

PDNPA Health and Safety

Peak District National Park Authority

Internal Audit Report 2016/17

Business Unit: Peak District NPA
Responsible Officer: Corporate
Service Manager: Corporate
Date Issued: 09 May 2017
Status: Final
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| | P1 | P2 | P3 |
|------------------------------|----------------|----------|----------|
| Actions | 0 | 0 | 1 |
| Overall Audit Opinion | High Assurance | | |

Summary and Overall Conclusions

Introduction

The review of the Peak District National Park Authority Health and Safety procedures forms part of their Internal Audit Plan for 2016/17. The Health and Safety At Work Act 1974 places legal responsibilities upon the Members of the PDNPA and all of its employees / volunteers. The Authority recognises and accepts these responsibilities for providing a safe and healthy workplace and working environment. The responsibility for implementing Health and Safety Policy and procedures rests with individual Service Management, who are supported by a dedicated Safety Officer.

Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system will ensure that:

- All managers are aware of their health and safety obligations and how these relate to the areas of work that they and their staff are involved in.
- All managers are competent to recognise significant hazards and risks and to apply the correct methods of risk assessment and suitable and sufficient risk controls.
- All managers can demonstrate compliance in taking all necessary actions to minimise health and safety risks.

Key Findings

The Health and Safety Policy was updated and reviewed in December 2016, with implementation from January 2017. The new policy has moved away from the older style 'general statement' which was more of an overarching policy than a guide to the practical application of safety management. In order to achieve this, health and safety roles and responsibilities are included in more detail elsewhere, such as job descriptions and although this has also been done in the past, job descriptions are currently being rewritten to reflect the new structure which is slowly coming into place and will reflect more accurately the current situation.

Health and safety requirements will also form part of service plans, and are addressed and recorded as part of the JPAR (appraisal) process. The new form for JPARs specifically includes a section on health and safety. The Safety Officer revised the Health and Safety policy and has been rolling that out through the Health and Safety committee, the Senior Leadership Team meeting, the Local Joint Committee (staff and members group) and also through 'How we work around here' line manager briefings. As a result all line managers who attended have been tasked with creating an action plan for Health and Safety.

Five service managers were asked to provide some evidence that they were implementing the requirements of the new policy. All of the managers who responded are clear on their own responsibilities for health and safety, and how that fits into the service area and the overall organisation.

All managers were able to provide examples of service specific risk assessments where appropriate. As HR is office based these are the risk assessments that refer to Aldern House specifically and are stored on the Hub so are easily accessible to anyone who needs to see them. The Safety Officer is also part of the HR team so this means there is significant involvement with the implementation of the new policy particularly with regards to ensuring job descriptions are updated to include health and safety roles and responsibilities. This started at the top of the Authority with the Chief Executive, and is being cascaded down throughout the tiers of management.

Health and safety is an agenda item for team meetings, and HR particularly is very integrated with health and safety, especially with regards to policy writing for areas such as lone working, home working, new/expectant mothers etc. The responsibility for identifying and providing training lies with managers, however some documents (such as certificates) are kept on personnel files in the HR office, especially the new starter forms, and some are held departmentally. Currently there is no agreed process for where the documents will be stored, which may lead to confusion over whether the appropriate training has been provided.

Overall Conclusions

It was found that the arrangements for managing risk were very good. An effective control environment appears to be in operation. Our overall opinion of the controls within the system at the time of the audit was that they provided **High Assurance**.

1 Health and Safety Training for New Starters

| Issue/Control Weakness | Risk |
|---|---|
| Unclear process to ensure training records are maintained | Employees do not receive the appropriate health and safety training to avoid injury to themselves or others |

Findings

The new starter checklist includes health and safety requirements and the initial health and safety training should be provided as part of the induction process. Job descriptions are currently under review and being updated. All job descriptions going forwards will include more detailed health and safety requirements. Training needs throughout the year are identified as part of the JPAR process, although this is not the only method used. There will be directorate action plans for health and safety, therefore taking all of this into account the procedures in place for identifying training needs in the future should be effective.

For new starters and training identified during the year there is no consistency in the recording of this information, with some but not all forwarded to HR. Some decision needs to be made as to whether records will be held departmentally, or sent to HR to be placed either on personnel files or on the database once it is up and running, and whose responsibility this will be to be to both maintain and ensure it is up to date

Agreed Action 1.1

| | | |
|---|----------------------------|-------------------------|
| HR to remind line managers of the existing policy and process to identify and record formal learning. (Immediate) | Priority | 3 |
| HR to input the backlog of training information into the HR database (End of Quarter 2) | Responsible Officer | Head of Human Resources |
| HR to undertake review of the Learning & Development Policy and Guidance Notes (End of Quarter 4) | Timescale | 31 March 2018 |

Audit Opinions and Priorities for Actions

Audit Opinions

Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit.

Our overall audit opinion is based on 5 grades of opinion, as set out below.

| Opinion | Assessment of internal control |
|-----------------------|---|
| High Assurance | Overall, very good management of risk. An effective control environment appears to be in operation. |
| Substantial Assurance | Overall, good management of risk with few weaknesses identified. An effective control environment is in operation but there is scope for further improvement in the areas identified. |
| Reasonable Assurance | Overall, satisfactory management of risk with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made. |
| Limited Assurance | Overall, poor management of risk with significant control weaknesses in key areas and major improvements required before an effective control environment will be in operation. |
| No Assurance | Overall, there is a fundamental failure in control and risks are not being effectively managed. A number of key areas require substantial improvement to protect the system from error and abuse. |

Priorities for Actions

| | |
|------------|--|
| Priority 1 | A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management. |
| Priority 2 | A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management. |
| Priority 3 | The system objectives are not exposed to significant risk, but the issue merits attention by management. |

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