




Premises Management at SCC Establishments - 2016/17

Final Report


Issue Date: 28th November 2016

Working in Partnership to Deliver Audit Excellence




Executive Summary

-  This section provides an overview for senior management to understand the main conclusions of this audit review, including the opinion, significant findings and a summary of the corporate risk exposure.

Findings and Outcomes

-  This section contains the more detailed findings identified during this review for consideration by service managers. It details individual findings together with the potential risk exposure and an action plan for addressing the risk.

Appendices:

-  Audit Framework Definitions
-  Support and Distribution
-  Statement of Responsibility

Executive Summary

Overview

As part of the 2016/17 Internal Audit Plan, a review of the management of premises-related health and safety was carried out across a range of Council establishments. The agreed approach was a themed review, with results being consolidated into a single report and highlighting where good practice or common weaknesses were identified. This report will enable the Council to share information with other premises to ensure weaknesses can be rectified and best practice shared.

Health and safety is governed by legislation and associated regulations, which are enforced by the Health and Safety Executive (HSE).

The Health and Safety at Work Act 1974 provides a framework for ensuring the health and safety of all employees in any work activity. It also provides for the health and safety of anyone who may be affected by work activities; e.g. members of the public accessing Council establishments and contractors.

The main requirement of the Management of Health and Safety at Work Regulations 1999 is that employers must carry out risk assessments to eliminate or reduce risks.

This audit focused specifically on the premises management aspects of health and safety at Council establishments. Guidance is published on the Corporate Health & Safety extranet. A suite of policies and procedures set out the requirements that are the responsibility of the nominated premises manager at each establishment. These expectations are also reinforced through a corporate training programme in the form of a one day course that is open to all premises managers.

Over the last two years, Health & Safety Officers have conducted a programme of audits at a range of establishments nominated by Service Managers. Staff have been interviewed on their knowledge and awareness of Health & Safety policies and where any issues have been highlighted, the audit has generated an action plan for the relevant service to implement. Health & Safety Officers also monitor any accidents/incidents recorded by premises and carry out a more in-depth investigation if the report highlights any major concerns relating to a premises failure.

A Health & Safety Steering Group is also in place to monitor the actions identified in the Health & Safety audit reports.

This report is primarily intended to assist management with their responsibilities in relation to premises health and safety. It therefore draws attention to areas where risks are not being appropriately controlled and improvements in the internal control system would be beneficial. The conclusion section below records our overall opinion on the adequacy of the internal control framework and its effectiveness of operation.

Objective

The corporate approach to health and safety ensures that statutory requirements are complied with and premises are adequately managed for both SCC-owned/ occupied and co-located / shared establishments.

| Significant Findings | |
|---|---|
| Finding: | Risk: |
| 1. At four of the ten establishments, the designated person responsible for the premises had not completed the corporate premises manager training course. At a further three establishments, premises managers had completed the training but this was in excess of ten years ago. | Officers with responsibility for management of premises are not aware of the current corporate and legislative requirements of their role. |
| 2. There was a lack of evidence that fire extinguishers have been both visually inspected by staff on a monthly basis and inspected by an approved contractor on an annual basis at four establishments. | The injury or death of staff and/or members of the public who access the premises. |
| 3. Records of legionella temperature testing were found to be incomplete at eight of the ten establishments and the majority of these related to monthly temperature testing not being consistently carried out and recorded by staff. Three establishments were also unable to provide evidence of their two yearly inspection. | The injury or death of staff and/or members of the public who access the premises. |
| 4. Numerous findings in relation to routine inspections for safety of electrical, gas and oil installations, portable appliance testing and passenger lifts – please see finding 3.2. | The injury or death of staff and/or members of the public who access the premises. |
| 5. Six out of ten establishments were unable to provide evidence that they had completed an annual review of asbestos containing materials in their buildings and stated that they had not completed an Annual Return to the Asbestos Team, as per the requirements. | The majority of the asbestos in the establishments visited was in areas not typically accessed by staff or members of the public, but any contractor working in the vicinity may be at risk of exposure if annual inspections are not completed to detect issues. |
| 6. Five of the ten establishments were found to have outstanding tasks for risk assessments on RAMIS that required further action. At three of the ten establishments, no premises risk assessments were in place at all. At a further two establishments, there were only a limited number risk assessments in evidence, which did not cover all of the areas expected for the premises and the associated risks. | While the systems for risk assessments are only partially effective, unmitigated risks could result in an incident causing harm to staff and/or members of the public. |

Audit Opinion:

Partial

All establishments visited have been issued with a summary of findings where issues have been identified. We were pleased with the positive attitude from staff to our feedback as a result of the audit process. Individual assurance opinions were not provided at each establishment, since the focus of the audit was to obtain an overview of specific key areas across a range of premises.

Some areas of good practice were identified:

- There is evidence at all establishments that staff can access the current corporate Health & Safety policies and guidance;
- All establishments have a designated premises manager;
- All establishments were found to have current, satisfactory records for the inspection of the fire alarm system.

However, standards were found to be generally inconsistent and in some cases poor, across the ten establishments included in the audit.

The main areas of concern were those listed in the above Significant Findings section of this report, but those of particular note relate to the corporate arrangements for completion of risk assessments.

There is an issue where responsibility lies with the Local Authority, on the lack of clarity of expectations in terms of mandatory risk assessments for premises. The guidance available on the Health & Safety extranet does not specify which property areas require a risk assessment as a minimum and those that are optional. Whilst this may be an approach designed to encourage premises managers to be proactive and take ownership for risk assessments, it has resulted in confusion and inconsistency and a recommendation has been made for further guidance to be issued.

Furthermore, there are concerns about the lack of corrective action following the central monitoring to confirm that premises managers are using and updating RAMIS as intended. Monitoring should be carried out centrally to identify where there are issues with the timeliness of completion of task reviews. Some of the task completion dates observed for the RAMIS system were long overdue and there is a lack of understanding about who is responsible for updating them. The low level of use of EEC-live for other types of risk assessments compounds the issue, because this results in an inability to conduct any routine central monitoring. The Corporate Health & Safety Unit therefore have a lack of assurance that premises risks are being adequately managed.

Other common issues include a lack of clarity about the intended use of Atrium for both storage of premises inspection certificates and the system for logging and monitoring calls with Corporate Property. This has led to inconsistent approach and the delays to delivery of Atrium training for some premises managers has resulted in the removal of their previous manual systems and no interim arrangements in place.

Corporate Risk Assessment

| Risks | Inherent Risk Assessment | Manager's Initial Assessment | Auditor's Assessment |
|---|--------------------------|------------------------------|----------------------|
| 1. Clear, up to date policies and guidance for premises management are not in place or do not cover the scope of risks across SCC establishments. | High | Low | Low |

| | | | |
|--|--------|--------|--------|
| 2. Staff are not adequately trained in premises management and appropriate roles and responsibilities have not been assigned. | High | Medium | Medium |
| 3. Routine inspections and maintenance are not carried out in line with statutory requirements. | High | Medium | High |
| 4. Assessments relating to the management of premises risks are not completed or not subject to periodic review. | High | High | High |
| 5. There is a lack of awareness and monitoring of premises management at a corporate level, to ensure that issues are addressed and required improvements are monitored through to completion. | Medium | Medium | Medium |

Findings and Outcomes

Method and Scope

Ten individual establishments of differing size and purpose were selected in consultation with the Strategic Manager for Health & Safety and the sample also included a range of SCC managed and co-located premises across a selection of services. Some establishments selected are routinely accessed and used by members of the public, including children.

Fieldwork for this audit comprised a discussion with the premises manager at each establishment regarding arrangements for policy guidance, periodic checks by the manager, staff communication and training, as well as a review of evidence of the risk assessment and inspection arrangements in place.

The audit also sought to establish the effectiveness of monitoring at a corporate level by reviewing the processes in place for communication of cyclical audits and also senior management awareness within the relevant services.

Due to the time required to provide full coverage of these areas at all establishments, it was not possible to review the arrangements for monitoring by the Corporate Health & Safety Steering Group, but it is hoped that this report will provide an overview of the priority areas that require scrutiny at an organisational level.

1 Risk: Clear, up to date policies and guidance for premises management are not in place or do not cover the scope of risks across SCC establishments.

1.1 Finding and Impact

Priority 3

Seven of the ten establishments audited are co-located with other agencies in the same building and we reviewed the extent to which the SCC Health & Safety Partnerships policy guidance is complied with.

At two of the seven establishments, it was found that no Shared Use Agreement was in place and therefore the designation of responsibility for premises health and safety arrangements had not been formally agreed. In one further establishment, an agreement was in place but had not been signed by any of the parties.

At a further two establishments, the agreements in place did not cover all agencies within the building. There is a risk that premises management tasks are not completed in a timely manner because staff do not have clarity about their designated responsibilities.

There is a further concern about the establishments at which multiple SCC services are co-located because there is insufficient information about which staff access the building on a regular basis. This finding compromises the assurance that all staff have received a building health and safety induction, receive periodic reminders and presents the risk that they may be unaware of all necessary requirements and arrangements.

1.1a Agreed Outcome:

I recommend that the Strategic Manager for Health & Safety should ensure that premises managers are reminded of the requirement to complete and periodically review a Shared Use Agreement with all internal and external agencies with whom they are co-located in the same premises.

Action Plan:

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|----------------------|---|--------------|----------------------------|
| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | 1 st March 2017 |
| Management Response: | A reminder will be sent as part of an initiative to send regular reminders to premises managers in relation to their roles and responsibilities | | |

1.2 Finding and Impact **Priority 3**

At five of the ten establishments, there was a lack of evidence of the communication of reminders about health and safety policy requirements to all relevant staff, including both individual service team meetings and also the tenant meetings for co-located agencies. This was largely because team and tenant group meetings were either too infrequent, did not include health and safety as a standing agenda item, or there was no evidence that minutes were produced and circulated to all relevant staff.

There is a risk that if staff are not receiving periodic updates about health and safety requirements and arrangements, procedures will not be consistently followed.

1.2a Agreed Outcome:

I recommend that the Strategic Manager for Health & Safety should ensure that a reminder is issued to all staff regarding the requirement for health and safety to be a standing agenda item at all meetings and that all agreed actions should be documented and communicated. This could be achieved by an item in Core Brief to ensure it reaches all staff.

Action Plan:

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|----------------------|---|--------------|-------------------------------|
| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | 1 st February 2017 |
| Management Response: | A reminder will be sent as part of an initiative to send regular reminders to employees in relation to their roles and responsibilities | | |

2 Risk: Staff are not adequately trained in premises management and appropriate roles and responsibilities have not been assigned.

2.1 Finding and Impact **Priority 4**

At four of the ten establishments, the designated person responsible for the premises had not completed the corporate premises manager training course. At a further three establishments, premises managers had completed the training but this was in excess of ten years ago.

Currently, the corporate training for premises managers is published in the Health & Safety Training Handbook as being mandatory for all staff with responsibility for management of premises. However this is not currently enforced and there is also no formal requirement for periodic refresher training. The Strategic Manager for Health & Safety plans to revise training and make appropriate content available through the Council's Learning Centre.

There is a risk that officers with responsibility for management of premises are not aware of the current corporate and legislative requirements of their role. It could be argued that many of the other findings of this audit in relation to premises manager responsibilities not completed, relate to lack of staff awareness of requirements due to insufficient training.

2.1a Agreed Outcome:

I recommend that the Strategic Manager for Health & Safety should ensure that mandatory corporate training for premises managers is enforced and a timescale for completion of refresher training should be agreed, in line with typical updates to both legislative and corporate requirements. Completion of training should be centrally monitored and reminders issued to staff when a refresher course is due.

Action Plan:

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| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | 1 st Feb 2017 |
| Management Response: | The Strategic Manager for Health & Safety cannot enforce attendance. We can now report on where the premises manager has not completed | | |

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| | <p>training via a new facility on RAMIS to record the trained status of premises managers – which can be made available to services. Services must organise people to apply for the courses and ensure that any change of premises management personnel is communicated to CHSU at the appropriate time. This will be included as part of the reminder programme.</p> <p>A trained status report as at 1st December and a timescale for refresher training will be tabled for HSPSG in January 2017. Indications are that a number of courses will have to be organised in 2017 to address the shortfall identified.</p> |
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| 2.2 | Finding and Impact | Priority 3 |
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All establishments had basic arrangements for the induction of new staff, in terms of both the building and the health and safety arrangements in place. However, at four establishments we found that induction content and completion could not be fully evidenced because there was no documented checklist in place and no requirement for sign-off.

There is a risk that new staff do not have sufficient awareness of key information such as health and safety policies, emergency evacuation procedures and to whom they should report safety and maintenance issues.

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| 2.2a | Agreed Outcome: |
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I recommend that the Strategic Manager for Health & Safety should issue a standard health and safety induction checklist for managers to develop and use with all new staff members. Premises managers should be notified this documentation is available on the Health & Safety extranet, for them to access and tailor to their own specific requirements.

Action Plan:

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| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | 31 st January 2017 |
| Management Response: | An induction checklist will be developed, included in policy and placed on the extranet site. | | |

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| 3 | Risk: Routine inspections and maintenance are not carried out in line with statutory requirements. |
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| 3.1 | Finding and Impact | Priority 4 |
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For routine statutory inspections and testing in relation to fire safety equipment and legionella, we found a range of issues across the ten establishments.

The majority of the findings for fire safety related to a lack of evidence that extinguishers have been both visually inspected by staff on a monthly basis and inspected by an approved contractor on an annual basis. This was the case at four establishments.

Legionella water temperature testing is required on a monthly basis, as well as an inspection by an approved contractor, for which the frequency is variable depending on the type of property. Records were found to be incomplete at eight of the ten establishments and the majority of these related to monthly temperature testing not being consistently carried out and recorded by staff, although three establishments were also unable to provide evidence of an inspection by a contractor. In some cases, we identified a lack of awareness of the requirements for these checks.

If unacceptable stored water temperatures are not identified, this could result in the injury or death of

staff and/or members of the public who access the premises and the finding is therefore deemed to be significant.

3.1a **Agreed Outcome:**

I recommend that the Strategic Manager for Health & Safety should ensure that premises managers are made aware of inspection requirements through the mandatory corporate training for premises management.

Action Plan:

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| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | 1 st March 2017 |
| Management Response: | This is already in place for a number of areas including fire and legionella. A reminder will be sent as part of an initiative to send regular reminders to employees in relation to their roles and responsibilities. | | |

3.2 **Finding and Impact**

Priority 4

For routine inspections relating to the safety of electrical, gas and oil installations, we found two establishments where evidence of the annual gas and oil systems checks within the last year could not be provided.

Fixed electrical wiring installations require an inspection of the whole circuit – currently this is required every three years. Specific electrical installations are however to be inspected at an interval dependent on the condition of the equipment. Premises managers expressed confusion about this requirement for their specific installations. The latest inspection could not be verified at nine of the ten establishments and in the majority of cases, this was because certificates could not be located to confirm when the last check was completed. We were subsequently advised by Corporate Property that certification should be available on Atrium or from Skanska, but premises managers were not aware of this.

Portable Appliance Testing (PAT) is required by an approved contractor, but should also be supplemented by annual visual checks by staff on an annual basis. The cycle for inspections by an approved contractor is variable, depending on the type of property and the equipment located there. In one establishment, the contractor inspection could not be confirmed due to lack of evidence and in a further five establishments, there was a lack of evidence of an annual check by staff.

Other types of required inspections that were common across the ten establishments were for passenger lifts and emergency lighting and we found a lack of evidence for these inspections at five establishments.

There was general confusion amongst premises managers about the requirements for each contractor to provide an inspection certificate and also regarding the responsibility for completion of any follow-up action identified by an inspection. There were a number of cases where staff believed inspections had been completed within the required timeframe but a certificate had either not been provided, or the inspector advised that it would be sent directly to Corporate Property. These arrangements compromise the ability of premises managers to fulfil their responsibilities and maintain records of periodic inspections, so they can monitor their completion.

We also found three cases where inspection certificates recorded remedial actions, such as lift equipment to be re-wired, or water systems to be flushed and disinfected. Premises managers were unable to advise if they had been booked or completed and generally assumed this would be arranged and managed by Corporate Property.

Corporate Property subsequently advised that premises managers have been guided on where inspection certificates are held within Atrium, but there is further work in progress to ensure that all premises managers have been identified as requiring Atrium access.

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| 3.2a | Agreed Outcome: | | |
| I recommend that the Strategic Manager for Health & Safety should ensure that premises managers are made aware of inspection requirements through the mandatory corporate training for premises management. | | | |
| Action Plan: | | | |
| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | N/A |
| Management Response: | This is already in place as the Head of Corporate Property will be involved in PM training since September 2017. | | |
| 3.2b | Agreed Outcome: | | |
| I recommend that the Head of Property should issue a reminder to all premises managers regarding the Atrium arrangements in respect of premises inspection certificates. This should include the expectations for monitoring by premises managers, where to access certificates and also the responsibilities for follow-up of identified remedial issues. | | | |
| Action Plan: | | | |
| Person Responsible: | Head of Property | | |
| Management Response: | This will be sent out to all Corporate Properties during December 2016 and will be copied to CHSU for reference. SSE will be required to send the same to all schools properties. | | |

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| 3.4 | Finding and Impact | Priority 3 |
| Premises managers are required to complete visual inspections of the internal and external premises, including all fixtures and fittings, on at least an annual basis. | | |
| At five establishments, there was insufficient evidence of these inspections because the premises managers are not documenting their checks. At a further three establishments, we recommended that premises managers referred to corporate guidance because their documented checklists did not appear to cover all required areas of the premises. In some cases, we identified a lack of awareness of the requirements for these checks. | | |
| There is a risk that health and safety defects will not be detected and remedial action not monitored through to completion if checks are not documented and do not cover all areas. | | |
| 3.4a | Agreed Outcome: | |
| I recommend that the Strategic Manager for Health & Safety should ensure that premises managers are made aware of inspection requirements through the mandatory corporate training for premises management. | | |
| Action Plan: | | |
| Person Responsible: | Strategic Manager for Health & Safety | Target Date: 31 st March 2017 |
| Management Response: | A reminder will be sent as part of an initiative to send regular reminders to premises managers in relation to their roles and responsibilities. It is already included as part of the training course | |

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| 3.5 | Finding and Impact | Priority 3 |
| Establishments require a system to log and monitor all building and fixture issues that require repair or maintenance. The Council is in the process of rolling out training in the use of the Atrium system, which will provide this functionality. Previously, some establishments were supplied with a log book by Skanska and confusion has arisen about how this system should be used to compliment the information stored on Atrium. | | |

The changes to these arrangements have resulted in an inconsistent approach to management of this area in the establishments visited.

Three premises managers advised that they have been given access details for the Atrium system but stated that they are yet to be provided with training and have therefore not yet adopted the system. There was no evidence of a previous manual system in place.

One premises manager had been provided with a Skanska log book but upon review we discovered that because contractors had attended without making themselves known to staff or consulting the log book, there was no manual record of completion of the calls they attended.

At four further establishments, premises managers were only able to provide partial evidence of issues logged through the Repairline and none had been provided with a confirmation when jobs had been attended and completed, due to the absence of an effective manual system in place.

Because of these inconsistencies and the inability to access and review records, it was not possible for the audit to establish whether Atrium is up to date and providing an effective system of maintenance required and completed.

There is a lack of assurance that systems for logging and monitoring maintenance issues are operating as intended. Staff have expressed confusion about longer term plans for use of Atrium and any interim arrangements required.

3.5a **Agreed Outcome:**

I recommend that the Head of Property should issue a reminder to all premises managers to advise of the process for use of the Atrium system to log and monitor property support calls.

Action Plan:

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| Person Responsible: | Head of Property | Target Date: | End of December 2016 |
| Management Response: | This will be sent out to all Corporate Properties during December 2016 and will be copied to CHSU for reference. SSE will be required to send the same to all schools properties. | | |

3.6 **Finding and Impact**

Priority 4

Asbestos containing materials in buildings are required to be visually inspected to confirm there are no signs of disturbance or damage.

Six out of ten establishments were unable to provide evidence that they had completed an annual review of any asbestos containing materials in their buildings and stated that they had not completed an Annual Return to the Asbestos Team, as per the requirements.

Following review of the Asbestos Register at two of these establishments, Managers stated that they believed that the Register had not been updated since completion of building work in the last year and they required a new survey to be completed due to the alterations made.

Whilst the majority of the asbestos in the establishments visited was in areas not typically accessed by staff or members of the public, any contractor working in the vicinity may be at risk of exposure if annual inspections are not completed to detect issues.

3.6a **Agreed Outcome:**

I recommend that the Strategic Manager for Health & Safety should liaise with the Asbestos Team to clarify the requirements for the Annual Return and issue an appropriate reminder to all premises managers.

Action Plan:

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|---------------------|---------------------------------------|--------------|--------------------------------|
| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | 28 th November 2016 |
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| Management Response: | The facility on RAMIS to remind premises managers that tasks (including the Asbestos return) are overdue is being enabled on 28 th November 2016. The Asbestos Team will only receive any returns that indicate there may be a need to follow-up – which they should do and react according to the situation. They have no wider monitoring responsibility. This remains a CHSU function. |
|----------------------|--|

4 Risk: Assessments relating to the management of premises risks are not completed or not subject to periodic review.

4.1 Finding and Impact Priority 4

RAMIS is the corporate system for the recording and monitoring of risk assessments relating to fire, including both cyclical requirements and any reactive tasks.

Eight of the ten establishments were found to have outstanding tasks on RAMIS. After further discussion with premises managers, three of these were simple cases of the system not being updated in a timely manner, but for the remaining five there were outstanding actions that required further work.

This is another area where premises managers are unclear on who has responsibility for updating of the system for certain actions, where there is a requirement for Hard FM to arrange for issues to be rectified. In instances where a contractor attends to alterations to fire doors or door seals for example, the manager feels unable to confidently confirm that the remedial work now meets the required standard and these actions are typically left outstanding on RAMIS.

The wider issue with this finding is the lack of central monitoring and follow-up of outstanding actions on RAMIS, so that specific issues relating to the timeliness of completion of risk assessments across all establishments can be identified and addressed.

An additional finding worthy of note here is that at the time of booking visits to the ten establishments, we were advised of the details of premises managers at each establishment by the Corporate Health & Safety Unit, via the named contact on the RAMIS system. These details were found to be incorrect in five cases and we found this was due to staff at premises sharing login details for RAMIS, or the premises manager not having access to the system. This means that the Corporate Health & Safety Unit do not have an accurate record of all premises managers and will compromise their ability to issue reminders.

4.1a Agreed Outcome:

I recommend that the Strategic Manager for Health & Safety should ensure that central monitoring of RAMIS is introduced and premises managers are reminded when tasks are overdue.

It is also recommended that improved guidance for the responsibility of updates to the system is issued. This should include a requirement for all premises managers to have their own RAMIS accounts, to eliminate the use of shared login details.

Action Plan:

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| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | 20 th January 2017 |
| Management Response: | The facility on RAMIS to remind premises managers that tasks are overdue is being enabled on 28 th November 2016. However, its benefit will be diluted until Property are able to update the elements that they deal with (maintenance and improvement) or provide better support to PMs so that they can. CHSU is currently in discussion with Property regarding this. The guidance cannot be issued until that is agreed. | | |

4.2 Finding and Impact

Priority 4

Risk assessments for all other premises-related risks were found to exist mostly in manual form, with only one establishment using the corporate system, EEC-live to record and monitor assessments. The low level of use of EEC means that at a corporate level, it is not possible to obtain an overview for reporting and monitoring purposes and risk areas may not be sufficiently covered as a result. At present, it is not known for how long EEC-live will remain as the corporate system for risk assessments.

This concern was substantiated at three of the ten establishments, where no premises risk assessments were in place at all and this is a significant issue.

At a further two establishments, there were only a limited number risk assessments in evidence, which did not cover all of the areas expected for the premises and the associated risks. This finding is indicative of the fact that there is no corporate or service guidance issued, to advise premises managers of the minimum requirements for risk areas relating to the premises.

There is a risk that while this system is only partially effective, unmitigated risks will result in an incident causing harm to staff and/or members of the public.

4.2a Agreed Outcome:

I recommend that the Strategic Manager for Health & Safety should introduce a process to ensure that premises managers are required to complete a declaration that all required risk assessments are in place and are up-to-date. This is an interim arrangement pending the decision regarding a corporate electronic system.

Action Plan:

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|----------------------|---|--------------|----------------------------|
| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | 1 st March 2017 |
| Management Response: | There is already a process that covers Fire Asbestos and Legionella assessments. We will introduce a process to cover the other assessments needed e.g. First aid, Housekeeping, working at height via a declaration that will be developed and placed on RAMIS for non-school premises managers to complete as at the end of March 2017. | | |

5 Risk: There is a lack of awareness and monitoring of premises management at a corporate level, to ensure that issues are addressed and required improvements are monitored through to completion.

5.1 Finding and Impact

Priority 3

Premises managers were asked to confirm the arrangements for escalation of any premises related issues to their line managers and also their awareness of the cyclical audit reports published by the Corporate Health & Safety Unit (CHSU).

Whilst communication channels with senior management appear to be operating effectively for specific issues, there were three premises managers (covering four establishments) who were unable to confirm that they had been made aware of the outcomes of recent CHSU audits and consequently had also not shared them with premises staff.

There is a lack of assurance that where issues have been identified in risk areas, they are being consistently communicated to staff.

5.1a Agreed Outcome:

I recommend that the Strategic Manager for Health & Safety should remind all senior management that Corporate Health & Safety Unit audit reports should be disseminated to premises managers to ensure they can verify suitable arrangements at their own establishments.

Action Plan:

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|----------------------|---|--------------|--------------------------|
| Person Responsible: | Strategic Manager for Health & Safety | Target Date: | 1 st Feb 2017 |
| Management Response: | A reminder will be issued at the next HSPSG meeting | | |

Audit Framework and Definitions

Assurance Definitions

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|--------------------|--|
| None | The areas reviewed were found to be inadequately controlled. Risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives. |
| Partial | In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives. |
| Reasonable | Most of the areas reviewed were found to be adequately controlled. Generally risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives. |
| Substantial | The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed. |

Definition of Corporate Risks

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

Categorisation of Recommendations

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

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| Priority 5 | Findings that are fundamental to the integrity of the unit's business processes and require the immediate attention of management. |
| Priority 4 | Important findings that need to be resolved by management. |
| Priority 3 | The accuracy of records is at risk and requires attention. |

Priority 2 and 1 Actions will normally be reported verbally to the Service Manager.

Report Authors

This report was produced and issued by:

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- Lisa Fryer, Assistant Director

Support

We would like to record our thanks to the following individuals who supported and helped us in the delivery of this audit review:

- The premises managers of the ten establishments visited.

Distribution List

This report has been distributed to the following individuals:

- Brian Oldham - Strategic Manager - Health & Safety
- Richard Williams - Commercial and Business Services Director
- Claire Lovett – Head of Property
- Chris Squire – HR & OD Director

Working in Partnership with

| | |
|---------------------------------|---------------------------------------|
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| Hereford Council | West Dorset District Council |
| Mendip District Council | West Somerset Council |
| North Dorset District Council | Weymouth and Portland Borough Council |
| Sedgemoor District Council | Wiltshire Council |

Statement of Responsibility

Conformance with Professional Standards
SWAP work is completed to comply with the International Professional Practices Framework of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Auditing Standards.

SWAP Responsibility

Please note that this report has been prepared and distributed in accordance with agreed Audit Charter and procedures. The report has been prepared for the sole use of the Partnership. No responsibility is assumed by us to any other person.