Auditor's Opinion for the assignment is based on the fieldwork carried out to evaluate the design of the controls upon which management rely and to establish the extent to which controls are being complied with. The table below explains what the opinions mean.

Level	Design of Control Framework	Compliance with Controls
SUBSTANTIAL	There is a robust framework of controls making it likely that service objectives will be delivered.	Controls are applied continuously and consistently with only infrequent minor lapses.
SUFFICIENT	The control framework includes key controls that promote the delivery of service objectives.	Controls are applied but there are lapses and/or inconsistencies.
LIMITED	There is a risk that objectives will not be achieved due to the absence of key internal controls.	There have been significant and extensive breakdowns in the application of key controls.
NO	There is an absence of basic controls which results in inability to deliver service objectives.	The fundamental controls are not being operated or complied with.

Category of Recommendation

The Auditor categorises recommendations to give management an indication of their importance and how urgent it is that they be implemented. By implementing recommendations made managers can mitigate risks to the achievement of service objectives for the area(s) covered by the assignment.

Category	Impact & Timescale
HIGH	Management action is imperative to ensure that the objectives for the area under review are met.
MEDIUM	Management action is required to avoid significant risks to the achievement of objectives
LOW	Management action will enhance controls or improve operational efficiency.