

Audit and Governance Committee Report



28 September 2011

Report of **Audit Manager**

Report No. 26/11

Author: **Adrianna Partridge**

Telephone: **01235 547615**

Wards Affected

Telephone: **01491 823544**

All

E-mail: **adrianna.partridge@southandvale.gov.uk**

Cabinet member responsible: **Councillor Matthew Barber**

Telephone: **07816 481452**

E-mail: **matthew.barber@whitehorsedc.gov.uk**

To: Audit and Governance Committee

DATE: 28 September 2011

Internal audit activity report quarter two 2011/2012

Recommendations

That members note the content of the report

Purpose of Report

1. The purpose of this report is to summarise the outcomes of recent internal audit activity for the committee to consider. The committee is asked to review the report and the main issues arising, and seek assurance that action will be/has been taken where necessary.
2. The contact officer for this report is Adrianna Partridge, Audit Manager for South Oxfordshire District Council and Vale of White Horse District Council, telephone (SODC) 01491 823544 and (VWHDC) 01235 547615.

Strategic Objectives

3. To assist the council to manage its business effectively by providing an assurance framework to monitor the overall adequacy and effectiveness of the internal control environment.

Background

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

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

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

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

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

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

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

High Risk: Fundamental control weakness for senior management action

Medium Risk: Other control weakness for local management action

Low Risk: Recommended best practice to improve overall control

2011/2012 Audit Reports

7. Since the last Audit and Governance Committee meeting, the following audits and follow up reviews have been completed:

Completed Audits

Full Assurance: 2

Satisfactory Assurance: 4

Limited Assurance: 1
 Nil Assurance: 0

	Page Ref	Assurance Rating	No. of Recs.	High Risk Recs.	No. Agreed	Medium Risk Recs.	No. Agreed	Low Risk Recs.	No. Agreed
Project Management 10/11	-	Satisfactory	4	0	0	1	1	3	3
1. Gifts & Hospitality	18	Lim/Sat	4	1	1	2	2	1	1
Stationery System	-	Satisfactory	2	0	0	2	2	0	0
Petty Cash Spot Checks	-	Full	0	0	0	0	0	0	0
Facilities Management	-	Satisfactory	13	0	0	7	7	6	6
Ocella/Uniform Procurement	-	Full	1	0	0	0	0	1	1
Grounds Maintenance	-	Satisfactory	12	0	0	4	4	8	8

Follow Up Reviews

	Page Ref	Original Assurance Given	No. of Recs	Implemented	Partly Implemented	Not Implemented	Ongoing
Leisure Centres (WHTLC)	-	Limited	9	8	1	0	0
Leisure Centres (SOLL)	-	Limited	6	6	0	0	0
Petty Cash Procedures	-	Satisfactory	7	6	0	1	0
2. Health and Safety	23	Limited	14	7	2	4	1

8. **Appendix 1** of this report sets out the key points and findings relating to the completed audits which have received limited or nil assurance, and satisfactory, full assurance or follow up reports which members have asked to be presented to this Committee.

9. Members of the committee are asked to seek assurance from the internal audit report and/or respective managers that the agreed actions have been or will be undertaken where necessary.
10. A copy of each report has been sent to the appropriate service manager, the relevant strategic director, the Section 151 Officer and the relevant member portfolio holder. In addition to the above arrangements, reports are now published on the council intranet and committee members are alerted by e-mail when reports are published.
11. Internal audit continues to carry out a six month follow up on all non-financial audits to establish the implementation status of agreed recommendations. All key financial system recommendations are followed up as part of the annual assurance cycle.

Systemic Control Weaknesses

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

Financial Implications

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

Legal Implications

14. None.

Risks

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

ADRIANNA PARTRIDGE
AUDIT MANAGER

1. GIFTS AND HOSPITALITY 2011/2012

1. INTRODUCTION

- 1.1 The fieldwork for this audit was undertaken in May 2011 and the final report was issued on 20 June 2011.
- 1.2 The following areas have been covered during the course of this review to provide assurance that:
- policies and guidance for the receipt of gifts and hospitality are up-to-date, in line with relevant legislation and available for all members and officers;
 - a register is maintained and monitored to ensure that gifts and hospitality are appropriately recorded;
 - members and officers have followed the process appropriately when receiving gifts and hospitality.

2. BACKGROUND

- 2.1 The council has a statutory duty under the Local Government Act 2000 to maintain a register for members' gifts and hospitality. Gifts and hospitality should be given and accepted as liberality and goodwill. If a contractor or potential contractor offers a gift or hospitality, under the Local Government Act 1972 and the Prevention of Corruption Act 1906, the individual or organisation should decline the offer, as it could be classed as an inducement.
- 2.2 At the time of the audit, it was established that the officers' gifts and hospitality register is maintained by Human Resources and the members' gift and hospitality register is maintained by Democratic Services.

3. PREVIOUS AUDIT REPORTS

- 3.1 Gifts and Hospitality was last subject to an internal audit review in July 2008 and seven recommendations were raised. A satisfactory assurance opinion was issued.
- 3.2 In the Gifts and Hospitality Review 2008/2009, seven recommendations were made, of which all seven were agreed. Internal audit can conclude that two recommendations have been implemented, three have not been implemented and two recommendations are now not applicable as the documents have been superseded. All three recommendations not implemented have been incorporated into the current year review. No further recommendations have been made as a result of our work in this area.

4. 2011/2012 AUDIT ASSURANCE

- 4.1 In the area of **officer's** gifts and hospitality:

Limited Assurance: There are some weaknesses in the adequacy of the internal control system which put the system objectives at risk and/or the level

of non-compliance puts some of the system objectives at risk.

4.2 In the area of **member's** gifts and hospitality:

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

4.3 Four recommendations have been raised in this review. One High risk, two Medium risk and one Low risk.

5. MAIN FINDINGS

5.1 Policies and guidance

5.1.1 Internal audit established that there are appropriate policies and guidance in place for gifts and hospitality, but the Gifts and Hospitality Guidance for Officers requires updating. All policies and guidance available are in line with appropriate legislation. Internal audit is satisfied that the policies and guidance are available on the council's website and on the intranet for officers and members to easily access. One recommendation has been made as a result of the work carried out in this area.

5.2 Gifts and hospitality register

5.2.1 Internal audit established that Human Resources have a gifts and hospitality register for officers, but do not update it when officers declare any gifts and hospitality. Human Resources only collate the declaration forms and do not review them. During the audit, Human Resources could not locate where the declaration forms were kept.

5.2.2 Member's gifts and hospitality declarations are part of the register of interests, which are kept by democratic services. The register of interests is updated as and when amendments are made, which includes gifts and hospitality. The register of interest is monitored and approved by the monitoring officer as and when an amendment is submitted by a member. Two recommendations have been made as a result of the work carried out in this area.

5.3 Gifts and hospitality process

5.3.1 Internal audit established the process officers are required to undertake when receiving gifts and hospitality. After selecting a sample of three declarations, internal audit was satisfied with the reasoning for accepting gifts and hospitality and that the declaration forms were approved appropriately, but was not satisfied that the register is not being updated nor sent to the Monitoring Officer for review. Internal audit also noted that reminders about declaring gifts and hospitality have not been sent out to officers.

5.3.2 Internal audit was satisfied that member's gifts and hospitality is in line with legislative requirements. A sample testing of eight declarations confirmed this. Internal audit noted that a reminder to declare any gifts and hospitality included onto council meeting agenda's twice a year. One recommendation has been

made as a result of the work carried out in this area.

OBSERVATIONS AND RECOMMENDATIONS

POLICIES AND GUIDANCE

1. Gifts and hospitality guidance

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> The gifts and hospitality guidance is up-to-date and is reviewed on a regular basis.</p> <p><u>Findings</u> After reviewing the gifts and hospitality guidance, internal audit discovered that it requires updating due to one of the contact officers no longer working for the council.</p> <p><u>Risk</u> If the gifts and hospitality guidance is not up-to-date, officers might not be aware to whom to declare the acceptance of gifts and hospitality to and therefore not declare it.</p>	<p>The Gifts & Hospitality Guidance for Officers should be updated.</p>	<p>Shared HR Manager</p>
Management Response		Implementation Date
<p>Recommendation is Agreed</p> <p>Management Response: Shared HR Manager</p>		<p>End of Q3 2011/2012</p>

GIFTS AND HOSPITALITY REGISTER

2. Update of gifts and hospitality register

(High Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> The officer's gifts and hospitality register is updated as and when a declaration form is received.</p> <p><u>Findings</u> Internal audit established that Human Resources are not updating the officer's gifts and hospitality register.</p>	<p>The responsibility for officer's gifts & hospitality should remain with Human Resources, and Human Resources should review the declarations for appropriateness, file the declaration forms appropriately and update the register.</p>	<p>PA to Chief Executive</p>

<p><u>Risk</u> If the officer's gifts and hospitality register is not updated as and when a declaration form is received, it would make it difficult for the monitoring officer to review the declarations made.</p>		
Management Response		Implementation Date
<p>Recommendation is Agreed in Principle Gifts and hospitality forms have never been saved on personnel files and so there is no reason why only the HR team need to collate these forms. The PA to Chief Executive has agreed to pick up this co-ordination role.</p> <p>Management Response: Shared HR Manager</p>		End of Q3 2011/2012

3. Monitoring of officer's gifts and hospitality register

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> The officer's gifts and hospitality register is submitted to the monitoring officer on a regular basis.</p> <p><u>Findings</u> Human resources do not update the gifts and hospitality register nor submit it to the monitoring officer for annual review.</p> <p><u>Risk</u> If the officer's gifts and hospitality register is not submitted to the monitoring officer to review, there may be gifts and hospitality declared that should not be accepted by the officer on the register.</p>	<p>The officer's gifts and hospitality register should be sent to the Monitoring Officer on an annual basis, so that it can be monitored.</p>	<p>PA to Chief Executive</p>
Management Response		Implementation Date
<p>Recommendation is Agreed The PA to Chief Executive has agreed to email the register to the monitoring officer on an annual basis.</p> <p>Management Response: Shared HR Manager</p>		End of Q3 2011/2012

GIFTS AND HOSPITALITY PROCESS

4. Reminder to declare gifts and hospitality

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Gifts and hospitality reminders are sent out to all officers at least annually, reminding officers to declare any gifts and hospitality they may receive.</p> <p><u>Findings</u> Gifts and hospitality reminders are not sent out, reminding officers to declare any gifts and hospitality they may receive.</p> <p><u>Risk</u> If a reminder is not sent out, officers might not declare any gifts and hospitality that they may receive.</p>	<p>Human Resources should send out a reminder to all officers about declaring any gifts & hospitality they may have received at least once a year.</p>	<p>PA to Chief Executive</p>
Management Response		Implementation Date
<p>Recommendation is Agreed in Principle There is no reason why only the HR team need to send out reminders and so the PA to Chief Executive has agreed to do this.</p> <p>Management Response: Shared HR Manager</p>		<p>End of Q3 2011/2012</p>

2. HEALTH AND SAFETY 2010/2011

(Re-presented at chairman's request)

1. INTRODUCTION

- 1.1 The fieldwork for this audit was undertaken between October and December 2010 and the final report was issued on 24 January 2011.
- 1.2 The following areas have been covered during the course of this review to provide assurance that:
- the council has an appropriate health and safety policy that is reviewed and updated regularly;
 - members of staff are aware of and have received appropriate health and safety training;
 - the council is compliant with the health and safety legislation;
 - risk assessments and health and safety audits have been/ are being carried out with regards to the council buildings and within the work area to minimise the health and safety risk to the members of staff;
 - the council has an effective monitoring system in place to oversee implementation of health and safety practices by all contractors;
 - the council has an appropriate process for reporting incidents, which are reviewed and dealt with by senior management.

2. BACKGROUND

- 2.1 The Health & Safety at Work Act 1974 places overall responsibility for health and safety with the employer. Health and Safety is currently in the process of being harmonised at both VWHDC and South Oxfordshire District Council (SODC), and a joint health and safety policy was recently approved by the executive in September 2010. The council's health and safety adviser is responsible for the management of health and safety at both councils.

3. PREVIOUS AUDIT REPORTS

- 3.1 A follow up report was produced in April 2008 which confirmed that ten recommendations had been implemented and seven were ongoing at that time. Two of the seven ongoing recommendations have been implemented and the remaining five are no longer considered relevant following changes to processes and the harmonisation with VWHDC.

4. 2010/2011 AUDIT ASSURANCE

- 4.1 **Limited Assurance:** There are some weaknesses in the adequacy of the internal control system which put the system objectives at risk and/or the level of non-compliance puts some of the system objectives at risk
- 4.2 Fourteen recommendations have been raised in this review. One high risk, six medium risk and seven low risk.

5. MAIN FINDINGS

5.1 Health and Safety Policies

5.2 Internal Audit (IA) note the joint health and safety policy to be comprehensive and sufficiently detailed, however the policy is not available to staff via the intranet. IA further noted that some health and safety (h&s) policies, for example the council's Display Screen Equipment policy and Violence to Staff policy, have not been reviewed since 2006. In addition terms of reference for the council's Health and Safety Review Board (HSRB) and the Safety Action Group (SAG) are available on the intranet, but were found not to have been reviewed since 2006. Two recommendations have been made as a result of our work in this area.

5.3 Health and Safety Training

5.4 The shared HR business partner (Learning and Development) has produced a training programme which includes a directory of all courses the council offers to its employees. IA noted that previously h&s training was not included as part of corporate induction and was limited to key staff and councillors. However, during the audit IA noted that the shared h&s adviser and the shared HR business partner have included h&s training within the harmonised corporate induction programme. Health and safety training is currently provided by an external company, OSTAS, with courses being arranged once a sufficient number of employees have registered for the course. The council should consider providing general h&s training via the intranet for new employees, in conjunction with localised h&s training provided by the employee's line manager to save resources and to ensure h&s training is provided in a timely manner. Induction check-lists which confirm whether staff have received essential h&s training relating to fire emergency and first aid procedures are not regularly returned to human resources (HR). The h&s adviser is no longer a member of the Chartered Institute of Occupational Safety and Health (IOSH). Four recommendations have been made as a result of our work in this area.

5.5 Health and Safety Legislation

5.6 IA noted the Display Screen Equipment Assessments (DSE) policy was last reviewed in January 2006. DSE assessments for relevant council employees are not up-to-date, furthermore no DSE assessments are recorded as having taken place after August 2009. The responsibility for first aid has not yet been assigned to an officer, leading to instances of overpayments in first aid allowances to staff. Due to the recent management restructure a number of first aid personnel are due to leave the council's employment with no replacements identified. The council should review whether sufficient first aid personnel are available at VWHDC buildings to meet current first aid legislation. The facilities team and the shared h&s adviser should be aware of all hazardous chemicals used within council buildings. IA acknowledges that only a small part of h&s legislation which affects the council has been reviewed in this audit. Six recommendations have been made as a result of our work in this area.

5.7 Risk Assessments

5.8 The council's 'Safety Standard on Risk Assessment' was last reviewed in January 2006. Generic risk assessment forms, for example officer risk assessments and general risk assessment for lone working on site, are available on the intranet for managers to complete. The facilities department is currently working with the shared h&s adviser to ensure that adequate risk assessments are carried out for all VWHDC buildings. IA note risk assessment training is available for relevant officers, however no risk assessment training is recorded as having been provided after December 2007. One recommendation has been made as a result of our work in this area.

5.9 Contractor Monitoring

The council has in place guidance notes for contractors working at VWHDC buildings which detail the legal duties owed to contractors, however the document was last reviewed in January 2006. The h&s adviser does not receive assurance that council monitoring processes for contractors are effective. Health and safety issues noted in the recent leisure centre audit 2010/2011 indicate that h&s monitoring checks are not as robust as they could be. The Verdant Group are waste contractors for both councils and provide h&s training to the council's shared waste team. One recommendation has been made as a result of our work in this area.

5.10 Incident Reporting

5.11 Incident reporting procedure notes are available to all staff via the intranet, and this details the importance of carrying out investigations in order to comply with legal requirements. IA can confirm the document to be comprehensive and sufficiently detailed. Incident report forms are currently in the process of being harmonised. Discussion with the h&s adviser confirmed that the process to report and investigate accidents will follow current SODC procedures. No recommendation has been made as a result of our work in this area.

OBSERVATIONS AND RECOMMENDATIONS

HEALTH AND SAFETY POLICIES

1. Review of Health and Safety Policies

(Low Risk)

Rationale	Recommendation	Responsibility
<u>Best Practice</u> All health and safety (h&s) policies and procedures should be reviewed periodically to ensure compliance with h&s legislation.	All h&s policies should be reviewed periodically and in accordance with the council's h&s procedures.	Health and Safety Adviser
<u>Findings</u> The following policies were last reviewed in January 2006:		

<p>September 2010 and a representative has not been in attendance.</p> <p><u>Risk</u> Failure to ensure clarity with regards to the TOR for h&s review groups could result in staff not being aware of their roles or responsibilities in improving the effectiveness of the HSRB and SAG.</p>		
Management Response		Implementation Date
<p>Recommendation is Agreed</p> <p>The SAG was adopted as a joint group in July 2009 and the first meeting of the joint HSRB was in November 2010. Terms of reference for HSRB were updated in Sept 2009 and again in November 2010. The terms of reference for the safety action group will be reviewed in January and then placed on the intranet. We will set up a link from the Vale intranet to the South health and safety page. A reminder will be sent to heads of service regarding attendance at the safety action group.</p> <p>Management Response: Health and Safety Adviser</p>		<p>28 February 2011</p>

HEALTH AND SAFETY TRAINING

3. Employee Training List

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Officers who require h&s training are identified and registered.</p> <p><u>Findings</u> From a sample of seven employees, two were not included in the employee training List (ETL). Furthermore individuals who have left the council's employment remain on the list. IA note that the process to update the ETL is not as robust as it can be.</p> <p><u>Risk</u> If all relevant employees are not included in the ETL there is a risk that employees are not being monitored and therefore may not receive the required h&s training.</p>	<p>HR 'admin team' should ensure that the employee training list (ETL) is kept up-to-date and includes details of all employees with regards to h&s training. Furthermore a monthly reconciliation should be carried out with the establishment list to remove employees who have left.</p>	<p>HR Business Support Manager</p>

Management Response	Implementation Date
<p>Recommendation is Agreed in Principle The recent lapse in the maintenance of the employee training list has been due to lack of resources within HR administration. With the recent recruitment of the HR Business Support Manager, the list should be updated monthly.</p> <p>Management Response: HR Business Partner (Learning and Development)</p>	31 May 2011

4. Casual Staff

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> All staff should receive adequate h&s training.</p> <p><u>Findings</u> HR and the HR business partner (learning and development) does not receive assurance that h&s training is provided to casual staff, as induction checklists for new employees are not regularly returned to HR.</p> <p><u>Risk</u> If adequate training records are not maintained for all employees there is a risk the council may be in non-compliance with h&s legislation. Furthermore training records are not reviewed to confirm whether adequate/refresher training is provided/needed.</p>	Induction checklists should be returned to HR for all employees. HR to remind all service managers.	HR Business Support Manager
Management Response	Implementation Date	
<p>Recommendation is Agreed in Principle It will be investigated as to whether it is practical to add casual employees onto the employee training list, so their training can be tracked in the same way as permanent staff</p> <p>Management Response: HR Business Partner (Learning and Development)</p>	31 July 2011	

5. Health and Safety Training

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> All h&s training should be provided in a timely manner.</p> <p><u>Findings</u> H&s training was limited to key staff. From review of the employee training list it was confirmed that only 43 employees and 27 councillors are recorded as having received h&s training since 2003 and the most recent recorded date was February 2009.</p> <p>Courses are only provided once sufficient new starters have registered for the course. This results in significant delays.</p> <p><u>Risk</u> If training is not provided in a timely manner, staff may not be aware of the processes to follow. This may lead to the council being in non-compliance with current h&s legislation and avoidable risks are not addressed.</p>	<p>A process should be in place to ensure that all staff receive h&s training in a timely manner. Consideration should be given to providing h&s courses via e-learning.</p>	<p>HR Business Partner (Learning and Development)</p>
Management Response		Implementation Date
<p>Recommendation is Agreed The policy at Vale had been to only train key staff and councillors in H&S. Since taking on the shared roles, the HR Business Partner (Learning and Development) and H&S Advisor have incorporated H&S training as compulsory training onto the harmonised corporate training programme.</p> <p>Management Response: HR Business Partner (Learning and Development)</p>		<p>30 June 2011</p>

6. IOSH Membership

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> The h&s adviser should have the relevant experience and qualifications to carry out their duties effectively.</p>	<p>The h&s adviser should review with management whether membership of the Chartered Institute of Occupational Safety and Health (IOSH) is a necessary</p>	<p>Health and Safety Adviser</p>

<p><u>Findings</u> From discussion with the h&s adviser it was confirmed that their membership of the Chartered Institute of Occupational Safety and Health (IOSH) has lapsed. Members of IOSH are kept informed of any changes to h&s legislation and best practice.</p> <p><u>Risk</u> If the officer responsible for h&s is not a member of a recognised body they may not be aware of the changes in legislation. The council may be at risk of non-compliance with h&s legislation by not receiving up-to-date advice.</p>	<p>requirement for the role of h&s adviser.</p>	
<p>Management Response</p>		<p>Implementation Date</p>
<p>Recommendation is Agreed Health and safety adviser has now rejoined IOSH.</p> <p>Management Response – Health and Safety Adviser</p>		<p>Immediate</p>

HEALTH AND SAFETY LEGISLATION

7. DSE Assessments

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> All staff should receive Display Screen Equipment (DSE) assessment in a timely manner. Ideally this should be carried out as part of the induction process.</p> <p><u>Findings</u> From review of the employee training list IA observed that 71 employees were not recorded as having received a DSE assessment. Furthermore no DSE assessments were recorded as having been carried out after August 2009.</p> <p><u>Risk</u> If DSE assessments are not carried out the council may be at risk of non-compliance with</p>	<p>Line managers must ensure that all relevant staff receive a display screen equipment (DSE) assessment in a timely manner.</p> <p>Accurate records for staff DSE assessments should be maintained by the h&s adviser and HR consultants.</p>	<p>Heads of Service</p> <p>Health and Safety Adviser/HR consultants</p>

current h&s legislation. This may lead to penalties and/or fines.		
Management Response		Implementation Date
<p>Recommendation is Agreed in Principle</p> <p>The Vale had an online DSE assessment process which all staff had to complete – some staff never completed them even after several reminders. It is the managers responsibility to ensure staff complete an on line assessment. There has been very little recruitment since joint working therefore we would not expect many on line assessments to have been completed. DSE assessments are carried out electronically at Vale and by trained assessors at South, a decision needed to be made as to which system would be adopted which has also caused a delay in carrying out DSE assessments. A decision has now been made to adopt the system used at South.</p> <p>Due to all the restructures and office moves managers were advised that the reviewing of DSE assessments except for staff experiencing any health problems could wait until everyone was settled in their final destination. Reviewing of DSE assessments has now commenced.</p> <p>Management Response: Health and Safety Adviser</p>		31 December 2011

8. Manual Handling

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Guidance for manual handling should be comprehensive and sufficiently detailed.</p> <p><u>Findings</u> Generic advice titled 'moving office and relocation' is available to employees. The guidance notes are insufficiently detailed and not specific to council roles and responsibilities.</p> <p><u>Risk</u> If manual handling procedures are not sufficiently detailed staff may not be aware of the process to follow. This may lead to injury and/risk of fine.</p>	Manual handling guidance should be specific to the VWHDC, detailing the roles and responsibilities of staff and any necessary training the council offers.	Health and Safety Adviser
Management Response		Implementation Date
Recommendation is Agreed in Principle When the manual handling policy is harmonised it will be specific to both councils.		31 December 2011

Management Response: Health and Safety Adviser	
--	--

9. Lone Working System

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Ensure all relevant employees are registered on the lone working system (Forest Care).</p> <p><u>Findings</u> From testing undertaken it was confirmed that not all relevant staff are registered on the council's lone worker system (Forest Care).</p> <p><u>Risk</u> If staff are not registered on the lone worker system, they are not adequately monitored; this may lead to employees being at risk of harm. Furthermore the council may be at risk of non-compliance with current h&s legislation.</p>	<p>A process should be in place to ensure all relevant staff are registered with the council's lone worker system (Forest Care).</p>	<p>Heads of Service</p>
Management Response		Implementation Date
<p>Recommendation is Agreed The lone worker policy has been out to consultation and will be sent out by the end of February which covers the above.</p> <p>Management Response: Health and Safety Adviser</p>		<p>28 February 2011</p>

10. First Aid Allowances

(High Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Payroll should be notified in a timely manner when first aid certificates have expired.</p> <p><u>Findings</u> Payroll had not been notified of the following:</p> <p>An individual whose first aid certificate expired in February 2010 was paid the monthly first aid allowance for a further three months.</p>	<p>Payroll should be informed in a timely manner by HR when monthly first aid allowances become due or are no longer appropriate. Furthermore recovery of any overpayments should be instigated.</p>	<p>HR Business Partner (Learning and Development) and HR Business Support Manager</p>

<p>One individual whose first aid certificate expired in July 2010 was paid the monthly first aid allowance for a further two months.</p> <p><u>Risk</u> If payroll is not notified in a timely manner there is a risk inappropriate payments may be made leading to financial loss for the council.</p>		
Management Response		Implementation Date
<p>Recommendation is Agreed in Principle A robust process needs to be agreed between the HR Business Partner (Learning and Development) and HR Business Support Manager</p> <p>Management Response: HR Business Partner (Learning and Development)</p>		31 March 2011

11. First Aid Courses

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Current legislation requires employers to provide adequate 'first aid personnel' and inform employees of the location of first aid personnel.</p> <p><u>Findings</u> Responsibility for managing the provision of first aid has not been assigned to an officer. Furthermore first aid certificates are not checked by HR/h&s adviser.</p> <p>Of a list 13 first aid personnel for all VWHDC buildings, six are due to leave the council's employment by December 2010 with no replacements identified.</p> <p>In two instances first aid courses were booked after the expiry date of first aid certificates leading to increased costs to the council as a refresher course is cheaper.</p>	<p>Adequate monitoring arrangements should be in place to ensure VWHDC is in compliance with first aid legislation and that responsibility for first aid is assigned to an appropriate officer.</p>	<p>H&S Adviser, HR Business Partner (Learning and Development) and HR Business Support Manager</p>

<p><u>Risk</u> If accurate information for first aid is not held there is a risk that the council may be in non-compliance with first aid legislation.</p>		
<p>Management Response</p>		<p>Implementation Date</p>
<p>Recommendation is Agreed in Principle The Vale do have an appropriate number of first aiders, due to staff moving to different locations or leaving the organisation we need some more volunteers. We now have a list of volunteers who will be trained shortly. Due to the Vale training officer moving to Cornerstone – some first aid certificates did expire without reminders being sent.</p> <p>There is no written first aid procedure for the Vale – this will be rectified when the first aid arrangements are harmonised.</p> <p>Responsibilities for the whole process of monitoring the number of first aiders and ensuring records are up to date needs to be agreed between the H&S Adviser, HR Business Partner (Learning and Development) and HR Business Support Manager</p> <p>Management Response: HR Business Partner (Learning and Development) and Health and Safety Adviser.</p>		<p>31 March 2011</p>

12. Hazardous Substances

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> The h&s adviser and the shared facilities manager (SFM) should be aware of all hazardous chemicals used in VWHDC buildings.</p> <p><u>Findings</u> The h&s adviser/SFM does not maintain a centralised list of hazardous chemicals contained within VWHDC buildings.</p> <p><u>Risk</u> If the h&s adviser/SFM is not aware of all hazardous chemicals at all VWHDC buildings then Control of Substances Hazardous to Health (COSHH) assessments may not be carried</p>	<p>Heads of service should provide a list of all hazardous chemicals within their service area to the shared h&s adviser and the relevant facilities officer for review.</p>	<p>Heads of Service</p>

out. Furthermore in the event of a fire, hazardous chemicals may not be identified quickly.		
Management Response		Implementation Date
Recommendation is Agreed A reminder will be sent to heads of service. Management Response: Health and Safety Adviser		30 December 2011

RISK ASSESSMENTS

13. Risk Assessment (guidance notes)

(Low Risk)

Rationale	Recommendation	Responsibility
<u>Best Practice</u> Risk assessments should be reviewed periodically and updated when necessary. <u>Findings</u> The council's guidance notes 'safety standard for risk assessment' was last reviewed in January 2006. <u>Risk</u> If guidance notes for risk assessments are not reviewed periodically there is a risk hazards may not be identified.	Guidance notes for risk assessments should be reviewed periodically.	Health and Safety Adviser
Management Response		Implementation Date
Recommendation is Agreed See comments in section 1. Risk assessment policy and associated guidance was one of the priority policies to be reviewed. All documentation has been updated and is being reviewed by management team prior to going out to consultation. Management Response: Health and Safety Adviser.		30 June 2011

CONTRACTORS

14. Contractor Monitoring

(Medium Risk)

Rationale	Recommendation	Responsibility
<u>Best Practice</u> The council should have a policy in place for the monitoring of all contractors. The policy should define roles and responsibilities.	Managers must ensure that employees and contractors are adhering to the councils h&s guidelines and seek advice from the council's	Health and Safety Adviser and heads of service

<p><u>Findings</u> The council has in place 'selection and control of contractors' however this policy refers to contractors who are located onsite at the council.</p> <p>The h&s adviser does not receive assurances that contractors i.e leisure centres, waste contractors are monitored effectively and that h&s checks by the council monitoring teams are robust.</p> <p>During the recent leisure centre audit IA noted monitoring processes for carrying out CRB checks and pool tests are not as robust as they can be.</p> <p><u>Risk</u> If contractors are not monitored effectively there is a risk the council may be held liable for any non-compliance with current h&s legislation.</p>	<p>h&s adviser when necessary. A periodic review of contractor's compliance with h&s guidelines should be carried out by the h&s adviser.</p>	
<p>Management Response</p>		<p>Implementation Date</p>
<p>Recommendation is Agreed At the Vale an approved list of contractors were used for minor works that have all had the necessary checks. The main contracts, waste, leisure, grounds maintenance were monitored and records kept by the Vale health and safety adviser. These checks ceased when he left the council. We need to ensure that the appropriate officers are monitoring the contracts from a health and safety perspective. The HSE would not expect the council to monitor every single aspect of the health and safety management system of the contractor; we do not have the resources nor the detailed expertise in some cases. They would expect the council to provide evidence of periodic monitoring and checks. For example, meetings where health and safety issues are discussed, receiving accident statistics, monitoring the outcome of investigations and actions for serious incidents, site visits to check compliance with contract and health and safety, etc. A reminder will be sent to heads of service regarding the importance of the selection and monitoring of contractors.</p> <p>Management Response: Health and Safety Adviser</p>		<p>31 March 2012</p>

3. HEALTH AND SAFETY FOLLOW-UP 2010/2011

1. INTRODUCTION

1.1 This report details the findings from internal audit's follow-up review of Health and Safety 2010/2011. The original fieldwork was undertaken in December 2010 and the final report was issued in January 2011.

2. INITIAL AUDIT FINDINGS

2.1 The final report made 14 recommendations. Eight recommendations were agreed and six were agreed in principle. A limited assurance opinion was issued.

3. FOLLOW UP MAIN FINDINGS

3.1 The review found that seven recommendations have been implemented, four recommendations are ongoing, two recommendations are partly implemented and the remaining one recommendation has not been implemented. Revised implementation dates have been provided where appropriate.

FOLLOW-UP OBSERVATIONS

HEALTH AND SAFETY POLICIES

1. Review of Health and Safety Policies

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> All health and safety (h&s) policies and procedures should be reviewed periodically to ensure compliance with h&s legislation.</p> <p><u>Findings</u> The following policies were last reviewed in January 2006:</p> <ul style="list-style-type: none">• the safety standard for the 'Selection and Control of Contractors'• 'Incident Reporting' procedures• DSE Assessment policy• Violence to Staff policy <p>IA noted that the joint h&s policy is not available on the intranet.</p> <p><u>Risk</u></p>	<p>All h&s policies should be reviewed periodically and in accordance with the council's h&s procedures.</p>	<p>Health and Safety Adviser</p>

<p>If policies are not regularly reviewed there is a risk staff may not be aware of the most up to date practices to follow. This may lead to the council being in non-compliance with current h&s legislation.</p>		
Management Response		Implementation Date
<p>Recommendation is Agreed The Vale health and safety adviser was responsible for reviewing health and safety policies. Once the decision was made for joint working between South and Vale, reviewing existing policies would not be the best use of time (especially if there had been no changes in legislation) as all the health and safety procedures would have to be harmonised.</p> <p>Management Response: Health and Safety Adviser</p>		<p>31 March 2012</p>
Follow-Up Observations		
<p>From discussion with the Health & Safety Adviser, the process of writing up all policies due to harmonisation is still ongoing. There is an intention to update the list of all policies to include a review date. Policies which are completed now have an issue and review date.</p>		<p>Ongoing Revised implementation date: 31 March 2013</p>

2. Terms of Reference

(Low Risk)

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

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

HEALTH AND SAFETY TRAINING

3. Employee Training List

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Officers who require h&s training are identified and registered.</p> <p><u>Findings</u> From a sample of seven employees, two were not included in the employee training List (ETL). Furthermore individuals who have left the council's employment remain on the list. IA note that the process to update the ETL is not as robust as it can be.</p>	<p>HR 'admin team' should ensure that the employee training list (ETL) is kept up-to-date and includes details of all employees with regards to h&s training. Furthermore a monthly reconciliation should be carried out with the establishment list to remove employees who have left.</p>	<p>HR Business Support Manager</p>

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

4. Casual Staff

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> All staff should receive adequate h&s training.</p> <p><u>Findings</u> HR and the HR business partner (learning and development) does not receive assurance that h&s training is provided to casual staff, as induction checklists for new employees are not regularly returned to HR.</p> <p><u>Risk</u> If adequate training records are not maintained for all employees there is a risk the council may be in non-compliance with h&s legislation. Furthermore training records are not reviewed to confirm whether adequate/refresher</p>	<p>Induction checklists should be returned to HR for all employees. HR to remind all service managers.</p>	<p>HR Business Support Manager</p>

training is provided/needed.		
Management Response		Implementation Date
<p>Recommendation is Agreed in Principle It will be investigated as to whether it is practical to add casual employees onto the employee training list, so their training can be tracked in the same way as permanent staff</p> <p>Management Response: HR Business Partner (Learning and Development)</p>		31 July 2011
Follow-Up Observations		
An e-mail has been sent to all service managers reminding service managers to complete and sign induction checklists and send to HR on the 12/07/2011.		Implemented

5. Health and Safety Training

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> All h&s training should be provided in a timely manner.</p> <p><u>Findings</u> H&s training was limited to key staff. From review of the employee training list it was confirmed that only 43 employees and 27 councillors are recorded as having received h&s training since 2003 and the most recent recorded date was February 2009.</p> <p>Courses are only provided once sufficient new starters have registered for the course. This results in significant delays.</p> <p><u>Risk</u> If training is not provided in a timely manner, staff may not be aware of the processes to follow. This may lead to the council being in non-compliance with current h&s legislation and avoidable risks are not addressed.</p>	<p>A process should be in place to ensure that all staff receive h&s training in a timely manner.</p> <p>Consideration should be given to providing h&s courses via e-learning.</p>	HR Business Partner (Learning and Development)
Management Response		Implementation Date
<p>Recommendation is Agreed The policy at Vale had been to only train key staff and councillors in H&S. Since taking on the shared roles, the HR Business Partner (Learning and Development) and H&S Advisor have incorporated H&S training as compulsory</p>		30 June 2011

training onto the harmonised corporate training programme.	
Management Response: HR Business Partner (Learning and Development)	
Follow-Up Observations	
From discussion with the Health and Safety Adviser, it has been agreed training will take place when the procedures have been updated.	Not Implemented
This currently leaves risk especially for new employees, this has been reported to service managers and discussed within the annual report sent to senior management.	Revised implementation date: 31 March 2013

6. IOSH Membership

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> The h&s adviser should have the relevant experience and qualifications to carry out their duties effectively.</p> <p><u>Findings</u> From discussion with the h&s adviser it was confirmed that their membership of the Chartered Institute of Occupational Safety and Health (IOSH) has lapsed. Members of IOSH are kept informed of any changes to h&s legislation and best practice.</p> <p><u>Risk</u> If the officer responsible for h&s is not a member of a recognised body they may not be aware of the changes in legislation. The council may be at risk of non-compliance with h&s legislation by not receiving up-to-date advice.</p>	The h&s adviser should review with management whether membership of the Chartered Institute of Occupational Safety and Health (IOSH) is a necessary requirement for the role of h&s adviser.	Health and Safety Adviser
Management Response		Implementation Date
Recommendation is Agreed Health and safety adviser has now rejoined IOSH.		Immediate
Management Response – Health and Safety Adviser		
Follow-Up Observations		
The health & safety adviser now has membership to the Institute of Occupational Safety and Health (IOSH).		Implemented

HEALTH AND SAFETY LEGISLATION

7. DSE Assessments

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> All staff should receive Display Screen Equipment (DSE) assessment in a timely manner. Ideally this should be carried out as part of the induction process.</p> <p><u>Findings</u> From review of the employee training list IA observed that 71 employees were not recorded as having received a DSE assessment. Furthermore no DSE assessments were recorded as having been carried out after August 2009.</p> <p><u>Risk</u> If DSE assessments are not carried out the council may be at risk of non-compliance with current h&s legislation. This may lead to penalties and/or fines.</p>	<p>Line managers must ensure that all relevant staff receive a display screen equipment (DSE) assessment in a timely manner.</p> <p>Accurate records for staff DSE assessments should be maintained by the h&s adviser and HR consultants.</p>	<p>Heads of Service</p> <p>Health and Safety Adviser/HR consultants</p>
Management Response		Implementation Date
<p>Recommendation is Agreed in Principle</p> <p>The Vale had an online DSE assessment process which all staff had to complete – some staff never completed them even after several reminders. It is the managers responsibility to ensure staff complete an on line assessment. There has been very little recruitment since joint working therefore we would not expect many on line assessments to have been completed. DSE assessments are carried out electronically at Vale and by trained assessors at South, a decision needed to be made as to which system would be adopted which has also caused a delay in carrying out DSE assessments. A decision has now been made to adopt the system used at South.</p> <p>Due to all the restructures and office moves managers were advised that the reviewing of DSE assessments except for staff experiencing any health problems could wait until everyone was settled in their final destination. Reviewing of DSE assessments has now commenced.</p> <p>Management Response: Health and Safety Adviser</p>		<p>31 December 2011</p>

Follow-Up Observations	
<p>A reminder was sent to heads of service, shared managers and DSE assessors on 5 November 2010 requesting that they commence DSE assessments for all employees that are definitely not moving anywhere and return them to the health and safety adviser.</p> <p>The council has an online system. The harmonised DSE policy adopted the method of having trained assessors – which is due to go ahead.</p>	Implemented

8. Manual Handling

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Guidance for manual handling should be comprehensive and sufficiently detailed.</p> <p><u>Findings</u> Generic advice titled 'moving office and relocation' is available to employees. The guidance notes are insufficiently detailed and not specific to council roles and responsibilities.</p> <p><u>Risk</u> If manual handling procedures are not sufficiently detailed staff may not be aware of the process to follow. This may lead to injury and/risk of fine.</p>	Manual handling guidance should be specific to the VWHDC, detailing the roles and responsibilities of staff and any necessary training the council offers.	Health and Safety Adviser
Management Response		Implementation Date
<p>Recommendation is Agreed in Principle When the manual handling policy is harmonised it will be specific to both councils.</p> <p>Management Response: Health and Safety Adviser</p>		31 December 2011
Follow-Up Observations		
The Health and Safety Adviser stated the draft manual handling guidance has been written, this has gone to the management team and is due to go through the council consultation process.		Ongoing

9. Lone Working System

(Low Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Ensure all relevant employees are registered on the lone</p>	A process should be in place to ensure all relevant staff are	Heads of Service

<p>working system (Forest Care).</p> <p><u>Findings</u> From testing undertaken it was confirmed that not all relevant staff are registered on the council's lone worker system (Forest Care).</p> <p><u>Risk</u> If staff are not registered on the lone worker system, they are not adequately monitored; this may lead to employees being at risk of harm. Furthermore the council may be at risk of non-compliance with current h&s legislation.</p>	<p>registered with the council's lone worker system (Forest Care).</p>	
Management Response		Implementation Date
<p>Recommendation is Agreed The lone worker policy has been out to consultation and will be sent out by the end of February which covers the above.</p> <p>Management Response: Health and Safety Adviser</p>		28 February 2011
Follow-Up Observations		
<p>Internal audit have reviewed the Forest Care system for all employees identified in the previous audit report, and all, where applicable, have been put on to the Forest Care system.</p>		Implemented

10. First Aid Allowances

(High Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> Payroll should be notified in a timely manner when first aid certificates have expired.</p> <p><u>Findings</u> Payroll had not been notified of the following:</p> <p>An individual whose first aid certificate expired in February 2010 was paid the monthly first aid allowance for a further three months.</p> <p>One individual whose first aid certificate expired in July 2010 was paid the monthly first aid</p>	<p>Payroll should be informed in a timely manner by HR when monthly first aid allowances become due or are no longer appropriate. Furthermore recovery of any overpayments should be instigated.</p>	<p>HR Business Partner (Learning and Development) and HR Business Support Manager</p>

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

11. First Aid Courses

(Medium Risk)

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

<p>employment by December 2010 with no replacements identified.</p> <p>In two instances first aid courses were booked after the expiry date of first aid certificates leading to increased costs to the council as a refresher course is cheaper.</p> <p><u>Risk</u> If accurate information for first aid is not held there is a risk that the council may be in non-compliance with first aid legislation.</p>		
Management Response		Implementation Date
<p>Recommendation is Agreed in Principle</p> <p>The Vale do have an appropriate number of first aiders, due to staff moving to different locations or leaving the organisation we need some more volunteers. We now have a list of volunteers who will be trained shortly. Due to the Vale training officer moving to Cornerstone – some first aid certificates did expire without reminders being sent.</p> <p>There is no written first aid procedure for the Vale – this will be rectified when the first aid arrangements are harmonised.</p> <p>Responsibilities for the whole process of monitoring the number of first aiders and ensuring records are up to date needs to be agreed between the H&S Adviser, HR Business Partner (Learning and Development) and HR Business Support Manager</p> <p>Management Response: HR Business Partner (Learning and Development) and Health and Safety Adviser.</p>		31 March 2011
Follow-Up Observations		
<p>A meeting has been held to allocate responsibilities, “Health and Safety Training - Tasks and Responsibilities” meeting on 11 May 2011. The following tasks have been allocated:</p> <p>HR</p> <ul style="list-style-type: none"> ➤ Arrange training for new first aiders ➤ Identify when certificates will expire in next two months ➤ Arrange refresher and re qualification first aid training ➤ Update HR Pro when new person becomes qualified or requalified and expiry date ➤ Update HR Pro if any qualifications expire 		Implemented

<ul style="list-style-type: none"> ➤ Inform Payroll of new first aid qualifications, leavers who were receiving first aid payment and any staff who are no longer qualified ➤ Issue original certificate to delegate and scan onto personnel file <p>H&S</p> <ul style="list-style-type: none"> ➤ Maintain first aiders list and ensure updated copies are displayed around the sites <p>Evidence of monitoring taking place has been provided to internal audit.</p>	
--	--

12. Hazardous Substances

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> The h&s adviser and the shared facilities manager (SFM) should be aware of all hazardous chemicals used in VWHDC buildings.</p> <p><u>Findings</u> The h&s adviser/SFM does not maintain a centralised list of hazardous chemicals contained within VWHDC buildings.</p> <p><u>Risk</u> If the h&s adviser/SFM is not aware of all hazardous chemicals at all VWHDC buildings then Control of Substances Hazardous to Health (COSHH) assessments may not be carried out. Furthermore in the event of a fire, hazardous chemicals may not be identified quickly.</p>	<p>Heads of service should provide a list of all hazardous chemicals within their service area to the shared h&s adviser and the relevant facilities officer for review.</p>	<p>Heads of Service</p>
Management Response		Implementation Date
<p>Recommendation is Agreed A reminder will be sent to heads of service.</p> <p>Management Response: Health and Safety Adviser</p>		<p>30 December 2011</p>
Follow-Up Observations		
<p>The Health & Safety Adviser has stated a request/reminder to ensure all heads of service complete a list of all hazardous chemicals return has not been done (and no lists have been received between the report and follow-up date).</p>		<p>Ongoing</p>

RISK ASSESSMENTS

13. Risk Assessment (guidance notes)

(Low Risk)

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

CONTRACTORS

14. Contractor Monitoring

(Medium Risk)

Rationale	Recommendation	Responsibility
<p><u>Best Practice</u> The council should have a policy in place for the monitoring of all contractors. The policy should define roles and responsibilities.</p> <p><u>Findings</u> The council has in place 'selection and control of contractors' however this</p>	<p>Managers must ensure that employees and contractors are adhering to the councils h&s guidelines and seek advice from the council's h&s adviser when necessary. A periodic review of contractor's compliance with h&s guidelines should be</p>	<p>Health and Safety Adviser and heads of service</p>

<p>policy refers to contractors who are located onsite at the council.</p> <p>The h&s adviser does not receive assurances that contractors i.e leisure centres, waste contractors are monitored effectively and that h&s checks by the council monitoring teams are robust.</p> <p>During the recent leisure centre audit IA noted monitoring processes for carrying out CRB checks and pool tests are not as robust as they can be.</p> <p><u>Risk</u> If contractors are not monitored effectively there is a risk the council may be held liable for any non-compliance with current h&s legislation.</p>	<p>carried out by the h&s adviser.</p>	
Management Response		Implementation Date
<p>Recommendation is Agreed</p> <p>At the Vale an approved list of contractors were used for minor works that have all had the necessary checks. The main contracts, waste, leisure, grounds maintenance were monitored and records kept by the Vale health and safety adviser. These checks ceased when he left the council. We need to ensure that the appropriate officers are monitoring the contracts from a health and safety perspective. The HSE would not expect the council to monitor every single aspect of the health and safety management system of the contractor; we do not have the resources nor the detailed expertise in some cases. They would expect the council to provide evidence of periodic monitoring and checks. For example, meetings where health and safety issues are discussed, receiving accident statistics, monitoring the outcome of investigations and actions for serious incidents, site visits to check compliance with contract and health and safety, etc. A reminder will be sent to heads of service regarding the importance of the selection and monitoring of contractors.</p> <p>Management Response: Health and Safety Adviser</p>		<p>31 March 2012</p>
Follow-Up Observations		
<p>From discussion with the Health and Safety Adviser, it is the intention to embed the responsibility to those undergoing procurement to adequately consider the need for health and</p>		<p>Ongoing Revised</p>

safety inspections of the contract and publicise the importance of this change. In addition, to the completion of policies and publicising the documents as and when they are completed as outlined in recommendation one.

**implementation date:
31 March 2013**