

# Taunton Deane Borough Council

## Corporate Governance Committee – 11 March 2013

### Update on Health and Safety

#### Report of the Corporate Client Manager

(This matter is the responsibility of the Chief Executive and Leader of the Council.)

#### 1. Executive Summary

This report provides an update on the progress of a range of Health and Safety matters across the organisation. These include:

- The situation with regard to the vacant Health and Safety Advisor position;
- The arrangements for the Health and Safety Committee;
- The progress being made on re-establishing Joint Health and Safety Inspections;
- Discussions with UNISON on the introduction of the 'Fair and Just Culture';
- The current position with regard to the consolidation and compliance audit;
- The SWAP Audit on Health and Safety.
- Accident and Incident Date for the period 1 April 2012 to 31 January 2013.
- General Health and Safety Issues

#### 2. Health and Safety Advisor Position

The Health and Safety Advisor retired on 5 January 2013 and temporary cover arrangements have been put in place to ensure that SW1 covers these important services for the authority

SW1 advertised this position internally to all partners prior to Christmas and three candidates expressed an interest. Interviews took place for two shortlisted candidates in late January (rearranged due to the snow) but unfortunately neither of the candidates were fully suitable.

SW1 are currently reviewing the options for the position and have asked TDBC to reconsider whether the current arrangements can continue to provide the authority with the service and resilience it requires.

#### 3. Health and Safety Committee

The Joint Management/Union Health and Safety Committee is now fully re-

established with regular quarterly meetings taking place. Previous actions from earlier committees have been reviewed by the Joint Secretaries and either closed down with the agreement of the Committee or are being actioned.

The last meeting took place on 29 January 2013 with the next meeting scheduled for 25 April 2013.

#### **4. Joint Health and Safety Inspections**

One of the outstanding actions from the Joint Health and Safety Committee has been to re-instate the re-invigorate the joint health and safety inspections of all workplaces.

The protocols for these have been in place for some time and both management the UNISON have worked to identify the appropriate managers/representatives to plan a programme for 2013.

These inspections have now commenced and the results from these will be collated and monitored by the Health and Safety Advisor to ensure that actions are implemented. Where necessary matters will be escalated to the Joint Health and Safety Committee.

#### **5. Fair and Just Culture**

The Committee will recall that the Health and Safety Advisor updated them on reasons for wanting a 'Fair and Just Culture' in Taunton Deane Borough Council and for reference the elements of a 'Fair and Just Culture' are set out below:

**'Fair and Just'** is the approach that can deliver the best operating culture, because 'Fair and Just Culture' recognises:-

- that competent people make mistakes;
- that competent people will develop unhealthy habits such as shortcuts and "routine rule violations";
- that competent people will learn from their mistakes and improve their performance.

This approach was presented to the Joint Health and Safety Committee in October 2012 and a number of concerns were raised by the UNISON Health and Safety Representatives. The UNISON Branch were then given a period of time to respond to the proposals and formally raised a number of objections on how the proposal would operate.

The matter has since been reconsidered by the Joint Health and Safety Committee following discussions between the Joint Secretaries and UNISON Regional Office. Further progress has since been made on resolving the matters raised by the union and a revised proposal with additional clarity on the role of the UNISON Health and Safety Representatives has now been agreed/.

The intention would be for this work to be moved forward when the permanent

Health and Safety Advisor is appointed.

## **6. Consolidation and Compliance Audit**

As members will be aware from previous reports the audit process has provided additional motivation to address potential weaknesses within our management system and these have been identified in the TDBC H&S Priorities Plan.

The Health and Safety Advisor had, prior to his retirement, been working closely with Theme Managers to assist them in providing clarity on what was required for their Theme. Although this work will be impacted on through the loss of the Health and Safety Advisor it has been identified by CMT as a key element of the Quarterly Performance Reports that Theme Managers produce.

The audit process continues to be supported and monitored by the South West Audit Partnership (SWAP). Even at this early stage, the initial response indicates that the objectives of the audit will be met and line managers and employees will have access to a sustainable monitoring process.

## **7. SWAP Audit on Health and Safety**

As mentioned in 6 above the SWAP have concluded an Audit on Health and Safety within the authority. The final report is attached as Appendix A for consideration and comment by the Committee.

## **8. Accident and Incident Data**

Accident and incident data for the period 1 April 2012 through to 31 January 2013 are attached as Appendix B.

## **9. General Health and Safety Matters**

Health and Safety refresher training for Leads/managers is scheduled for March and April 2013. We have, initially, organised four generic one day courses and this will be followed up with more in depth training for identified Leads/managers.

As part of the support provided to managers and staff a review of the effectiveness of the Health and Safety Sharepoint Site has been commenced. This includes addressing both the accuracy and accessibility of the information contained on the site.

## **10. Finance Comments**

Any emerging issues or additional training will have to be funded from existing budgets. Line managers are expected to prioritise and refer any difficulties through their Theme Manager to CMT.

## **11. Legal Comments**

Failure to meet or maintain minimum legal compliance will increase Corporate and individual risk, with the potential for criminal and civil actions

## **12. Links to Corporate Aims**

Competent employees working safely in the delivery of the Council's services form an essential contribution to the Corporate Aims.

## **13. Environmental Implications**

There are no environmental implications arising from this report.

## **14. Community Safety Implications**

There are no community safety implications arising from this report.

## **15. Equalities Impact**

There are no equalities impacts over and above those already required to be identified in the Theme delivery plans and existing arrangements. The Equalities Impact Assessments for H&S policies and procedures are available on the H&S sharepoint site.

## **16. Risk Management**

Failure to meet minimum H&S statutory requirements has been identified in the Corporate Risk Register.

## **17. Partnership Implications**

The Health and Safety Strategy sets out the majority of the work programme for delivery by SW One.

The audit strategy utilises and involves the expertise of SWAP, potentially reduces resource requirements and delivers an integrated approach.

## **18. Recommendations**

The Committee are asked to note the progress being made on the delivery of the strategy and the initiatives to improve our operating culture. There are no significant risks or incidents to report.

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# Final Report



## Taunton Deane Borough Council

### ► Health & Safety

**Issued to:** Richard Sealey  
*Corporate & Client Services  
Manager*

Martin Griffin  
*Retained HR Manager*

**Draft to:** Shirlene Adam  
*Section 151 Officer*

Gerry Cox  
*Head of Audit Partnership*

*Working in partnership with*



**Date of Report:** 26 February 2013

**Issued by:** Alastair Woodland  
*Audit Manager*

Joanne McCormick & Dave  
Hodgson  
*Lead Auditors*

## Management Summary

As part of the 2012-13 audit plan a review was carried out to assess the adequacy of controls and procedures in place for Health and Safety.

The Health and Safety at Work Act 1974 imposes a statutory duty on employers to provide whatever information, instruction, training and supervision as is necessary to ensure, so far as reasonably practical, the health and safety at work of employees.

This is further expanded by the Management of Health and Safety at Work Regulations 1999, which states: "Every employer shall ensure that his employees are provided with adequate health and safety training."

The Act also states employees have a duty to inform their manager (or an employee with the responsibility for health and safety) of any situation which poses a risk to health and safety.

At present there are no statutory requirements set by the Health and Safety Executive (HSE) to measure Health and Safety practice within local councils.

However, the HSE has published several papers including 'Successful health and Safety Management' which provide useful guidance on how Health and Safety should be managed and reported within a small to medium size organisation.

The overall message from the HSE in this paper;

*'Organisations need to manage health and safety with the same degree of expertise and to the same standard as other core business activities, if they are effectively to control risks and prevent harm to people'.*

The Local Authority currently employ the services of a full time Health and Safety (H&S) Advisor which is a seconded post through South West One (SW1). The H&S Advisor has taken a lead role in implementing the new Health Safety Strategy for 2012/13 for the Authority. Currently health and safety performance is reported through several means including;

- CMT (quarterly)
- Corporate Governance Committee (quarterly)
- Health and Safety Committee (quarterly)

The Council have an approved Health and Safety statement which sets out the Council's duty to comply with Health and Safety legislation. This document confirms that the; *'Prime responsibility for these duties rests with the Council members and the Chief Executive. Followed by the Corporate Management Team and all other managers who are responsible for matters within their control. However every employee has a part to play in putting Health and Safety first in the delivery of our services.'*

The Council has not previously adopted any form of 'compliance measures' to monitor 'actual' Health and Safety performance. However, the Council currently use a 'Local Responsibility form (LRF)' which has been put in place to provide 'self assessment' of Health and Performance across all retained services working within the Council. It is the responsibility of Directors and Theme Managers to

ensure that these LRF 's are completed and kept up to date.

### **Record of Health and Safety Accidents and Near misses**

The Health and Safety report sent to the Corporate Governance Committee in June 2012 confirmed that there were 3 non reportable accidents reported from 31 March 2012 to 31 May 2012 (2012/13 financial year). All three recorded accidents were non reportable (not reported to the HSE) and related to the DLO.

### **Background – TDBC Health and Safety Plan 2012/13**

The Local Authority has recently introduced a new Health and Safety strategy which was agreed by CMT and endorsed by the Corporate Governance Committee in June 2012. This strategy includes the introduction of 'compliance monitoring', through the introduction of Health and Safety KPI's. As part of this process the H&S Advisor has introduced a planned 'Consolidation and Compliance audit' review. This compliance audit review is planned to be covered across all of the Council's Themed Areas and the current plan is that this will be carried out internally by the H&S Advisor. This is a new approach, therefore requires embedding within the culture of the Local Authority.

The Local Authority's decision to input further resources into monitoring and managing health and safety of retained staff is in contrast to Central Government plans to simplify Health and Safety regulation and reduce the level of inspection required for businesses. This response from Central Government was influenced by an independent review of health and Safety legislation published by Lofstedt in November 2011.

This audit review is based upon key health and safety performance measures which were identified by the H&S Advisor.

The Key Performance measures are based on 3 key areas – Management Competence, H&S management system and Implementation and Accident, incident data. All 3 KPI's are designed to be 'positive' measurements focusing upon preventative control measures as opposed to measuring Health and Safety through 'reactive' processes.

### **Background - Internal Audit review 2012/13**

A Follow Up review was undertaken to assess the agreed actions from the previous Health and Safety audit 'Health and Safety Awareness and Training 2010-11'. This report has been attached as Appendix A, and demonstrates the developments since the previous audit and also highlights areas where health and safety weaknesses still occur.

As part of this audit, a number of staff working within the Council were interviewed. This included the H&S Advisor working on behalf of the Council, and also a sample of Directors and Theme Managers. In addition, two H&S representatives that currently work at other Local Authorities (also audited by SWAP) were interviewed.

## **Summary of Significant Corporate Risks**

The following table records the inherent risk (the risk of exposure with no controls in place) and the manager's initial assessment of the risk (the risk exposure on the assumption that the current controls are operating effectively) captured at the outset of the audit. The final column of the table is the Auditors summary assessment of the risk exposure at Corporate level after the control environment has been tested. All assessments are made against the risk appetite agreed by the SWAP Management Board.

Areas identified as significant corporate risks, i.e. those being assessed as 'high' or 'very high' risk areas in line with the definitions attached should be addressed as a matter of urgency.

Risks	Inherent Risk Assessment	Managers Initial Assessment	Auditors Assessment
1. The Council's Health and Safety Strategy and Action Plan is not effective in reducing the Councils exposure to health and safety risk.	High	Medium	Medium

## Summary of Significant Findings

The following were identified as key findings for the service and therefore categorised, in accordance with the definitions attached, as a level '4' or '5' in the action plan:

- Audit findings from the previous Health & Safety Audit Report have not been implemented (see action plan and follow-up report at [Appendix A](#)).

Further details of audits findings can be viewed in the full audit report, which follows this Management Summary.

## Conclusion and Audit Opinion



I am able to offer Partial assurance in relation to the areas reviewed and the controls found to be in place. Some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.

Although there is no statutory requirement in how the Council monitors it's health and safety performance, the guidance papers published by HSE suggests the importance of '*visible and active leadership of senior managers*' in order to foster a '*positive health and safety culture*'.

The new Health and Safety plan is designed to monitor management competence as part of the '*compliance audit review*.' This should help to ensure that Senior Management are able to demonstrate that key health and safety risks facing staff are being clearly identified and managed accordingly.

### **What were the opinions of officers at TDBC re the new strategy?**

As part of this audit a small number of officers were interviewed which included Theme Managers. Two Themed managers responded to the Health and Safety Questionnaire and they both felt that the new Health and Safety Strategy would be a useful in playing an active role in identifying key health and safety risks across the Authority.

Both Themed Managers acknowledged that it was too early to review the effectiveness of the strategy until compliance audit reviews have been completed.



### **What is the opinion of other H&S safety advisors?**

From our interviews with two H&S advisors at other SWAP audited local authorities it was clear that they had not adopted the use of key performance indicators or used a 'compliance' based approach to monitor actual Health and Safety performance.

Both officers considered the agreed Health and Safety plan recently adopted by TDBC as a reasonable approach in ensuring compliance with health and safety legislation. One of the Health and Safety Officers stressed at interview the importance of completion and adequacy of risk assessments and Health and Safety training. Both of these areas were identified as control weaknesses in the previous audit completed in 2010/11 and still remain outstanding.

### **Audit opinion**

The H&S Advisor has made good progress in the implementation of the recently agreed Health and Safety strategy 2012/13. The new Health & Safety Strategy provides good foundations to create a sound health and safety culture within the Authority. Currently this is still in its initial stages. Although a strategy has been developed this has not been implemented in any detail hence partial assurance provided. It is recommended that future audit work is carried out to monitor how the strategy works over time.

A number of recommendations in this report have been raised in order to improve the existing controls already in place and to maximise the effectiveness of the new Health and Safety plan.

During the review the Health and Safety Advisor identified a number of outstanding actions from the previous audit which remain outstanding. Two recommendations in relation to these actions are included within this report.

An embedded health and safety culture within any business takes time to implement and cement. It is recommended that buy in and direction by Senior Management is required to ensure this happens. It is highly recommended that health and safety is further reviewed by SWAP in 12 months time to provide assurance that the agreed Strategy is effective, monitored and embedded throughout the Authority and to ensure that high priority recommendations from the previous audit are completed.

## **Detailed Audit Report**

### **Objectives & Risks**

The key objective of the service and risks that could impact on the achievement of this objective were discussed and are identified below.

**Objective:** The Council's Health and Safety Strategy and Action Plan reduces their exposure to health and safety risk.

**Risk:**

- The Council's Health and Safety Strategy and Action Plan is not effective in reducing the Councils exposure to health and safety risk.

## Method & Scope

This audit has been undertaken using an agreed risk based audit. This means that:

- the objectives and risks are discussed and agreed with management at the outset of the audit;
- the controls established to manage risks are discussed with key staff and relevant documentation reviewed;
- these controls are evaluated to assess whether they are proportionate to the risks and evidence sought to confirm controls are operating effectively;
- at the end of the audit, findings are discussed at a close-out meeting with the main contact and suggestions for improvement are agreed.

## Findings

The following paragraphs detail all findings that warrant the attention of management.

The findings are all grouped under the objective and risk that they relate.

### **1. Risk: 1. The Council's Health and Safety Strategy and Action Plan is not effective in reducing the Councils exposure to health and safety risk.**

#### **1.1 Monitoring the completion of the H&S action plan.**

During the course of the audit, it was not clear whether the Local Authority had a timetable in place to monitor the implementation and completion for the new H&S action plan.

The Successful Health and Safety Management report from HSE reported that implementation of an effective health and safety management systems takes time; 'Two to five years is typical'.

The Health and Safety Advisor confirmed during interview that he anticipates that the plan could be subject to changes in the future on a) the KPI's used to measure H&S performance and b) responsibility for delivery of the compliance audit.

There is a risk that without a timetable in place there could be significant delays in implementing the new H&S action plan. This in turn could result in the plan becoming ineffective if actions are not recorded and responsibilities are not clearly identified with target dates for completion/review.

#### **1.1 a The SW1 Health and Safety Advisor has agreed to implement a Health and Safety Action plan time table to ensure the following;**

- **the recording and monitoring of actions needed to implement the new Health and Safety**

action plan/strategy.

- the recording and monitoring of any future actions that would be needed to support the Health and Safety action plan/strategy.
- all actions should provide clear ownership in the plan with targets dates set for each identified action.

## 1.2 Benchmarking - Internal

The approved Health and Safety plan does not mention the use of internal benchmarking. This could be a useful tool in measuring different services across the Authority.

Currently the Local Authority has adopted a 'responsibility form' and more recently the use of a competency check sheet. These documents may provide the Council with sufficient detail in order to do a meaningful internal benchmarking exercise.

There is a risk that best practice is not being shared across the Authority if there is no process in place to compare and review health and safety practice.

## Benchmarking - External

The H&S Officer did previously belong to a 'benchmarking club' which covered a number of local authorities across Dorset and Somerset. The H&S Officer confirmed that this group has now ceased due to key officers leaving the group.

The H&S Officer confirmed that 'benchmarking' accident data may not be useful to the Council as there are significant differences in how local district authorities are set up notably, the size, and the different type of services provided. However, the former group was also set up to promote best health and safety practice.

During the interview with a Health and Safety Officer from one of SWAP's partners, they commented that they found their local benchmarking club a very useful tool and has been able to adopt new Health and Safety processes as a result of sharing best practice. There is a risk that the Authority are not able to gain best practice from other local authorities as currently there is no sharing of best practice with other local authorities/bodies.

**1.2a The Retained Health and Safety Officer has agreed to consider the use of Internal Benchmarking. This could be useful tool in sharing best practice across the Authority on completion of the initial audit assessments.**

**1.2b The Retained Health and Safety Officer has agreed to consider the use of External benchmarking, in particular the sharing of best Health and Safety practice with other local authorities.**

## 1.3 Review of action plan and Health and Safety performance.

In HSE's document; successful health and safety management, it highlights the usage of a 'Steering Committee' which includes other senior line managers to organise the process for drawing up the implementation plan, allocate responsibilities and to monitor progress.

Currently, health and safety performance is reviewed by a number of people including both members and officers working within the Council. The review of the health and safety plan

has not yet been assigned to a particular group or committee for review.

There is a risk that the agreed health and safety plan will no longer be a useful tool in measuring health and safety performance in the future unless this is subject to further review.

### Measuring H&S performance

The Health and Safety Officer has recently implemented 3 key performance indicators to measure H&S performance. However, during the audit it was not clear how each of the PI's were going to be scored, measured and reported.

In order to make the KPI's an effective and fair tool to monitor health and safety performance, there needs to be consideration for the following areas;

- Scoring method (this would be helpful in ensuring that reviews are fair and objective);
- Weighting of each control identified within each of the KPI's (each of the KPI's require testing of more than one area, there should be consideration on how each of the areas should be weighted);
- Weighting of each KPI (currently it is not clear if these KPI's are equal or whether these could be weighted similar to controls);
- The performance target for each KPI (not clear what the performance target is);
- Responsibility and clear ownership of each KPI (the strategy does not clearly document responsibility for and ownership of each of the KPI's).

There is a risk that the Authority are unable to measure the actual H&S performance fairly and accurately across each of the Themes unless there is a clear methodology for scoring each of the proposed KPI's.

The Local Authority should consider the adequacy and relevance of each key performance measure as part of this review to ensure that the KPI's in place are effective and also whether there are other areas of Health and Safety that should be measured through KPI. For instance Health and Safety training and Risk Assessments may require their own KPI if these are found to be relevant areas.

As a benchmark with other Local Authorities within the South West (also audited by SWAP), KPI's are not used to measure Health and Safety Performance.

**1.3a The Corporate and Client Services Manager has agreed to ensure that the Health and Safety performance indicators have an agreed scoring methodology which will ensure a fair and accurate measure of Health and Safety performance.**

**1.3b The Retained Health and Safety Officer has agreed to ensure that the Health and Safety action plan/strategy is subject to a periodic review to ensure that the action plan and KPI's are still adequate and relevant.**

**1.4 Reconciliation of completed Health and Safety responsibility forms and Compliance audit reviews.**

It was evident in our meetings with Theme Managers and Corporate Directors that the adopted 'responsibility form' that forms part of the previous and current Health and Safety strategy has not been fully embedded throughout the Authority. In some cases the

responsibility forms were not being used at all.

The H&S Advisor has began the process of holding meetings with the Theme Managers and Corporate Directors to determine the correct contacts for each of the themes and determine who will be allocated the role of completion of compliance audit reviews.

There is currently a risk to the Council that the adopted 'responsibility form' and the anticipated quarterly compliance reviews will not be completed unless there is a clear record to show responsible officers across each theme.

It may help to embed the new Health and Safety strategy if the H&S Advisor was to record each responsible officer who has been assigned the role of completion of responsibility form and each compliance review. This could be completed by creating a clear Health and Safety structure chart for each theme by ensuring that there is a reconciliation process to reconcile all of the expected responsibility forms and audit compliance reviews that require completion.

**1.4a The SW1 Health and Safety Advisor has agreed to include the use of a structure chart to document each officer responsible for the completion of each responsibility form and audit review.**

**1.4b The SW1 Health and Safety Advisor has agreed to ensure that there is a reconciliation process to reconcile the total number of responsibility forms and compliance reviews expected.**

**1.5 Review of previous audit recommendations**

There are a number of recommendations in the last audit report relating to Health and Safety policy, training and guidance which are currently still outstanding.

There is a risk that significant audit findings still have not been addressed and therefore the Authority are still not following best Health and Safety practice.

The H&S Officer has acknowledged to SWAP that there are a number of significant control weaknesses that still need to be addressed. This currently includes control weaknesses in the following areas of Health and Safety;

- Completion of risk assessments;
- Completion of Health and Safety training.

Appendix A provides a complete summary of the follow-up findings.

**1.5a The SW1 Health and Safety Advisor has agreed to ensure that revised key dates are agreed on implementing;**

- **1.1a Completeness of Health and Safety information published on Sharepoint;**
- **1.2a Completeness of Corporate programme for risk assessments.**

**1.5b The Health and Safety Advisor has agreed to ensure that the following areas are included in the 'Compliance audit' documented in the Health and Safety strategy/plan;**

- **Completion of risk assessments;**
- **Completion and adequacy of Health and Safety policy;**
- **Completion and adequacy of Health and Safety training.**

The Agreed Action Plan provides a formal record of points arising from this audit and, where appropriate, the action management has agreed to take and the timescale in which the action will be completed. All findings have been given a priority rating between 1 and 5, where 1 is low and 5 is high.

It is these findings that have formed the opinion of the service's control environment that has been reported in the Management Summary.

Finding	Recommendation	Priority Rating	Management Response	Responsible Officer	Implementation Date
<p><b>Objective:</b> The Council's Health and Safety Strategy and Action Plan reduces their exposure to health and safety risk.</p>					
<p><b>1. 1. The Council's Health and Safety Strategy and Action Plan is not effective in reducing the Councils exposure to health and safety risk.</b></p>					
<p>1.1a There is no tool to capture and monitor all identified actions needed (including future actions) and also to review the progress and completion of each identified action.</p>	<p>I recommend the SW1 Health and Safety Advisor implements a Health and Safety Action plan time table to ensure the following;</p> <ul style="list-style-type: none"> <li>• the recording and monitoring of actions needed to implement the new Health and Safety action plan/strategy;</li> <li>• the recording and monitoring of any future actions that would be needed to support the Health and Safety action plan/strategy;</li> <li>• all actions should have clear ownership recorded and targets dates set for each identified action.</li> </ul> <p style="text-align: right;"><small>SWAP Ref: 19003</small></p>	<p>3</p>	<p>Agreed</p>	<p>SW1 Health and Safety Advisor</p>	<p>30/06/2013</p>

Finding	Recommendation	Priority Rating	Management Response	Responsible Officer	Implementation Date
<p>1.2a The Council may want to adopt a system which assists managers and staff in accessing best practice and expertise across the organisation.</p>	<p>I recommend the Retained H&amp;S Officer considers the use of Internal Benchmarking. This could be useful tool in sharing best practice across the Council on completion of the initial audit assessments.</p> <p style="text-align: right;"><i>SWAP Ref: 19199</i></p>	<p>2</p>	<p>The Council will review current arrangements for publicising H and S information and best practice across the authority.</p>	<p>Retained Health and Safety Officer</p>	<p>30/09/2013</p>







Finding	Recommendation	Priority Rating	Management Response	Responsible Officer	Implementation Date
<p>1.2b The Council do not currently adopt the use of 'External' benchmarking resulting in a lack of good H&amp;S practice.</p>	<p>I recommend the Retained H&amp;S Officer considers the use of External benchmarking, in particular the sharing of best Health and Safety practice with other local authorities.</p> <p style="text-align: right;"><i>SWAP Ref: 19200</i></p>	<p>3</p>	<p>This is not strictly correct – although the Council does not take part in a formal benchmarking club the H and S Advisor has regular contact with a range of other H and S professional to enable networking and development of best practice.</p> <p>The Council will review whether any more formal arrangements are required.</p>	<p>Retained Health and Safety Officer</p>	<p>30/06/2013</p>
<p>1.3a It is not clear how Health and Safety KPI's are scored and measured.</p>	<p>I recommend the Corporate and Client Services Manager ensures that the Health and Safety performance indicators have an agreed scoring methodology which will ensure a fair and accurate measure of Health and Safety performance.</p> <p style="text-align: right;"><i>SWAP Ref: 19004</i></p>	<p>3</p>	<p>Agreed</p>	<p>Corporate and Client Services Manager</p>	<p>30/09/2013</p>
<p>1.3b There is no time scheduled for independent review of the action plan.</p>	<p>I recommend the Retained H&amp;S Officer ensures that the Health and Safety action plan/strategy is subject to a periodic review to ensure that the action plan and</p>	<p>3</p>	<p>Agreed</p>	<p>Retained Health and Safety Officer and CMT</p>	<p>Ongoing and 30/06/2013 for review against Lofstedt.</p>

Finding	Recommendation	Priority Rating	Management Response	Responsible Officer	Implementation Date
	<p>KPI's are still adequate and relevant. CMT may need to consider future changes in Health and Safety legislation as a result from the Lofstedt review.</p> <p style="text-align: right;"><i>SWAP Ref: 19005</i></p>				
<p>1.4a No record of officers responsible for completion of the responsibility form and compliance audit review.</p>	<p>I recommend the SWO H&amp;S Advisor includes the use of a structure chart to document each officer responsible for the completion of each responsibility form and audit review.</p> <p style="text-align: right;"><i>SWAP Ref: 19320</i></p>	<p>3</p>	<p>Agreed</p>	<p>SW1 Health and Safety Advisor</p>	<p>30/06/2013</p>
<p>1.4b There is no process for reconciling all responsible forms and compliance audit reviews to ensure completion.</p>	<p>I recommend the SWO H&amp;S Advisor ensures that there is a reconciliation process to reconcile the total no of responsibility forms and compliance reviews</p> <p style="text-align: right;"><i>SWAP Ref: 19321</i></p>	<p>3</p>	<p>Agreed</p>	<p>SW1 Health and Safety Advisor</p>	<p>30/06/2013</p>
<p>1.5a A number of previous audit recommendations are either not completed or remain outstanding.</p>	<p>a) I recommend the SWO H&amp;S Advisor ensures that revised key dates are agreed on implementing;</p>	<p>4</p>	<p>Agreed</p>	<p>SW1 Health and Safety Advisor</p>	<p>30/06/2013</p>

Finding	Recommendation	Priority Rating	Management Response	Responsible Officer	Implementation Date
	<ul style="list-style-type: none"> <li>•1.1a Completeness of Health and Safety information published on Sharepoint.</li> <li>•1.2a Completeness of Corporate programme for risk assessments.</li> </ul> <p style="text-align: right; font-size: small;"><i>SWAP Ref: 19006</i></p>				
	<p>b) I recommend the Health and Safety Advisor ensures that the following areas are included in the 'Compliance audit' documented in the Health and Safety strategy/plan;</p> <ul style="list-style-type: none"> <li>•Completion of risk assessments.</li> <li>•Completion and adequacy of Health and Safety policy.</li> <li>•Completion and adequacy of Health and Safety training.</li> </ul> <p style="text-align: right; font-size: small;"><i>SWAP Ref: 19124</i></p>	4	Agreed	SW1 Health and Safety Advisor	30/06/2013

## Audit Framework Definitions

### Control Assurance Definitions

<b>Substantial</b>		I am able to offer substantial assurance as the areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.
<b>Reasonable</b>		I am able to offer reasonable assurance as most of the areas reviewed were found to be adequately controlled. Generally risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>Partial</b>		I am able to offer Partial assurance in relation to the areas reviewed and the controls found to be in place. Some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
<b>None</b>		I am not able to offer any assurance. The areas reviewed were found to be inadequately controlled. Risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.

### Categorisation Of Recommendations

When making recommendations to Management it is important that they know how important the recommendation is to their service. There should be a clear distinction between how we evaluate the risks identified for the service but scored at a corporate level and the priority assigned to the recommendation. No timeframes have been applied to each Priority as implementation will depend on several factors, however, the definitions imply the importance.

Priority 5: Findings that are fundamental to the integrity of the unit's business processes and require the immediate attention of management.

Priority 4: Important findings that need to be resolved by management.

Priority 3: The accuracy of records is at risk and requires attention.

Priority 2: Minor control issues have been identified which nevertheless need to be addressed.

Priority 1: Administrative errors identified that should be corrected. Simple, no-cost measures would serve to enhance an existing control.

### Definitions of Corporate Risk

Risk	Reporting Implications
<b>Low</b>	Issues of a minor nature or best practice where some improvement can be made.
<b>Medium</b>	Issues which should be addressed by management in their areas of responsibility.
<b>High</b>	Issues that we consider need to be brought to the attention of senior management.
<b>Very High</b>	Issues that we consider need to be brought to the attention of both senior management and the Audit Committee.

## **Appendix A**

### **Health & Safety Follow Up Audit Findings**

#### **Management Summary**

As part of the 2012/13 Health & Safety audit a review was carried to assess progress made on the previous Health and Safety audit recommendations made in the 2010/11 'Health and Safety – Awareness and Training review.'

#### Outline of the scope and significant findings of previous audit completed 2010/11.

This audit had the following objective; The Authority has an active Health and Safety training programme which encourages employees to play an active part to assist in lowering accident rates and work related ill health.

This audit looked specifically at two key Health and Safety areas; health and safety training and awareness of employers/employee of their responsibilities for health and safety.

The audit was given a partial assurance rating as there were a number of key controls which were not in place.

A total of 7 recommendations were reported and agreed within the final audit report.

#### Summary of progress made on the previously agreed audit recommendations

The following table identifies a summary of the progress made in regards to the agreed actions from the previous audit report. Please note: The progress of each action has been done through client self assessment and not determined through further audit testing.

<b>Original Priority Score</b>	<b>Complete</b>	<b>In progress</b>	<b>Incomplete</b>
<b>Priority 4</b>			
<b>Priority 3</b>	4	1	2
<b>Priority 2</b>			

#### **Conclusion & Audit Opinion**

The Council have undergone a significant change in it's Health and safety strategy. Following the work conducted by the Health and Safety advisor, the Council has now agreed to adopt a new 'competency' based Health and Safety framework. This includes the use of Key performance indicators which will be reported on the Council's Corporate Score Card.

The new Health and Safety action plan is based upon 3 performance indicators which measure the following;

- Management competency and legal compliance
- HS Management System and implementation
- Accident, incident data and lessons implemented

All of the recommendations made in the previous audit plan refer to control weaknesses relating to policy, training and general health and Safety and procedures. These weaknesses should be identified, reported on and rectified once the above performance indicators are fully operational.

The new Health and Safety plan is still in it's early stages and the Health and Safety Advisor has booked meetings with all relevant senior members of staff to go through the new changes and ensure that senior management understand their roles and responsibilities within the new H&S action plan.

SWAP have agreed to review the new Health and Safety action plan as part of the scheduled audit for 2012/13 to provide reassurance to the client that the action plan is relevant and provides good health and safety practice.

Finding	Recommendation	Priority Rating	Management Response	Responsible Officer	Implementation Date	Follow up – 13 June 2012
<b>Objective: The authority has an active Health &amp; Safety training programme which encourages employees to play an active part in health and safety which assists in lowering accident rates.</b>						
1.1a Not all Health and Safety information is available on SharePoint.	I recommend that the Strategic Director ensures that all corporate health and safety information is made available on SharePoint and a target date for implementation is set.	3 - Medium	Agreed	Strategic Director	31 <sup>st</sup> August 2010	Not completed – This is currently an ongoing exercise. The previous audit suggested that only 20% had been put on Share Point. Approximately 80% of Health and Safety information is stored on there. The manual is checked and reconciled against HSE essentials manual <u>Document control</u> Standard template is now going to be used for all policies and guidance. This has been in force since June 2012.
1.2a There is no corporate programme for completion of risk assessments.	I recommend that the Strategic Director ensures that a programme for the completion of risk assessments is implemented and this is audited for completeness.	3 - Medium	Agreed	Strategic Director	30 <sup>th</sup> June 2011	In Progress - There is a new requirement for the completion of risk assessments through the new H&S strategy and action plan. There is a facility on Share Point to store risk assessments which is available for themed managers.

Finding	Recommendation	Priority Rating	Management Response	Responsible Officer	Implementation Date	Follow up – 13 June 2012
2.1a There is no comprehensive Health and Safety training database.	I recommend that the Strategic Director ensures that a central training records database is developed in line with the new competency framework and this includes DLO staff.	3 - Medium	Agreed	Strategic Director	31 <sup>st</sup> August 2011	Not completed - A matrix has been developed to be used and extended by each of the themed managers. However. This is recorded as a priority on the agreed Health and Safety priorities 2012/13.
3.1a Staff will require guidance on completion of responsibility forms.	I recommend that the Strategic Director ensures that appropriate guidance is delivered to staff to assist them in completion of their 'responsibility forms'.	3 - Medium	Agreed	Strategic Director	31 <sup>st</sup> March 2011	Completed – mandatory training and mini workshops for CMT leads and Managers (offered to all levels).
3.1b Responsibility forms will need to be reviewed and monitored.	I recommend that the Strategic Director ensures that responsibility forms are reviewed and monitored with the PRED process.	3 - Medium	Will be done in line with the PRED process, therefore will be ongoing	Strategic Director	N/A	Completed – this is now part of the PRED process which belongs to line managers. However, one Director did state that he had not seen this form before, where it has been in place for over a year.
4.1a There are no performance measurements for the effectiveness of Health and Safety.	I recommend that the Strategic Director determines how the effectiveness of health and safety will be measured and this includes the DLO.	3 - Medium	Already actioned, performance measures already agreed with Dan Webb of the Client Team	Strategic Director	N/A	Completed - 3 new KPI's have been agreed by Senior Management which feed into the corporate score card. These have yet to be measured. Develop



Finding	Recommendation	Priority Rating	Management Response	Responsible Officer	Implementation Date	Follow up – 13 June 2012
4.2a There is no structured programme of delivery for tool box talks.	I recommend that the Strategic Director ensures that tool box talks are structured in delivery to DLO staff.	3 - Medium	Agreed	Strategic Director	31 <sup>st</sup> January 2011	Completed – there is now a programme in place. Owned by the DLO staff. This was discussed at the last committee meeting.

## Appendix B

### Accident, incident data and lessons implemented

TDBC accident stats 1 April 2009 – 31 December 2012 (subject to final adjustment)

<b>TDBC Totals– 1 April 2009 – 31 March 2010</b>				
Classification	Core Council	DLO	public	Contractors
Reportable	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>
Non-reportable	<b>14</b>	<b>45</b>	<b>0*</b>	–
<b>Period total</b>	<b>14</b>	<b>62</b>	<b>0</b>	<b>0</b>

\*potential uncertainty in numbers reported by public. (Playgrounds)

<b>TDBC Totals– 1 April 2010 – 31 March 2011 ( final adjustment required)</b>				
Classification	Core Council	DLO	public	Contractors
Reportable	<b>2</b>	<b>6</b>	<b>2</b>	<b>0</b>
Non-reportable	<b>8</b>	<b>42</b>	<b>2</b>	<b>1</b>
<b>Period total</b>	<b>10</b>	<b>48</b>	<b>4*</b>	<b>1</b>

\*potential uncertainty in numbers reported by public. (Playgrounds)

<b>TDBC Totals– 1 April 2011 – 31 March 2012</b>				
Classification	Core Council	DLO	public	Contractors
Reportable	<b>1</b>	<b>3</b>	<b>3</b>	<b>0</b>
Non-reportable	<b>6</b>	<b>32</b>	<b>4</b>	–
<b>Period total</b>	<b>7</b>	<b>35</b>	<b>7*</b>	<b>0</b>

\*potential uncertainty in numbers reported by public. (Playgrounds)

### Accident, incident data and lessons implemented

<b>TDBC Totals– 31 March 2012 - 31 January 2013</b>				
Classification	Core Council	DLO	public	Contractors
Reportable	<b>0</b>	<b>0</b>	<b>0</b>	No data
Non-reportable	<b>3</b>	<b>27</b>	<b>0</b>	–
Near Miss	-	<b>0</b>	-	-
<b>Period total</b>	<b>3</b>	<b>27</b>	<b>4*</b>	<b>1</b>

\*potential uncertainty in numbers reported by public.

All minor accidents will continue to be reviewed on a regular basis by the H&S Advisor and a nominated Rep (Rick Symons for DLO) and allocated to the relevant Rep if further investigation is required. Lessons learnt will be reported back to the H&S committee.