

Hinckley and Bosworth Borough Council

Health & Safety Internal Audit report

June 2019

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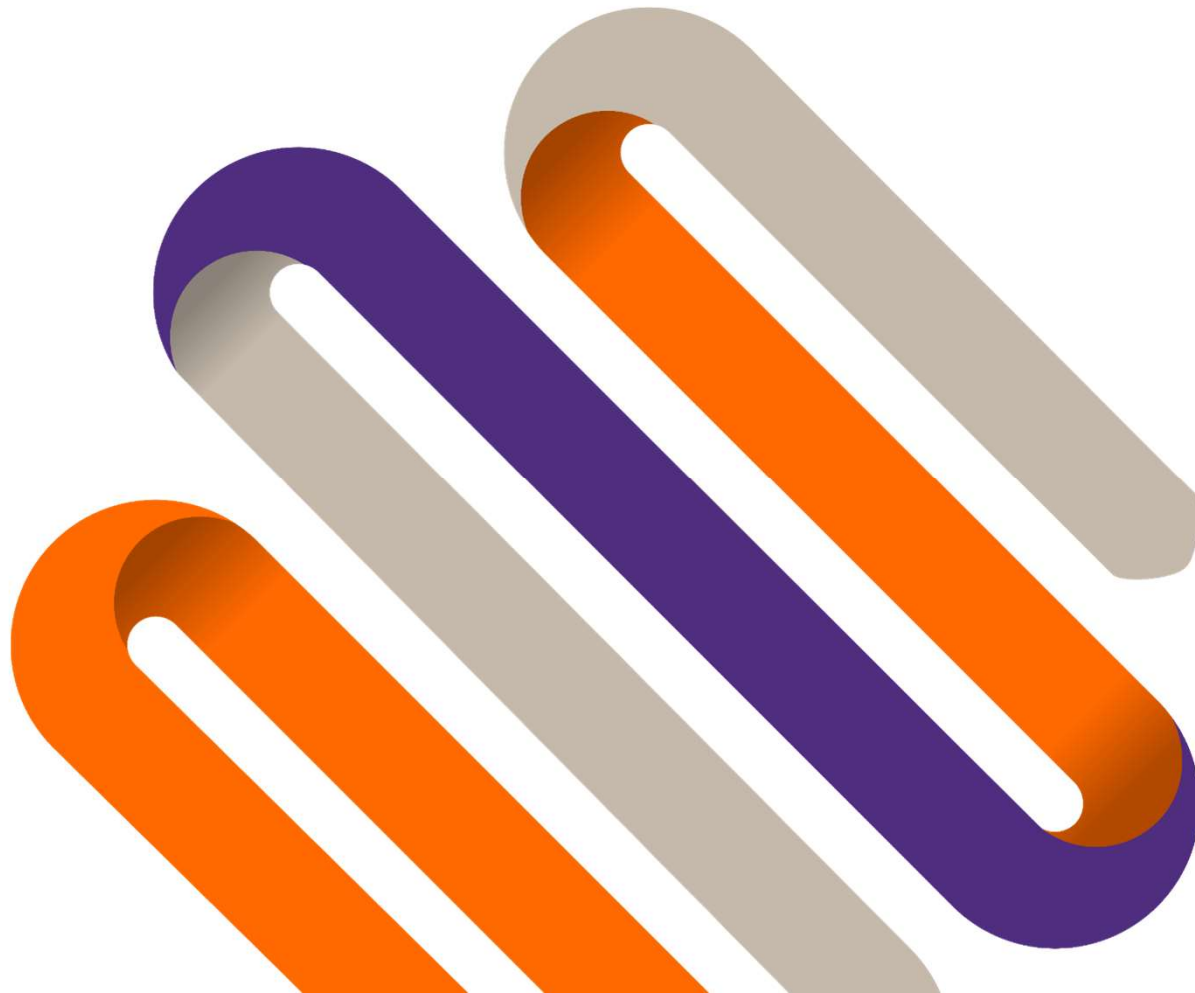
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Report distribution:

For action:

- Facilities Management staff

Responsible Executives:

- Director (Community Services)

This report is confidential and is intended for use by the management and directors of Hinckley & Bosworth Borough Council. It forms part of our continuing dialogue with you. It should not be made available, in whole or in part, to any third party without our prior written consent. We do not accept responsibility for any reliance that third parties may place upon this report. Any third party relying on this report does so entirely at its own risk. We accept no liability to any third party for any loss or damage suffered or costs incurred, arising out of or in connection with the use of this report, however such loss or damage is caused.

It is the responsibility solely of the Council's management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.

Executive Summary

Background

Hinckley and Bosworth Borough Council operates from a number of sites across the borough which include a leisure centre, depot, sheltered housing and a number of office buildings.

The Council has a duty to protect the health, safety and welfare of its employees, in accordance with the Health and Safety at Work Act. During 2018/19, the Council had an inspection at the depot by the Health and Safety Executive which identified improvements required at this site. Actions are currently being taken to address concerns raised.

The activities at the depot are significantly different to those at council office buildings. There remains a requirement on management to have appropriate arrangements in place to ensure the safety of staff and to comply with legislation. The Council has in place policies and procedures to comply with their responsibilities

The Council is currently considering the lessons learnt from the HSE inspection. Ensuring that the Council has in place appropriate arrangements at the other sites is now of particular importance and our review will therefore consider the design and operation of controls in two of the councils main office buildings The Hub and The Atkins building.

This report was commissioned by Facilities Management Staff and we have therefore focussed on their role in ensuring that management of the Council's facilities is in line with legislation.

Objectives

The objective of our review was to provide an independent assessment whether the design and operation of the health and safety control framework is operating effectively at the Council's main offices. The review is focussed on the role of Facilities Management in ensuring that management of the Council's facilities is in line with legislation

The review focused on the following key risks:

- Council is non-compliant with legislative requirements and therefore exposed to risk in the event of an incident which may conceivably have been foreseen in the event of a general standing risk assessment for one of their sites;
- Failure to identify health and safety risks exposing staff and stakeholders to potential hazards;
- Poor decision making due to lack of management information.

We will achieve these aims by;

- Reviewing the health and safety policies and procedures to ensure they are up to date and are appropriately communicated to staff
- Assessing whether officers have put in adequate arrangements to comply with policies and procedures
- Testing whether appropriate records are maintained to demonstrate compliance with health and safety requirements.

Limitations in scope

Please note that our conclusion is limited by scope. Our findings and conclusions will be limited to the risks outlined above. The scope of this audit does not allow us to provide an independent assessment of all risks and across the entire debt recovery process.

Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing. Please note that there is a risk that our findings and conclusions based on the sample may differ from the findings and conclusions we would reach if we tested the entire population from which the sample is taken.

This report does not constitute an assurance engagement as set out under ISAE 3000.

Executive Summary

Conclusion

Partial assurance with improvement required

We have reviewed the Council's processes and controls around Health & Safety. The controls tested are set out in our Audit Planning Brief.

We have concluded that the processes provide **PARTIAL ASSURANCE WITH IMPROVEMENTS REQUIRED** to the Committee.

Good practice

1. Comprehensive building manuals are prepared for the Atkins Building and the Hub, widely circulated to site users and readily available online.
2. The Facilities Management team are responsive to maintenance and safety requests from site users.
3. We note strong evidence of compliance with internal policies and procedures and strong record keeping of both maintenance checks and service requests.

Areas for development

1. Consider implementing a standing risk register to complement reactive risk assessments.
2. Review the respective roles of Health and Safety and Facilities Management staff to ensure that there is no overlap
3. Consider purchasing an off the shelf facilities management package to better manage service requests and related record keeping.
4. Consider implementing a policy requiring visitors to both sites to wear a visitors pass and sign a register.

Recommendations

As we have concluded that the processes provide significant assurance with some improvements required, we have raised one medium level recommendation and two low level recommendations to address the areas for development.

	High	Med	Low	Imp
Detailed findings	1	2	1	1

Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.

Key Findings & Recommendations

Risk Area	Findings and Recommendation	Action Plan
<p>Non-compliance with health and safety legislation and Council policy may result in both reputational and financial damage.</p>	<p>Key findings</p> <ol style="list-style-type: none"> 1. We note that the Council has separate Health & Safety and Facilities Management staff. Both groups appear to take some responsibility for Health & Safety matters, with some apparent overlap between roles. To clarify, this report was commissioned by Facilities Management Staff and we have therefor focussed on their role in ensuring that management of the Council's facilities is in line with legislation. 2. The Facilities Management team produces a building manual for key sites such as the Hub and the Atkins Building. This manual is distributed to both new hires internally and building tenants, as well as being available internally via the intranet. 3. The Facilities Management team also produce a policy which sets out the scope of their responsibilities and how they intend to comply with Health & Safety legislation. We feel that there is some potential to review this policy against relevant legislation, as detailed further below. <p>Recommendations:</p> <p>Issue identified: The Council team performs risk assessments on reactive basis (in response to planned works at their sites for example) but has no "standing " risk assessment for the buildings.</p> <p>Root cause: Council team's view is that their current process is compliant with legislation.</p> <p>Risk: Council is not compliant with legislative requirements and therefore exposed to risk in the event of an incident which may conceivably have been foreseen in the event of a general standing risk assessment for one of their sites.</p> <p>Recommendations: The Council should update its risk assessment procedures to include a Risk Register which looks to proactively identify and mitigate any hazards in addition to its reactive work in response to planned works or events.</p> <p>Overall conclusion: Regulation 3 of the The Management of Health & Safety at Work Regulations (1999) states that "every employer shall make a suitable and sufficient assessment of –</p> <ol style="list-style-type: none"> (a) the risks to the health and safety of his employees to which they are exposed whilst at work; and (b) the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking". <p>We understand from discussions with Facilities Management staff that responsibility for risk assessment in relation to Council sites such as the Hub and Atkins Building is delegated to Facilities Management staff. Whilst we accept that there are procedures in place for events such as fire evacuations and information in regards to this is disseminated to staff, the lack of an overarching, periodic review of potential risks at each site puts the Council at odds with legislation and exposes the Council to the risk of not mitigating all foreseeable risks.</p> <p>Therefore we consider this to be a high risk recommendation.</p>	<p>Actions:</p> <p>Standing Risk Assessment has been Created for the Hinckley Hub, Atkins Building and Jubilee to follow with the rest of the Councils portfolio being considered with the Corporate H&S Officer.</p> <p>Responsible Officer:</p> <p>M. Evans Estates & Asset Manager</p> <p>Executive Lead:</p> <p>Cllr Keith Lynch</p> <p>Due date:</p> <p>August 31st 2019</p>

Key Findings & Recommendations

Risk Area	Findings and Recommendation	Action Plan
<p>Policies and procedures are not up to date and appropriately communicated to staff.</p>	<p>Recommendations (continued)</p> <p>Issue identified: There appears to be potential overlaps and gaps in responsibility for Health and Safety issues resulting from confusion around the respective roles of Facilities Management and dedicated Health and Safety staff.</p> <p>Root cause: As the Council's portfolio has grown and adapted, the role of Facilities Management has similarly expanded and been updated on an ad hoc basis.</p> <p>Risk: Confusion or disagreement over the respective roles of the two groups may lead to gaps in Health & Safety provision.</p> <p>Recommendations: The Council should perform a zero based review of the respective remits of dedicated Health & Safety and Facilities Management staff in order to do ensure that overarching coverage of responsibility for Health & Safety matters is in place.</p> <p>Overall conclusion: Given the commissioning and scope of this report, our work has focussed solely on the roles of Facilities Management staff. However, our reviewed noted some areas where respective roles appeared to overlap or whether there was a lack of clarity over responsibility. Examples of this would be Facilities Management staff taking responsibility for booking Health and Safety training and overseeing evacuation processes. Our view is that a review of these areas will aid the most effective operation of Council policies and reduce risk to the organisation. Therefore, we consider this to be a medium risk recommendation.</p>	<p>Actions:</p> <p>Clarity to be sought from the Corporate Health, Safety, Fire and Resilience Officer and an appropriate structure of officer responsibilities developed alongside appropriate training.</p> <p>Responsible Officer: M. Evans / A Wykes</p> <p>Executive Lead: Cllr Keith Lynch</p> <p>Due date: September 30th 2019</p>

Key Findings & Recommendations

Risk Area	Findings and Recommendation	Action Plan
Poor decision making may result from lack of management information.	<p>Key Findings:</p> <ol style="list-style-type: none"> 1. Sample testing was performed on the Council's database of past maintenance requests. In a sample of ten cases we found that there was a strong audit trail to confirm that the request had been responded to in time and that response times were broadly appropriate. 2. The Council's Facilities Management policy and building manuals are regularly updated and distributed to staff and building tenants. <p>Recommendations</p> <p>Issue identified: Response times to Facilities Management requests are not mandated by SLAs and staff are able to manually adjust request response time frame.</p> <p>Root cause: The Council note that there is a tendency for service users to spuriously set the response times to reflect a higher urgency than is genuinely required.</p> <p>Risk: Staff may manually update response times in order to manage performance data (although sample testing of ten such requests and responses did not suggest that this was taking place).</p> <p>Recommendations: The Council should consider purchasing an off the shelf Facilities Management package which may allow for increased interface opportunities between service users and Facilities Management staff. This would potentially allow for increased opportunities for feedback, auto updates to notify service users when requests have been performed and two way dialogue with users around response times.</p> <p>Overall conclusion: As referred to above, sample testing performed in this area and reviews of performance reporting to stakeholders suggests that the system functions well.</p> <p>Therefore, we deem the above to be an improvement point only.</p>	<p>Actions:</p> <p>Consider the available software and suitability for implementation within the Estates Team.</p> <p>Review existing processes in order to reduce data interference.</p> <p>Responsible Officer: M. Lee</p> <p>Executive Lead: Cllr Keith Lynch</p> <p>Due date: 2nd September 2019</p>

Key Findings & Recommendations

Risk Area	Findings and Recommendation	Action Plan
<p>Failure to identify health and safety risks exposing staff and stakeholders to potential hazards.</p>	<p>Key Findings:</p> <ol style="list-style-type: none"> 1. The Facilities Management policy document clearly sets out the responsibilities of Facilities Management staff and the procedures in place by which they will ensure compliance with their policy; 2. Building manuals are set out and provided to staff and building tenants which provide further information on the operation of the policy as it applies to individual sites and provides contact details and other information for Facilities related queries; 3. Online forms are used to submit and track progress of maintenance requests or notifications of hazards identified. Progress on resolution of these issues is also reported on to stakeholders periodically by Facilities Management staff (however, SLAs are not in place). 4. The audit team performed testing by inspecting and observing the operation of a sample of controls and procedures outlined in the respective building manuals for the Hub and the Atkins Building in April 2019 and noted that in all cases the controls were operating as set out in the manual. However, we note some areas for improvement within the Council's operational procedures for the buildings, as detailed below. <p>Recommendation:</p> <p>Issue identified: Reception staff at the Hub do not require visitors to sign a register upon entry.</p> <p>Root cause: The Council view is that officers or staff of building tenants should take responsibility for visitors – Outlook calendars or similar information can be used to determine who is in the building at a particular time.</p> <p>Risk: Lack of a physical record of visitors signing in and out of the building may lead to a lack of clarity around who is in the building in the event of a fire or similar event .</p> <p>Recommendation: The Council should encourage all visitors to Council offices or those of tenants to sign in and out of the building to ensure that an up to date record of building occupancy at any one point is maintained.</p> <p>Overall conclusion: In the event of a fire or similar event, it is vital to be able to account for individuals and assess the number of people potentially still in the building in order to prevent unnecessary risk to emergency services. A physical list is the quickest way to pull this information together and also more accessible in the event that fire damage causes data loss issues.</p> <p>Therefore we consider this to be a low risk recommendation.</p>	<p>Actions</p> <p>SLT draft paper to be produced to review Council decision not to operate a visitor sign in procedure due to concern in customer waiting times on the front desk.</p> <p>Responsible Officer: M. Evans</p> <p>Executive Lead: Cllr Keith Lynch</p> <p>Due date: 2nd September 2019</p>

Key Findings & Recommendations

Risk Area	Findings and Recommendation	Action Plan
<p>Failure to identify health and safety risks exposing staff and stakeholders to potential hazards.</p>	<p>Recommendations (continued)</p> <p>Issue identified: Reception staff at the Hub do not issue visitors passes. It is also possible to enter and occupy meeting rooms on the ground floor of the building without challenge.</p> <p>Root cause: As per the previous recommendation, the Council's view is that Council officers and building tenants will take responsibility for visitors to the building.</p> <p>Risk: Individuals may make unauthorised access or use of Council facilities. The lack of a policy around visitors passes may exacerbate this further by reducing the likelihood of officers challenging individuals not wearing a pass. In extreme cases, there may also be implications around data security.</p> <p>Recommendations: The Council should update its policy to require all visitors to the building intending to go past the reception / ground floor area to wear visitors passes.</p> <p>Overall conclusion: The current policy may lead to instances whereby individuals are able to access inappropriate areas of Council facilities and even Council data.</p> <p>Therefore, we consider this to be a medium risk recommendation.</p>	<p>Actions</p> <p>SLT draft paper to be produced to review Council decision not to operate a visitor sign in procedure due to concern in customer waiting times on the front desk.</p> <p>Responsible Officer: M. Evans</p> <p>Executive Lead: Cllr Keith Lynch</p> <p>Due date: 2nd September 2019</p>

Appendices

Appendix 1 – Staff involved and documents reviewed

Staff involved

- Malcolm Evans – Estates and Asset Manager
- Marc Lee – Facilities Manager

Documents reviewed

Building Manuals – Atkins Building and the Hub
Facilities Management policy

Appendix 2 - Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Description
Significant assurance	<p>Overall, we have concluded that, in the areas examined, the risk management activities and controls are suitably designed to achieve the risk management objectives required by management.</p> <p>These activities and controls were operating with sufficient effectiveness to provide significant assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by no weaknesses in design or operation of controls and only IMPROVEMENT recommendations.</p>
Significant assurance with some improvement required	<p>Overall, we have concluded that in the areas examined, there are only minor weaknesses in the risk management activities and controls designed to achieve the risk management objectives required by management.</p> <p>Those activities and controls that we examined were operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by minor weaknesses in design or operation of controls and only LOW rated recommendations.</p>
Partial assurance with improvement required	<p>Overall, we have concluded that, in the areas examined, there are some moderate weaknesses in the risk management activities and controls designed to achieve the risk management objectives required by management.</p> <p>Those activities and controls that we examined were operating with sufficient effectiveness to provide partial assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by moderate weaknesses in design or operation of controls and one or more MEDIUM or HIGH rated recommendations.</p>
No assurance	<p>Overall, we have concluded that, in the areas examined, the risk management activities and controls are not suitably designed to achieve the risk management objectives required by management.</p> <p>Those activities and controls that we examined were not operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by significant weaknesses in design or operation of controls and several HIGH rated recommendations.</p>

Appendix 2 - Our assurance levels (cont'd)

The table below describes how we grade our audit recommendations.

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Key activity or control not designed or operating effectively ▪ Potential for fraud identified ▪ Non-compliance with key procedures / standards ▪ Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Important activity or control not designed or operating effectively ▪ Impact is contained within the department and compensating controls would detect errors ▪ Possibility for fraud exists ▪ Control failures identified but not in key controls ▪ Non-compliance with procedures / standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> ▪ Minor control design or operational weakness ▪ Minor non-compliance with procedures / standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> ▪ Information for management ▪ Control operating but not necessarily in accordance with best practice

