



# Health & Safety Checks for the Corporate Estate

## Final Report

### Corporate Resources (COR)

### Overall Audit Opinion - Limited

Process Areas & Finding Priority Levels	High	Medium	Low
1. Governance	0	2	0
2. Compliance with Health & Safety Regulations and Managing Risks	0	1	0
3. Monitoring of H&S Compliance and Review of Controls	1	2	0
4. Monitoring and Reporting	1	0	0
<b>Total</b>	<b>2</b>	<b>5</b>	<b>0</b>

Auditor - Martin Doyle, Principal Auditor

Audit Reviewer – Christine Webster, Interim Head of Audit

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## Distribution

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## Key Dates

Terms of Reference	03/12/21
Start of Fieldwork	03/12/21
End of Fieldwork	17/01/22
Exit Meeting	17/01/22
Draft Report	01/02/22
Management Agreement	11/03/22
Final Report	25/03/22

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# Executive Summary

## 1. Introduction

The Terms of Reference at the end of this report set out the audit background and service objectives. We report by exception. This means we have only detailed areas that would benefit from management action to improve internal control.

## 2. Assurance Opinion and Findings

Health & Safety Checks for the Corporate Estate has an assurance rating of Limited.

Our findings, divided by priority category, are as follows:

- 2 High priority findings,
- 5 Medium priority findings, and
- 0 Low priority findings.

## 3. High and Medium Priority Findings **\*indicates recurring finding**

- Self-assessment and full audits of service teams are required to be carried out annually, however, it was identified that due to the COVID-19 pandemic the most recently completed health and safety (H&S) audit programme was for the year 2018/19. In addition, it was identified for two quarters where H&S compliance checks could not be carried out for all operational properties in the corporate estate due to staff shortage, that compliance checks were not undertaken for all high risk properties.
- The H&S Committee is required to meet three times per year. However, the last meeting of the Committee was on 4 November 2019. For one meeting of the Corporate H&S Board and one meeting of the Corporate Resources H&S Committee, minutes of the meeting could not be provided. In addition, it was identified that a recent external audit has not been carried out, as required by procedures to monitor the Council's H&S performance in respect of its selected occupational H&S standard (BS OHSAS 18001).
- A review of the health & safety policies and procedures published on the Council's intranet identified that: the Asbestos Policy and Management Plan has not been reviewed annually as required by regulations; the Fire Safety Policy and Water Systems Policy have not been recently reviewed; and of the 36 management procedures and risk control management procedures, eight had not been reviewed within the past 12 months as required by procedures.
- A review of the legionella risk assessment for five properties identified for one which was carried out on 28 January 2021 that the remedial actions (two high priority and one medium priority) from the risk assessment were not recorded on the remedial tracker. Therefore, it was not possible to confirm whether the remedial actions arising from the risk assessment had been completed or not.
- A review of the terms of reference (ToR) for the CYP Non-Schools H&S Directorate Committee and Housing, Regeneration and Public Realm Directorate H&S Committee identified that the documents had not been reviewed within the past year, as required by procedures. ToR for the Corporate Resources and Community Services H&S Committees could not be provided. In addition, the Council's Chief Executive Directorate was formed in July 2020 but a H&S Committee for the Directorate has not yet been formed.

## Executive Summary

- H&S arrangements for property related risk glazing is not checked during the quarterly compliance checks of corporate properties. In addition, it was identified that Compliance Inspectors were not checking whether premises officers / building managers were adhering to asbestos regulations, by ensuring that information about the location and condition of any asbestos was provided to every person liable to disturb it, such as building contractors.
- Testing of 10 quarterly compliance checks on properties, identified that there was no evidence recorded on the remedial tracker that feedback of non-compliance was communicated to the responsible officers. In addition, it was identified that remedial actions had not been completed arising from compliance checks carried out on three properties in April 2021.

### 4. Areas that worked well

- The roles and responsibilities for H&S arrangements within the Council have been established, recorded and communicated.
- Regular risk assessments are carried out for key H&S risks such as asbestos, electricity, fire, legionella and passenger lifts.
- Examination of a sample of five operational properties identified for all five properties that the remedial actions from the most recent asbestos 10 yearly risk assessment and management survey, and annual asbestos condition survey were recorded on a remedial tracker and monitored by Compliance Inspectors as part of quarterly compliance checks to ensure that the remedial actions were completed in a timely manner.
- A quarterly H&S report is prepared and presented at Directorate H&S Joint Consultative Committees. The H&S report includes items such as a summary of accidents and incidents along with recommendations on how to improve H&S performance.

### 5. Monitoring of management actions and follow-up reviews

Action owners should provide updates on progress with completing High or Medium priority agreed actions on the dedicated SharePoint site accessible [at this link](#). For High priority actions, please also provide supporting evidence to show the action is complete.

## 1 Finding - Governance

### Regular Review of Health & Safety Policies and Procedures

The Corporate Health & Safety Team is responsible for developing and maintaining the corporate Health and Safety (H&S) manual (policies, procedures and guidance) identifying H&S risks and setting out the expected minimum H&S standards to be met in managing these risks. In order to ensure that building managers and service teams are applying best practice and correct H&S procedures, the H&S manual should be regularly reviewed and updated in accordance with timescales stipulated in regulations, codes of practice and procedures. In accordance with management procedures, H&S procedures are required to be reviewed every 12 months or sooner as required.

In accordance with the Health and Safety at Work Act 1974, every business must have a policy for managing health and safety. The policy should cover three areas: statement of intent, responsibilities for H&S and arrangements for H&S.

A review of the H&S policies and procedures published on the Council's intranet identified that:

- The Asbestos Policy and Management Plan was last reviewed in April 2012. However, in accordance with the Control of Asbestos Regulations 2012, Approved Code of Practice and Guidance, as a minimum the management plan should be reviewed every 12 months;
- The Fire Safety Policy and Management Plan and Water Systems Policy and Management Plan have not been recently reviewed, the last review was in April 2008 and November 2011 respectively;
- Of 14 management procedures, three had not been reviewed within the past 12 months. In addition, one management procedure (H&S Board terms of reference (ToR)) had been reviewed and agreed by the H&S Board in October 2021. However, the reviewed document had not been published on the intranet. Instead the intranet included the previous version of the ToR, reviewed in June 2019;
- Of 20 workplace-related risk control management procedures, three had not been reviewed recently.
- Both the H&S management risk control management procedures had not been reviewed recently.

Discussions with the Corporate Health & Safety Team and Compliance Manager identified that:

- The asbestos, fire and water systems policies were reviewed back in 2018 and forwarded to management for approval. However, due to changes in management the reviewed policies never received approval which is why they were not published. The three policies have been recently reviewed and are due to be presented at the next meeting of the Corporate Health and Safety Board in April 2022 for their review and approval; and
- All management procedures have been recently reviewed. However, there is a possibility that the reviewed procedures have not been published on the intranet.

In addition, it was identified that a H&S Policy has been developed and published on the intranet. However, the policy is made up of 14 separate procedures instead of one concise overarching policy document.

Where H&S policies are not regularly reviewed and updated or where reviewed and updated procedures are not published on the intranet, there is a risk that changes to legislation, approved codes of practice and official guidance is not promptly incorporated into H&S procedures and communicated to relevant officers. This could result in building managers and service teams not implementing best practice H&S arrangements for protecting employees, contractors and other users of Council buildings. Where the Council's H&S policy is made up of a large number of different management procedures instead of one concise overarching document, there is a risk that managers and employees may fail to locate the relevant H&S guidance. This may result in managers and employees failing to understand their H&S responsibilities and failing to carry out their lawful H&S duties.

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

Recommendation	Category
<p>A register should be maintained of all policies, procedures, guidance and agreements owned by the Corporate Health and Safety Team including the date of last review, planned date of next review and date published on the intranet. Management should regularly inspect the register to ensure that it is being maintained and that documents are being reviewed as per the schedule.</p> <p>The revised Asbestos Policy and Management Plan, Fire Safety Policy and Management Plan and Water Systems Policy should be presented at the next meeting of the Corporate Health and Safety Board for their review and approval. Upon approval of the policies, they should be published on the Council's intranet.</p> <p>Recently reviewed management procedures should be published on the intranet and the previous version removed.</p> <p>Consider developing one concise overarching H&amp;S policy with reference and/or links to the different management procedures.</p>	Medium

**Management Response**

Agreed

Ref	Agreed Actions	Action Owner	Due date
01.1	A register will be maintained of all policies, procedures, guidance and agreements owned by the Corporate Health and Safety Team including the date of last review, planned date of next review and date published on the intranet. Management will regularly inspect the register to ensure that it is being maintained and that documents are being reviewed as per the schedule.	Corporate Health & Safety Team and Compliance Manager	31/05/22
01.2	The revised Asbestos Policy and Management Plan, Fire Safety Policy and Management Plan and Water Systems Policy will be presented at the next meeting of the Corporate Health and Safety Board for their review and approval. Upon approval of the policies, they will be published on the Council's intranet.	Corporate Health & Safety Team and Compliance Manager	31/05/22
01.3	Recently reviewed management procedures will be published on the intranet and the previous version removed.	Corporate Health & Safety Team and Compliance Manager	31/05/22
01.4	We will consider developing one concise overarching H&S policy with reference and/or links to the different management procedures.	Corporate Health & Safety Team and Compliance Manager	30/06/22

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

**2 Finding - Governance**

Terms of Reference for Directorate H&S Committees

Directorate H&S Joint Consultative Committees (JCC) are required to have terms of reference (ToR). The terms of reference should clearly set the role and responsibilities of the committee, membership, frequency of meetings and quorum. The ToR are required to have an annual review.

A review of the ToRs for the CYP Non-Schools Directorate H&S JCC and Housing, Regeneration and Public Realm Directorate H&S JCC identified that the documents had not been reviewed within the past year. The ToRs were last reviewed in June 2017 and August 2017 respectively.

ToRs for the Corporate Resources H&S JCC and Community Services H&S JCC could not be provided. It is noted that the reason for the Community Services H&S JCC ToR being unavailable was due to the SharePoint site where the document was held being inaccessible. In addition, the Chief Executive Directorate was formed in July 2020. However, a Directorate H&S JCC has not yet been formed.

Where Directorate H&S JCC do not have documented ToR or the terms are not regularly reviewed, there is a risk that committee members and key stakeholders do not have a common understanding of the scope, objectives and operational processes of the committee. This could result in duplication of work or committees not fulfilling their responsibilities. In addition, where directorate JCCs are not formed and regular meetings held, there is a risk that accidents and incidents within the directorate are not monitored. This could result in H&S improvements not being carried out to reduce the risk of further accidents and incidents.

**Recommendations**

**Category**

1. The ToR for the CYP Non-Schools Directorate H&S JCC should be reviewed and brought to the Committee for their approval.
2. The ToR for the Housing, Regeneration and Public Realm Directorate H&S JCC should be reviewed and brought to the Committee for their approval.
3. The ToR for the Corporate Resources H&S JCC should be developed. The ToR should set out as a minimum the role and responsibilities of the Committee, membership, frequency of meetings and quorum. Once developed the ToR should be approved by the Committee. The ToR should be reviewed and approved annually.
4. If the ToR for the Community Services H&S JCC cannot be located, the terms should be developed. The ToR should set out as a minimum the role and responsibilities of the Committee, membership, frequency of meetings and quorum. Once developed the ToR should be approved by the Committee.  
  
If the ToR is located and it is identified that it has not been reviewed in the past year, the ToR should be reviewed and brought to the Committee for their approval. Going forward, the ToR should be reviewed and approved annually.
5. Assigning an appropriate management nominee to head up a Chief Executive JCC should be added to the agenda of the next meeting of the Corporate H&S Board.

Medium

**Management Response**

Action 02.1 – Agreed

Action 02.2 - Agreed - The ToR will be reviewed and circulated for the next HRPR JCC in April, for approval.

Action 02.3 - Agreed

Action 02.4 - Agreed - A review of the ToR has been added to the agenda of the next meeting of the Community Services H&S JCC

Action 02.5 – Agreed

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

Ref	Agreed Actions	Action Owner	Due date
02.1	The ToR for the CYP Non-Schools Directorate H&S JCC will be reviewed and brought to the Committee for their approval.	Head of Service	30/04/22
02.2	The ToR for the Housing, Regeneration and Public Realm Directorate H&S JCC will be reviewed and brought to the Committee for their approval.	Director	30/04/22
02.3	The ToR for the Corporate Resources H&S JCC will be developed. The ToR will set out as a minimum the role and responsibilities of the Committee, membership, frequency of meetings and quorum. Once developed the ToR will be approved by the Committee. The ToR will be reviewed and approved annually.	Head of Service	30/04/22
02.4	If the ToR for the Community Services H&S JCC cannot be located, the terms will be developed. The ToR will set out as a minimum the role and responsibilities of the Committee, membership, frequency of meetings and quorum. Once developed the ToR will be approved by the Committee.  If the ToR is located and it is identified that it has not been reviewed in the past year, the ToR will be reviewed and brought to the Committee for their approval. Going forward, the ToR will be reviewed and approved annually.	Director	30/04/22
02.5	Assigning an appropriate management nominee to head up a Chief Executive JCC will be added to agenda of the next meeting of the Corporate H&S Board.	Corporate Health & Safety Team and Compliance Manager	30/04/22

**3 Finding - Compliance with Health & Safety Regulations and Managing Risks**

Maintaining Water Risk Assessment Remedial Tracker

In accordance with the Water Systems Safety Policy & Management Plan, a water systems risk assessment will be carried out biennially at each operational property. Compliance Inspectors from the Corporate Health & Safety Team are required to record the date of risk assessments along with remedial actions from the assessments on a remedial tracker. They are required to follow-up with responsible officers as part of quarterly compliance checks to verify that remedial actions have been completed in a timely manner.

A review of the legionella risk assessment for five properties identified for one (Evelyn Community Centre) which was carried out on 28 January 2021 that the remedial actions (two high priority and one medium priority) from the risk assessment were not recorded on the remedial tracker. Therefore, it was not possible to confirm whether the remedial actions arising from the risk assessment had been completed or not.

Where remedial actions from legionella risk assessments are not recorded and followed-up with responsible officers to confirm their completion, there is a risk that the remedial actions will not be completed in a timely manner or at all. This could result in ineffective water system H&S arrangements.

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

Recommendation	Category
<p>Management should regularly review the water risk assessment remedial tracker to ensure that it is being maintained and updated promptly. The date of review and the officer that carried out the review should be recorded.</p> <p>The remedial actions from the Evelyn Community Centre legionella risk assessment carried out on 28 January 2021 should be recorded on the remedial tracker. As part of the next compliance check of the property, assurance should be obtained that the remedial actions have been completed in full.</p>	Medium

**Management Response**

Agreed

Ref	Agreed Actions	Action Owner	Due date
03.1	Management will review the water risk assessment remedial tracker quarterly to ensure that it is being maintained and updated promptly. The name of the officer that carried out the review and date of review will be recorded on the tracker spreadsheet.	Corporate Health & Safety Team and Compliance Manager	31/05/22
03.2	The remedial actions from the Evelyn Community Centre legionella risk assessment carried out on 28 January 2021 will be recorded on the remedial tracker. As part of the next compliance check of the property, assurance will be obtained that the remedial actions have been completed in full.	Corporate Health & Safety Team and Compliance Manager	31/03/22

**4 Finding - Monitoring of H&S Compliance and Review of Controls**

Health and Safety Audits and Compliance Checks

In accordance with management procedures, the Corporate Health and Safety Team (CHS Team) is required to implement, maintain and monitor an annual risk based audit plan for all directorates. The audit plan will comprise a mixture of full audits and self-assessment audits for services in the directorates.

In addition, the CHS Team is required to carry out quarterly health and safety (H&S) compliance checks for key H&S risks across operational properties of the corporate estate.

It was identified that the last H&S self-assessment and full audit programme was carried out in the financial year 2018/19. It is noted that a H&S self-assessment audit survey for 2021/22 was developed and issued to service teams in January 2021. The deadline for completion of the survey is 18 March 2022. Discussions with the CHS Team and Compliance Manager identified that the stalling of the audit programme was due to the COVID-19 pandemic and the Health & Safety Manager was not replaced until September 2020 when the Compliance Team and the CHS Team aligned.

Compliance checks are carried out by two officers from the CHS Team. These checks are recorded on a spreadsheet that is organised according to calendar years. Due to one of the officers being unavoidably absent for quarters three and four of the calendar year 2021, H&S compliance checks could not be carried out for all operational properties in the corporate estate. However, it was identified that high and medium risk rated properties were not prioritised for a quarterly compliance check over low risk properties. For quarter three, compliance checks could only be carried out for 60 out of 91 (66%) of corporate buildings. Of the 31 quarterly compliance checks that were not carried out, one was a high risk rated property and 28 were medium risk rated properties. Of the 60 compliance checks that were carried out, 22 were for low risk rated properties. In addition, none of these 31 properties had a compliance check carried out in quarter four.

## Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate 2021/22-29 Audit

For quarter four (up to 15 December 2021), compliance checks were carried out for 42 out of 91 (46%) of corporate buildings. Of the 49 quarterly compliance checks that were not carried out, four were for high risk rated properties.

Where an annual programme of H&S self-assessments and full audits is not carried out, there is a risk that service teams with inadequate H&S arrangements are not identified and monitored effectively to ensure compliance with the Council's H&S policies and procedures. Failure of service teams to comply with H&S policies and procedures could result in injuries to staff and visitors to Council properties, and compensation payments. Not prioritising high and medium risk rated properties over low risk rated properties for compliance checks when resources were limited, has resulted in failure to provide assurance over the adequacy of H&S arrangements in place for properties rated as high and medium risk, which could lead to those properties having significant impact on the Council for H&S failures.

Recommendation	Category
<p>Upon completion of the H&amp;S self-assessment audits, the CHT Team should carry out a targeted audit programme of full H&amp;S audits.</p> <p>Going forward, if there are insufficient resources to carry out the planned quarterly compliance checks of operational properties in the corporate estate, high and medium risk rated properties should be prioritised over low risk rated properties.</p>	High

### Management Response

Agreed

Ref	Agreed Actions	Action Owner	Due date
04.1	Upon completion of the H&S self-assessment audits, the CHT Team will review the returns and develop a targeted audit programme of full H&S audits.	Corporate Health & Safety Team and Compliance Manager	30/06/22
04.2	If there are insufficient resources to carry out planned quarterly compliance checks of all operational properties in the corporate estate, high and medium risk rated properties will be prioritised over low risk rated.	Corporate Health & Safety Team and Compliance Manager	Complete

## 5 Finding - Monitoring of H&S Compliance and Review of Controls

### Compliance Checks of Properties

In accordance with management procedures, the key health and safety (H&S) risks related to property (e.g. fire, first aid, electrics, gas, water, chemicals, physical hazards, work stations, signage etc.) are checked as part of the Corporate Health & Safety Team (CHS Team) statutory compliance checks. Compliance Inspectors are required to record the results of compliance checks on a standard checklist containing approximately 50 items.

In addition, in accordance with the Control of Asbestos Regulations 2012, Approved Code of Practice and Guidance, the Council has a duty to ensure that information about the location and condition of any asbestos or any such substance, is provided to every person liable to disturb it, such as building contractors. Premises officers / building managers are required to give a copy of the asbestos risk assessment and management survey to contractors working in Council operational properties and for obtaining a signed acknowledgement from the contractor that a copy of the asbestos risk assessment and management survey has been provided.

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

For the period March 2020 - August 2021, the CHS Team was unable to carry out physical inspections of operational buildings due to local procedures to manage the spread of the COVID-19 virus in Council properties. Consequently, remote methods were used such as checking of fire and electrical certificates held on TF Cloud (an IT system maintained by Facilities Management to which Compliance Inspectors have access) to obtain assurance that H&S Standards were being maintained.

For the period when remote checks were carried out, there was no requirement to record the results of compliance checks on a standard checklist. Instead, the checks were recorded directly onto relevant trackers (spreadsheets). However, it was identified that since physical compliance inspections restarted in September 2021, Compliance Inspectors have not restarted completing the standard checklist. As the standard checklist was not completed, it was not possible to confirm that all required compliance checks were carried out as part of the inspections.

A review of the standard checklist and discussions with officers from the CHS Team identified that compliance checks are not carried out for first aid and glazing H&S risks. Discussions with the CHS Team and Compliance Manager identified that a review of first aid arrangements does not come under the remit of compliance checking.

It was also identified that Compliance Inspectors are not checking that premises officers / building managers are correctly maintaining an asbestos sign sheet (on which contractors acknowledge that they have been provided with the asbestos risk assessment and management survey) as part of the quarterly compliance checks carried out by the CHS Team.

Where a standard checklist for quarterly compliance checks which covers all key H&S risks for workplace buildings is not completed, there is a risk that the adequacy of controls in place for all key H&S risks relating to property are not tested as part of the compliance checks. This could result in failure to identify non-compliance with legislation, or Council H&S policies and procedures, and action not being taken to rectify the non-compliance. In addition, where Compliance Inspectors do not check that an asbestos sign sheet is in place for each property, there is a risk that an asbestos sign sheet is not being used or being used correctly. This could result in the Council being unable to provide evidence (for example in the event of a legal claim for damages from a contractor due to exposure to asbestos) that building contractors were provided with a copy of the asbestos risk assessment and management survey prior to commencing work.

Recommendation	Category
<p>As part of statutory compliance checks, assurance should be obtained and recorded that: adequate H&amp;S arrangements are in place for glazing risks; and building managers are maintaining an asbestos sign sheet (on which contractors acknowledge that they have been provided with the asbestos risk assessment and management survey)</p> <p>The standard H&amp;S checklist should be completed for each property during every quarterly compliance check and the results of the compliance checks recorded in the trackers maintained by the CHS Team.</p> <p>Management procedure - M1 Audit Requirements should be updated with the up to date list of property related risks that are checked as part of the quarterly compliance checks.</p>	<p>Medium</p>

**Management Response**

Agreed - Maintaining an asbestos sign sheet is checked and highlighted to site where possible but it is not recorded on the asbestos tracker. However, it is the Responsible Person or deputy to ensure the contractor confirms viewing the asbestos information prior to commencing work.

As part of quarterly checks Inspectors can view if glazing is safe.

Inspectors are completing the H&S checklist again. Going forward, we are considering changing the process of bringing the laptop on site and recording the results of the inspections directly onto relevant trackers.

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

Ref	Agreed Actions	Action Owner	Due date
05.1	<p>As part of statutory compliance checks, assurance will be obtained and recorded that:</p> <ul style="list-style-type: none"> <li>Adequate H&amp;S arrangements are in place for glazing risks; and</li> <li>Building managers are maintaining an asbestos sign sheet (on which contractors acknowledge that they have been provided with the asbestos risk assessment and management survey).</li> </ul>	Corporate Health & Safety Team and Compliance Manager	31/07/22
05.2	The standard H&S checklist will be completed for each property during every quarterly compliance check and the results of the compliance checks recorded in the trackers maintained by the CHS Team.	Corporate Health & Safety Team and Compliance Manager	Complete
05.3	Management procedure - M1 Audit Requirements will be updated with the up to date list of property related risks reviewed as part of the quarterly compliance checks.	Corporate Health & Safety Team and Compliance Manager	31/05/22

**6 Finding - Monitoring of H&S Compliance and Review of Controls**

Assurance that Remedial Actions have been Completed

Upon completion of quarterly H&S property compliance checks, Compliance Inspectors are required to feedback any areas of non-compliance to responsible officers along with remedial actions / recommendations for improvement. Assurance should be obtained that areas of non-compliance identified in compliance checks are rectified in a timely manner.

Testing of quarterly compliance checks for 10 properties identified for all 10 properties that areas of non-compliance were recorded on the planned preventative maintenance (PPM) tracker. However, for all 10 properties there was no evidence recorded on the tracker that feedback of non-compliance was communicated to the responsible officer. It was identified that feedback of non-compliance was usually communicated to the responsible officer through email.

It was also identified for three of the 10 properties tested that the remedial actions arising out of compliance checks carried out in April 2021 had not been completed. Evidence was provided that the Compliance Inspector had communicated the remedial actions required to the responsible officer. However, a response was not received. It was also identified that these cases were not escalated to a more senior officer to receive an update on the progress of the remedial actions.

Where evidence is not recorded and retained on file that areas of non-compliance is feedback to responsible officers, there is a lack of transparency and accountability in the monitoring process. In addition, where non-responses to requests for remedial actions are not escalated to senior officers, there is a risk that remedial actions are not carried out in a timely manner or at all. This could result in ineffective controls for preventing accidents and incidents in Council properties.

**Recommendation**

**Category**

The date on which areas of non-compliance and remedial actions are communicated to responsible officers should be recorded on the PPM tracker along with the date of response from the responsible officer.

Medium

Procedures should be developed, documented and implemented for dealing with cases where responsible officers do not respond to requests for updates on remedial actions.

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

Management Response			
Agreed - action 06.1 has already been implemented.			
Ref	Agreed Actions	Action Owner	Due date
06.1	The date on which areas of non-compliance and remedial actions are communicated to responsible officers will be recorded on the PPM tracker along with the date of response from the responsible officer.	Corporate Health & Safety Team and Compliance Manager	Complete
06.2	Procedures for escalating cases where responsible officers do not respond to requests for updates on remedial actions will be discussed and agreed with the Head of Facilities Management. Once the procedures have been agreed they will be documented and communicated to relevant officers.	Corporate Health & Safety Team and Compliance Manager	30/04/22

**7 Finding - Monitoring and Reporting**

Meetings of Health & Safety Committees and Board

Health and safety (H&S) arrangements in the Council are directed and controlled by the H&S Committee, Corporate H&S Board and Directorate H&S Joint Consultative Committees (JCC). The H&S Committee is required to meet three times per year. The H&S Board and Directorate H&S JCC are required to meet quarterly. Each Directorate H&S JCC management nominee reports to the H&S Board on their H&S JCC discussions, and minutes of the meetings are presented to councillors at the H&S Committee. For each meeting of the H&S Committees and Board, adequate meeting minutes are required to be taken and retained in a shared location such as SharePoint.

In accordance with management procedures, at least once in each financial year, the Corporate Health and Safety Team (CHS Team) must prepare a management review report for the Corporate H&S Board and Executive Management Team (EMT). In addition, the Corporate H&S Board must procure external audits to monitor the Council's H&S performance on its selected occupational H&S standard (BS OHSAS 18001).

A review of the last four meetings of the H&S Committees and Board identified the following exceptions:

- H&S Committee - H&S Committee meetings were suspended in March 2020 due to revised governance arrangements introduced at the start of the COVID-19 pandemic. The Council's governance arrangements have since reverted back to normal. However, a review of the Council committee meetings calendar identified that no meetings of the H&S Committee were scheduled for the financial year 2021/22. The last meeting of the Committee was on 4 November 2019.
- Corporate H&S Board - For one meeting in July 2021 no minutes were taken due to a staffing issue.
- Corporate Resources JCC - Minutes of one meeting held in July 2021 could not be provided. A review of the minutes for three meetings of the JCC identified:
  - For all three meetings formal minutes were not taken. Instead brief email notes were distributed;
  - For one meeting it was not recorded in the minutes that the minutes of the previous meeting were reviewed to confirm their accuracy;
  - For two meetings those in attendance were not recorded; and
  - For one meeting it was not recorded that the actions from previous meetings were discussed to confirm that they had been completed. In addition, for the same meeting it was not recorded who the agreed actions from the meeting were assigned to.

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

- CYP non-schools JCC - A review of the minutes for four meetings identified for all four meetings that it was not recorded that the previous meeting minutes were reviewed and agreed.
- Housing, Regeneration and Public Realm JCC - A review of the minutes for four meetings identified for three meetings that it was not recorded that the actions from previous meetings were discussed at the start of the meeting to confirm that the actions had been completed.

In addition, it was identified that:

- An annual management review report was not prepared and presented to the Corporate H&S Board and EMT covering the financial year 2020/21. Discussions with the CHS Team and Compliance Manager identified that the reason no report was presented was because an audit programme for 2020/21 was not carried out due to the COVID-19 pandemic and there was no CHS Team in post; and
- A recent external audit has not been carried out to monitor the Council's H&S performance in respect of its selected occupational H&S standard.

Where a regular meeting of the H&S Committee is not held, there is a risk that H&S matters raised with councillors by members of the public coming into Council owned buildings are not communicated to relevant officers. This could result in H&S improvements not being carried out to reduce the risk of further accidents and incidents. Where minutes of H&S Committees and Board are not taken or there is no evidence that minutes were taken, could result in a lack of transparency and accountability in the decision making and monitoring process. Where previous meeting minutes are not reviewed at the proceeding meeting, there is a risk that errors in the minutes are not identified and corrected. In addition, where actions from previous meetings are not discussed at the next meeting, there is a risk that actions are not completed in a timely manner or at all.

In addition, where an annual management review report is not prepared and presented to the CHS Team and EMT, there is a risk that officers accountable for H&S in the Council are not provided with assurance that H&S management systems are up to date, adequate, and operating effectively. This could result in senior management failing to take adequate actions to change or improve ineffective H&S management systems. Where a regular external audit is not carried out to monitor the Council's H&S performance in respect of its selected occupational H&S standard, there is a risk that poor H&S performance is not identified. This could further result in the failure of management to take timely action to improve performance.

Recommendations	Category
<ol style="list-style-type: none"> <li>1. Liaise with Committee Services to schedule further meetings of the H&amp;S Committee. Meetings of the Committee should be in accordance with the terms of reference.</li> <li>2. For future meetings of the H&amp;S Board, minutes should be taken and retained in a shared location such as SharePoint. If the regular minute taker is not available to attend the meeting, an officer in attendance should take the minutes.</li> <li>3. For future meetings of the Corporate Resources JCC formal minutes should be taken and retained in a shared location such as SharePoint. The minutes should record as a minimum: attendees at the meeting, review of previous meeting minutes, follow up of actions from previous meetings, where actions are agreed the officer assigned to complete the action; reports presented, discussions and any decisions made.</li> <li>4. For future meetings of the CYP non schools JCC a standing item should be added to the agenda and recorded in the minutes that previous meeting minutes have been reviewed by attendees and are agreed. If any errors are identified these should be corrected.</li> <li>5. For future meetings of the Housing, Regeneration and Public Realm JCC, a review of the action tracker should be added as a standing item to the agenda and recorded in the minutes that actions raised in previous meetings are followed up.</li> </ol>	High

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

<p>6. A copy of minutes and reports presented to the H&amp;S Board and all Directorate JCC should be held by the Corporate H&amp;S Team in a shared location such as SharePoint. A copy of the meeting minutes of each Directorate JCC should be presented at each meeting of the H&amp;S Committee.</p> <p>7. Ensure that an annual management review report is prepared and presented to both the Corporate H&amp;S Board and EMT. The content of the report should be in line with the H&amp;S management review procedures.</p> <p>8. External audit to monitor the Council's H&amp;S performance in respect of its selected occupational H&amp;S standard (BS OHSAS 18001) should be added to the agenda of the next Corporate H&amp;S Board meeting. The Board should decide on the date for the next external audit and the frequency of future external audits.</p>	
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**Management Response**

Action 07.1 - Agreed - the process for the re-commencement of the H&S Committee has already begun.

Action 07.2 - Agreed - minutes of the H&S Board meetings will be taken by one of the Executive Support Officers who supports the Corporate Resources Directorate.

Action 07.3 - Agreed

Action 07.4 - Agreed

Action 07.5 - Agreed - An action tracker is used as standard at the HRPR H&S JCC meetings and is reviewed at every meeting.

Action 07.6 - 07.8 – Agreed

Ref	Agreed Actions	Action Owner	Due date
07.1	We will liaise with Committee Services to schedule further meetings of the H&S Committee. Going forward meetings of the Committee will be in accordance with the Committee terms of reference.	Corporate Health & Safety Team and Compliance Manager	30/04/22
07.2	For future meetings of the H&S Board, minutes will be taken and retained in a shared location. If the regular minute taker is not available to attend the meeting, an officer in attendance will be selected at the start of the meeting to take the minutes.	Executive Support Manager - Corporate Resources	Complete
07.3	For future meetings of the Corporate Resources JCC formal minutes will be taken and retained in a shared location. The minutes will record as a minimum: attendees, review of previous meeting minutes, follow up of actions from previous meetings, where actions are agreed the officers assigned to complete the actions; discussions and any decisions made.	Head of Service	30/04/22
07.4	For future meetings of the CYP non-schools JCC a standing item will be added to the agenda and recorded in the minutes that previous meeting minutes have been reviewed by attendees and are agreed. If any errors are identified these will be corrected.	Head of Service	30/04/22
07.5	For future meetings of the Housing, Regeneration and Public Realm JCC, it will be recorded in the meeting minutes that the action tracker is reviewed.	Director	30/04/22

**Findings and Management Action Plan for Health & Safety Checks for the Corporate Estate  
2021/22-29 Audit**

Ref	Agreed Actions	Action Owner	Due date
07.6	A copy of minutes and reports presented to the H&S Board and all Directorate JCC will be held by the Corporate H&S Team.	Corporate Health & Safety Team and Compliance Manager	30/04/22
07.7	Upon completion of the 2022 audit programme, a management review report will be prepared and presented to both the Corporate H&S Board and EMT. The content of the report will be in line with the H&S management review procedures.	Corporate Health & Safety Team and Compliance Manager	31/01/23
07.8	External audit to monitor the Council's H&S performance in respect of its selected occupational H&S standard (BS OHSAS 18001) will be added to the agenda of the next Corporate H&S Board meeting. The Board will decide on the date for the next external audit and the frequency of future external audits.	Corporate Health & Safety Team and Compliance Manager	30/04/22

## Terms of Reference As Issued

<b>Audit Area</b>	Health & Safety Checks for the Corporate Estate - 2021/22-29
<b>Directorate</b>	Corporate Resources (COR)
<b>Auditor</b>	Martin Doyle, Principal Auditor
<b>Date of Issue</b>	03/12/21

### 1. Background and Objective of the Service

Lewisham Council has a duty to protect the health and safety (H&S) of its employees, contractors and members of the public who visit corporate properties. The Health and Safety at Work Act 1974 (HSW Act) is the primary legislation covering occupational health and safety in Great Britain. It sets out the general duties which employers have towards employees and members of the public; employees have to themselves and to each other; and certain self-employed have towards themselves and others.

The Council's Health & Safety Board is responsible for ensuring the principles set out in the Statement of Intent (an organisation's affirmation that it will comply with the HSW Act) are put into practice. The H&S Board:

- Sets the H&S priorities for the Council,
- Assesses and monitors the standards to which H&S is being managed, and
- Ensures effective governance arrangements are in place to support necessary consultation and decision making in respect of H&S matters.

It is the responsibility of executive directors and directors to manage compliance with all health, safety and welfare issues in their directorate. Depending on the activities of the directorate, in certain specific areas of H&S a 'First Point of Contact' may be identified for managing particular H&S risks.

The Corporate Health & Safety Team (CHST) is responsible for the Council's H&S framework (the H&S Manual), providing professional advice on H&S matters, and managing the work of assurance and reporting to ensure H&S standards are maintained.

CHST carries out a programme of H&S inspections and audits, identifying any breach, or potential breach, of H&S standards for the Council's approximately 94 operational buildings. CHST does not carry out inspections or audits of local authority maintained schools, Council social housing, temporary accommodation or commercial properties i.e. properties that the Council leases out for rent. The Council has engaged a third party, Arcus, to carry out compliance checks of areas which require specialist knowledge and expertise such as for asbestos, fire safety and water systems.

Where inspections identify H&S remedial work that is required to bring properties up to the expected standard, a recommendation is raised with Facility Management or the building manager to carry out the work. CHST does not have a budget for remedial work.

Within each service the CHST monitors H&S risks based upon six key groupings (workplace, job specific, chemical & hazardous waste, work activity & equipment, occupational health and welfare and H&S management). This audit will focus on the process and procedures for the achievement of risk management objectives in workplace and H&S management.

For the period March 2020 - August 2021, CHST was unable to carry out audits and physical inspections of some operational buildings due to local procedures to manage the COVID-19 virus in Council properties. For these properties, remote methods were used such as checking of fire and electrical certificates to obtain assurance that H&S standards were being maintained.

The objectives of CHST relating to workplace and H&S management are:

- Ensuring that H&S legislation is correctly interpreted into practice in the activities of the Council through reviewing and updating the H&S manual (policies, procedures and guidance);
- Obtaining assurance that H&S standards of the Council's operational properties is being maintained; and
- Co-ordinating and reporting pertinent management information e.g. accident statistics, reportable incidents.

## **2. Purpose of the Review**

The purpose of this internal audit is to provide an opinion on the effectiveness of the controls in place to achieve the objectives of the service. If applicable, Internal Audit will make recommendations to management on how to improve the control framework.

## **3. Limitations to the Audit**

As noted in the background section, this audit will focus on the risk groupings for workplace and H&S management. Managing risk for the risk groupings job specific, chemical & hazardous waste, work activity & equipment, and occupational health and welfare will not be covered.

In addition, this audit will only focus on the H&S risk management processes for operational Council buildings. A review of risk management processes for local authority maintained schools, social housing and commercial buildings will not be covered. A review of risk management processes for temporary accommodation is covered in the Procurement and Health & Safety of Temporary Accommodation and Private Sector Leasing 2021/22 audit.

## **4. Processes and Associated Risks**

### **1 Governance**

Where the Council's governance arrangements for managing H&S are not clearly set out, there is a risk that the roles and responsibilities for effectively overseeing and managing H&S in Council properties are not established and communicated. This could result in failure to comply with statutory requirements, ineffective H&S management and ultimately failure to adequately protect employees, contractors or members of the public from potential injury.

### **2 Compliance with Health & Safety Regulations and Managing Risks**

Where risk assessments are not carried out and potential and actual H&S risks are not identified, there is a risk that insufficient and/or inadequate controls are put in place to protect the H&S of employees and other visitors to Council buildings. This could result in injuries to employees, contractors or members of the public.

### **3 Monitoring of H&S Compliance and Review of Controls**

Where independent reviews are not undertaken to assess H&S compliance and implementation of remedial actions, there is a risk of non-compliance with H&S regulations and ineffective controls to protect users of corporate properties may not be identified. In addition to injury, this could result in enforcement action by the Health and Safety Executive and associated reputational damage to the Council.

## **4 Monitoring and Reporting**

Where compliance with H&S standards are not regularly reported to the H&S Board, there is a risk that poor performance in the achievement of H&S standards and protecting the H&S of users of Council properties are not identified and improvement action may not be taken. This could result in compensation claims for injuries and increased insurance premiums.

## **5. Areas to be Reviewed**

### **1. Governance**

To evaluate the adequacy and effectiveness of the processes in place for:

- The governance framework for H&S;
- Establishing and communication of roles and responsibilities for H&S;
- Developing, reviewing and approval of terms of reference for H&S Boards and Committees;
- Producing a reporting framework for reporting to the H&S Board, Committees and Executive Management Team (EMT);
- Developing, reviewing and approval of a H&S policy; and
- Developing, reviewing and communicating arrangements for H&S.

### **2. Compliance with H&S Legislation and Managing Risks**

To evaluate the adequacy and effectiveness of the processes and procedures in place for:

- Carrying out and review of risk assessments;
- Implementing controls to avoid or reduce H&S risks;
- Communicating risks to employees and users of Council properties;
- Developing and communicating emergency procedures;
- Carrying out remedial work resulting from risk assessments; and
- Adherence to the duty to manage asbestos and control of legionella regulations.

### **3. Monitoring of H&S Compliance and Review of Controls**

To evaluate the adequacy and effectiveness of the processes and procedures in place for:

- Maintaining a list of Council properties whether owned, leased from a third party or leased to a third party that the Council has a duty to maintain for H&S purposes;
- Recording who is responsible for maintaining H&S Standards in each Council property;
- Timely carrying out of inspections and audits of Council properties for H&S compliance;
- Recording results of inspections and audits and feeding back the results to building managers;
- Other methods used during the pandemic to obtain assurance that the Council's H&S standards are being maintained;
- Obtaining assurance that remedial work to bring Council buildings up to standard is carried out in a timely manner and to the required quality standard; and

#### 4. Monitoring and Reporting

To evaluate the adequacy and effectiveness of the processes and procedures in place for:-

- Accuracy and timeliness of reporting to relevant Boards and Committees on the achievement of H&S objectives;
- Producing minutes which include actions of Board and Committee meetings;
- Producing and communicating an annual Management Review report;
- Producing and communicating an annual statement of regulatory compliance; and
- Commissioning an external audit to monitor the Council's H&S performance in respect of its selected H&S standard.

#### 6. Distribution list

Asset Compliance Manager - Audit Sponsor	Paul Innaurato
Head of Facilities Management	Brian Colyer
Executive Director for Corporate Resources	Kathy Freeman
Interim Head of Audit	Christine Webster

#### 7. Milestone Dates

Audit Start Date	18/07/21
Expected End Date	17/01/22
Expected Draft Report Date	11/02/22
Expected Final Report Date	28/02/22

#### 8. Declaration

The auditor(s) have declared in relation to this review, that they have no known impairments to their independence, that they will remain impartial throughout the review and have no conflicts of interest.

## Explanations for Assurance Opinion

Each 'assurance' internal audit review is assessed with an opinion on the standard of controls in place based on the fieldwork conducted. The following table explains:

Assurance Opinion	Definition
Substantial	A strong framework of controls is in place to ensure that the service area is likely to achieve its objectives. The controls in place are consistently applied or with only minor lapses.
Satisfactory	A sufficient framework of controls is in place, but could be strengthened to improve the likelihood of the service area achieving its objectives. The controls in place are applied, but with lapses.
Limited	There are insufficient controls in place. This increases the likelihood of the service area not achieving its objectives. Where controls do exist, they are not consistently applied.
No Assurance	The framework of controls is inadequate. This significantly increases the likelihood that the service area will not achieve its objectives. Where controls do exist, they are not applied.

## Definition of Category of Finding

Internal Audit rates each finding as High, Medium or Low. This rating indicates to management the risk exposure from issues identified in the audit and the importance of implementing actions associated with the finding.

Rating	Definition
High	It is crucial that actions are completed. This will ensure that the service area will significantly reduce the risk of not meeting its objectives.
Medium	Completion of this action should be as soon as possible, to improve the likelihood of the service area meeting its objective.
Low	Completion of this action would enhance control or improve efficiency.

## Update your Actions - link to site

If you need to provide an update on progress towards completing your High and Medium actions please click [here](#)

This report is prepared solely for the use of senior management and members of Lewisham Council. This report should not be quoted or referred to in whole or in part without the prior consent in writing of the Head of Assurance, London Borough of Lewisham. This internal audit was conducted in line with the Public Sector Internal Audit Standards. The findings and conclusions are based on the results of testing carried out within the scope of the Terms of Reference at the time of the audit, and were reached on the understanding that :

- Service management is responsible for the design and operation of internal controls within the Council.
- The matters raised in this report are only those that came to our attention during the course of our internal audit work.
- Our internal audit work does not provide an absolute assurance that material errors or fraud do not exist and as such should not be considered as a substitute for management controls.