

# MALDON DISTRICT COUNCIL

## INTERNAL AUDIT REPORT - FINAL

HEALTH AND SAFETY 2024/25  
NOVEMBER 2024

Design Opinion



Moderate

Design Effectiveness



Limited



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## DISTRIBUTION

<b>Hannah Wheatley</b>	Assistant Director - Place & Community
<b>Paul Baccarini</b>	Corporate Health & Safety Manager
<b>Nick Chapman</b>	Head of Environmental Health, Waste & Climate Action

BDO LLP APPRECIATES THE TIME PROVIDED BY ALL THE INDIVIDUALS INVOLVED IN THIS REVIEW AND WOULD LIKE TO THANK THEM FOR THEIR ASSISTANCE AND COOPERATION.

## REPORT STATUS

<b>Auditors:</b>	Aaron Winter, Partner and Chief Audit Executive Andrew Billingham, Audit Manager Maggie Quigg, Internal Auditor
<b>Dates work performed:</b>	4 July 2024 - 25 October 2024
<b>Draft report issued:</b>	28 October 2024
<b>Management responses received:</b>	13 November 2024
<b>Final report issued:</b>	14 November 2024

# EXECUTIVE SUMMARY

Design Opinion



Moderate

Design Effectiveness



Limited

Recommendations



## SCOPE

### BACKGROUND

- ▶ Under the Health and Safety Act 1974, it is an employer's duty to protect the health, safety and welfare of their employees and other people who might be affected by their business. Employers must do whatever is reasonably practicable to achieve this. This means making sure that workers and others are protected from anything that may cause harm, effectively controlling any risks to injury or health that could arise in the workplace.
- ▶ Employers have a duty to assess risks in the workplace. Risk assessments should be carried out that address all risks that might cause harm in the workplace. Employees must be given information about the risks and how they are protected. Employers must also instruct and train employees on how to deal with the risks.
- ▶ Maldon District Council (the "Council") has a Health and Safety Policy which sets out the roles and responsibilities for implementing health and safety controls. The Council aims to:
  - Undertake suitable and sufficient assessments of risks;
  - Provide and maintain safe plant and systems of work;
  - Ensure the safe use, handling, storage and transport of articles and substances;
  - Provide sufficient information, instruction, training and supervision;
  - Ensure employees are capable of carrying out their designated work activities;
  - Work to reduce the number of accidents and incidents of work related ill health;
  - Provide and maintain a safe and healthy workplace or working environment with adequate facilities and arrangements for welfare; and
  - Consult with employees or their nominated representatives on matters affecting their health and safety.
- ▶ Health and Safety currently sits within the Place & Community Service Delivery Directorate and is overseen by the Corporate Health and Safety Manager with support from the Head of Environmental Health, Waste & Climate Action.

### PURPOSE

- ▶ The purpose of the audit was to provide assurance over the design and operational effectiveness of the controls relating to the application of health and safety policies and practices across the Council.

### AREAS REVIEWED

- ▶ We reviewed the health and safety policy and supporting procedures to ensure they clearly set out Council roles and responsibilities, are regularly reviewed, have been approved by senior management and are effectively communicated to officers.
- ▶ We verified that regular health and safety training is provided to officers according to their role. We checked that a training record is kept, monitored and that non-completion of training is escalated through appropriate channels.
- ▶ We tested a sample of service areas to confirm that risk assessments have been completed and reviewed by the Corporate Health and Safety Officer.
- ▶ We tested a sample of incidents reported in the last 12 months to confirm compliance with the Council's procedure.
- ▶ We tested a sample of Council-managed sites to confirm that recent health and safety inspections have occurred.
- ▶ We reviewed the arrangements for first aiders and fire wardens and confirmed how the Council receives assurance that there is always adequate cover in the event of an emergency.
- ▶ We ascertained whether there is an approved process for handling health and safety at events. We tested a sample of events in the last 12 months and verified that the correct process was followed.
- ▶ We confirmed that there is regular reporting of health and safety compliance and performance to senior officers and Members.



## AREAS OF STRENGTH

We have identified the following areas of good practice:

- We confirmed that the Council provides five bite-size health and safety sessions to managers during induction, covering the following topics: policies and procedures, display screen equipment, supervision and inspection, personal protective equipment, and occupational health monitoring and referrals. The Council also offers mandatory e-learning courses to staff covering 16 topics.
- ▶ We selected a sample of three out of eighteen incidents reported at the Council since April 2024. We found that all three incidents had adequate details reported and appropriate comments addressing each section of the required forms.
- ▶ We confirmed that the Council has 40 employees out of approximately 220 employees that are trained as fire marshals and 27 employees trained as first aiders and verified that their training is up to date. We also confirmed that the Council has a First Aid Arrangements Policy in place, detailing adequate arrangements and is current.
- ▶ We reviewed the Performance, Governance and Audit Committee agenda meeting memorandum and the Health and Safety update report for the following quarters: Quarter 4 2022/23, Quarter 2, Quarter 3, and Quarter 4 2023/24. We confirmed regular reporting of health and safety compliance and performance to senior officers and Members. This provides assurance that there is oversight of health and safety compliance, which is regularly scrutinised.



## AREAS OF CONCERN

Our key findings from this audit include the following:

- ▶ **Risk 1:** The Council has a Health and Safety policy in place, with the next review date of April 2021, making it outdated. The policy may not reflect the current roles and responsibilities at the Council. While it outlines roles and functions, it does not detail core Health and Safety policies such as the H&S Statement of Intent, Accident, Incident and Near Miss Reporting, and others.

The Council's Corporate Health and Safety Manager informed us that the policy is under review and in draft form, with the next review due in July 2025. The draft includes a reference to the relevant Health and Safety Procedure Index, which lists 32 policies. However, 23 of these have not been updated in the last three years and need reviewing to align with current legislation and procedures. *(Detailed Finding 3 - Medium)*

- ▶ **Risk 2:** The Council has an automated training matrix in place, monitored monthly by supervisors and managers. This matrix is organised by department, details the type of training, training ID, required personnel, delivery method, frequency, duration, validation, and review period. However, there are no regular compliance reports being run or reported to confirm completion of training and to provide adequate oversight. *(Detailed Finding 4 - Medium)*

- **Risk 3:** We reviewed the Master Risk Assessment Database and tested a sample of three service areas, Maldon District Council General Risks, Parks Department Risk Assessments and Cemeteries Maintenance Team Risk Assessments. We found that out of a total of 50 risk assessments across the three services areas, the database showed 30 of these were overdue for a review. *(Detailed Finding 1 - High)*

- ▶ **Risk 4:** We reviewed the Council's Accident, Incident and Near Miss Reporting Policy, which had been updated in April 2024. The policy covered the key components such as roles and responsibilities, arrangements for reporting, and investigations, however, it does not set out measurable timeframes for reporting. *(Detailed Finding 6 - Low)*

- ▶ **Risk 5:** We reviewed the inspection audit reports conducted by the Corporate Health and Safety Manager for three sites at the Council and found that they are due for a review as they had not been done in the last 12 months. We were also advised that periodic inspections have been requested by the Corporate Health and Safety Manager, with teams determining their own frequency and agreeing with the Health and Safety Manager. However, no one has yet proposed a frequency. *(Detailed Finding 2 - High)*

- ▶ **Risk 7:** We selected a sample of five events from January to July 2024 and confirmed that each event had supporting documentation such as required certifications and contracts in place. However, there was no standard checklist to confirm which exact documents should be included to support an approved process for handling health and safety at events. To improve consistency, a checklist would ensure that all aspects of health and safety at events are covered and that all essential areas are verified. *(Detailed Finding 5 - Medium)*



## ADDED VALUE

- ▶ We have benchmarked the Council's health and safety processes against practices of other local authorities. (*Appendix I - Benchmarking*)



## CONCLUSION

Overall, we have concluded Moderate assurance over the design and Limited assurance over the operational effectiveness of the Council's controls for Health and Safety policies and practices across the Council.


### Control Design

- ▶ The control design is moderate because the Council generally has a sound system of internal controls to ensure consistent application of health and safety policies and practices across the Council.
- ▶ The control environment could be enhanced by:
  - creating a consistent approach to health and safety requirements for events at the Council.
  - implementing an agreed inspection frequency with each service area head to ensure overall oversight and compliance.
  - New systems, such as the Risk Assessment Database, are being developed and implemented to improve overall oversight.
- ▶ We have raised one high priority and one low priority findings to strengthen the control design.

### Control Effectiveness

- ▶ The control effectiveness is Limited because the existing controls were not consistently applied. However, the Council had specific strengths over regular reporting of Health and Safety compliance and performance to senior officers and members to the Performance, Governance and Audit Committee.
- ▶ We identified that policies and risk assessments are outdated and due for review. The current training matrix, monitoring, and oversight could be improved with regular reporting.
- ▶ This has resulted in one high priority and three medium priority findings regarding control effectiveness.

## DETAILED FINDINGS

1 RISK ASSESSMENTS	
TOR Risk 3:	Risk assessments have not been undertaken for each service area leading to risks not being effectively identified and mitigated.
Significance	 High



### FINDING

We were advised by the Council's Corporate Health and Safety Manager that each team has its own service risk assessments required by their service area including health and Safety assessments. These assessments are being centralised in the Health and Safety SharePoint. In SharePoint, each department will have a dedicated folder to store their risk assessments. A Master Risk Assessment database has been created to act as an index document, with each department having a tab that links to their risk assessments. Clicking on a cell will link to the risk assessment and turn red when it expires, using an automated calculation. This system is not yet fully implemented and embedded.

The format of the risk assessments has been changed to an Excel spreadsheet, and the definitions for likelihood and severity have been updated to align with corporate risk standards. The corporate risk register has been in place for about a year and a half. The requirement for teams to conduct a risk assessment depends on the level of risk. For high-risk areas, annual assessments are advised, but the default is every three years. Teams can consult the Health and Safety team if they are unsure about anything, and assistance has been provided, particularly with the Parks team. Many teams still have their risk assessments in the old format, and these are being reviewed and updated together.

We reviewed the Risk Assessment Database provided by the Council's Health and Safety Corporate Manager. This database shows the risk assessment RAG status of the Council, broken down into service areas.

#### **MDC Master Risk Assessment Database:**

We selected three service areas as part of our sample. We found the following reflected in the database:

- **Maldon District Council General Risks (9 risk assessments)**
  - All 9 have been completed and are not due to be reviewed until April 2026.
- **Parks Department Risk Assessments (23 risk assessments)**
  - 12 are due to be reviewed by the service area. These were scheduled for review from August 2024 to October 2024 but have not been completed per the records.
- **Cemeteries Maintenance Team Risk Assessments (18 risk assessments)**
  - All 18 items were due to be reviewed by the service area in April 2024 but have not been completed per the records.

Therefore, out of the three service areas we selected, with a total of 50 risk assessments, the database spreadsheet showed that 30 of these were overdue for a review.

We were subsequently informed the Database was not up to date and the Cemeteries Maintenance Risk Assessments had been removed as this area was now contracted out.

### Associated Risk

The Council may be at risk if risk assessments are not completed annually, nor signed and completed in a timely manner. Potential risks may go unnoticed, and the Council may not be prepared to handle these risks when they eventually materialise. Failure to mitigate these risks can also lead to operational disruptions, budget overruns, financial losses, reputation damage, safety concerns, and potential legal and compliance issues.



### RECOMMENDATION

- a. Service areas should review overdue risk assessments where required.
- b. The Council should prioritise the implementation of the risk assessment database across all service areas. This ensures each service area documents identified hazards, assessed risks, and implemented controls. This approach will enhance accountability, oversight, and appropriate monitoring of risks at the Council.
- c. The Council should implement a monthly compliance report to monitor which teams have completed and updated their risk assessments. This will ensure that all teams stay on track and maintain up-to-date risk assessments.



### MANAGEMENT RESPONSE

- a. Bi-annual Service Plan reviews are used to monitor department performance on several key H&S aspects. Risk assessments have been identified as one of the key areas and will be reported upon specifically. This shall trigger timely review moving forward. The target for implementation of the Service Plan review meetings is by the end of Q4 2024. Currently the Corporate H&S Manager is working with Assistant Directors and Service Heads to ensure that Risk Assessments are a priority area of focus. It is recognised that resourcing in some areas does present challenges for smaller teams.
- b. When the majority of risk assessments were created they were given an arbitrary revision date of 1-year, but in reality not all risk assessments need revision within such a short timeframe, and the overdue risk assessments are based on the initial 12 month revision date. It is therefore intended that the frequency of review will be reconsidered based upon levels of risk as part of the review of all risk assessments, there will be an update to those requiring changes and there will be a transfer of all risk assessments to the new corporate template within SharePoint.

A framework for a centrally located risk assessment database has been set up and now requires populating. The next step is to work with each area supervisor or manager to ensure they update their risk assessments. Managers have been requested to convert risk assessments into the new corporate format for consistency.

Most work has been carried out with the Parks Department, where their assessments have been subject to a full review. A plan is in place for all the Parks Team to confirm 'read and receipt' of these and allow feedback, where required. This is intended for all teams.


All the remaining risk assessments will be checked by end of Q4 2024-25 to see if they need changing or just need transferring to the new template. If they do need changing, these revisions will be made by the end of Q2 2025-26. It should be noted that the definitions within the new risk assessment templates align with those in our Corporate Risk Register.

Cemeteries risk assessments are now picked up by the new contractor with periodic review by the Corporate H&S Manager, so these do not need to be updated by MDC.

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<b>Responsible Officer:</b>	Paul Baccarini
<b>Implementation Date:</b>	30 September 2025

## 2 INSPECTIONS

TOR Risk 5:	The Council fails to effectively monitor all its sites to ensure regular health and safety inspections are undertaken.
Significance	 High

### FINDING

We were advised by the Council's Corporate Health and Safety Manager the new inspection system is a recent implementation. Upon his arrival, the Manager conducted an in-depth assessment of the two depots, resulting in numerous actions that are still being addressed.

Periodic inspections have been requested across each service area, with teams determining their own frequency to be agreed with the Health and Safety Manager. However, no one has yet proposed a frequency, which was requested by the Health and Safety Manager in May 2024. Therefore, we reviewed the three most recent visits.

We reviewed an audit inspection report for the Princess Road Depot completed on 18/05/2023 and follow up visits of 06/07/2023 and 20/07/2023 which had completed details. However, no inspection has been performed since by the Corporate Health and Safety Manager.

We reviewed an inspection report for the Blackwater Leisure Centre that had been conducted on 28/07/2023 and followed up on 01/08/2023, which had the completed details and comments. However, no inspection has been performed since by the Corporate Health and Safety Manager.

We reviewed an audit inspection report for the Parks depot in Promenade Park which had been inspected on 12/04/2023, which had the completed details. However, no inspection has been performed since by the Corporate Health and Safety Manager.

As the inspection frequency is yet to be determined we do not know whether inspections are overdue or when the next inspection will be. Good practice suggests that high-risk areas should be inspected quarterly, medium-risk areas every six months, and low-risk areas annually. This ensures that all areas are monitored appropriately based on their risk level.

#### **Associated risk:**

If site inspections aren't completed in a timely manner, the Council risks safety hazards, legal liability, reputation damage, increased costs, and regulatory non-compliance.



### RECOMMENDATION

- a. An inspection schedule frequency should be agreed with each service area head and with the Health and Safety team. A schedule of inspections should be maintained by the Corporate Health and Safety Manager and inspections completed in line with the determined frequency.



### MANAGEMENT RESPONSE

- a. Meetings with Senior Managers are now being scheduled that will set out agreed frequencies for different work teams ('supervisions' for staff and 'inspections' for work areas). This will include the work depots that were previously audited by the Corporate H&S Manager.

A follow up inspection of the Blackwater Leisure Centre is due, and an inspection of Burnham Leisure Centre is also required. BDO are made aware that the Corporate H&S Manager attends quarterly meetings with Leisure centre management (which includes the Commercial Manager and Assets Manager) where H&S items are discussed. H&S documentation is shared with the authority, which includes accident and incident data and investigation reports using a shared folder.

It has been agreed that the Corporate H&S Manager will conduct annual visits to the leisure centres but will keep in contact quarterly to discuss any emerging issues.

The Corporate H&S Manager will also conduct scheduled annual inspections for key MDC assets; Prom Park Depot, Princes Road Depot and Main Princes Road Office.

<b>Responsible Officer:</b>	Paul Baccarini
<b>Implementation Date:</b>	31 June 2025

### 3 POLICIES AND PROCEDURES

**TOR Risk 1:** Senior officers fail to set the direction for effective health and safety management resulting in a lack of consistency and buy in across the Council.

**Significance**  Medium

#### FINDING

To ensure clarity and support for staff regarding health and safety, the Council has a range of guidance documents on its intranet site covering how to manage specific health and safety risks.

We reviewed the Health and Safety policy, which did not detail the date it was written and stated the next review date was due in April 2021, which had been missed. This policy is now out of date and may not reflect the current roles and responsibilities at the Council.

The policy outlines roles and functions but does not detail the core Health and Safety policies at the Council, including:

- H&S Statement of Intent
- Accident, Incident and Near Miss Reporting
- Risk Assessment
- Slips and Trips
- First Aid
- Unacceptable Behaviour
- Manual Handling
- Workplace Transport
- Mobile and Home Working
- Display Screen Equipment
- CoSHH

We were advised by the Council's Corporate Health and Safety Manager that the current policy is under review and in draft form. We reviewed the draft, which states it will be reviewed annually with the next review due in July 2025. This policy will be submitted to the Finance and Corporate Services Committee for review and approval; however, minor details are subject to change under the new structure of the Council.

The policy also includes a reference to the relevant Health and Safety Procedure Index. The H&S Policy/Procedure Index outlines 32 policies, referencing their current versions.

We noted that 23 out of 32 supporting policies have not been updated in the last three years and should be reviewed to reflect current legislation and procedures.

The policy should be approved by the appropriate governance forum and introduced as soon as practicable, as the current Health and Safety policy has not been reviewed since April 2021.

#### **Associated Risk**

If guidance documents are not reviewed regularly for specific risks, they may not reflect current legislation and procedures, potentially compromising the safety of staff.

**RECOMMENDATION**

- a. The draft Health and Safety policy should be ratified and approved by the appropriate governing committee.
- b. All of the out-dated supporting guidance documents identified in the Health and Safety Policy/Procedure Index should be reviewed and updated, ensuring they align to current statutory requirements and the Council's procedures.
- c. Once the supporting guidance documents have been reviewed and updated, they should replace the existing versions on the Council's intranet. Then advertised to staff to ensure they are fully aware of any updates/changes that have been made.

**MANAGEMENT RESPONSE**

- a. The draft policy, which has been agreed by the Senior Leadership Team, is currently being amended to reflect the roles and responsibilities of the new Chief Executive and Deputy Chief Executive appointed in October 2024. The Policy will then be presented to the Strategy and Resources Committee early in 2025 for final approval.
- b. Each of the policy/ procedure documents identified in the H&S Policy have been assigned risk ratings and working teams, tasked with their revision. Each working team has a 'lead officer' who has ownership of the document and is responsible for ensuring revision occurs in a timely manner. Priorities for renewal are currently being translated into realistic timescales. Those procedures of 'high priority' will be revised by the end of Q4 2024-25 with the remainder finalised by the end of Q2 2025-26.
- c. Whilst many Policy and Procedure documents require review, staff are still able to access guidance through the Council's Freshservice intranet pages. Many of the topics highlighted have pages of guidance: e.g.
  - Statement of intent
  - Accident, Incident & Near Miss reporting
  - First Aid
  - Unacceptable Behaviour
  - Risk Assessment
  - Mobile and Home Working
  - Display Screen Equipment
  - DSE Assessors

Summaries of the more fundamental aspects of the Council's H&S arrangements (such as risk assessment, accident reporting and consultation with staff) are included in the overarching H&S Policy document and links to other policies and procedures will be included. We feel it is more appropriate to link to other policies to avoid duplication as these already exist on our Corporate SharePoint.

So as not to delay the roll-out of the new policy, it is proposed that the current version will be presented for approval as it stands


**Responsible Officer:**

Paul Baccarini

**Implementation Date:**

30 September 2025

#### 4 TRAINING MATRIX

TOR Risk 2:	Officers fail to undertake regular health and safety training leading to unsafe working practices and work environment.
Significance	 Medium

#### FINDING

The Council has an automated training matrix in place. Supervisors and managers are responsible for monitoring the spreadsheet monthly. However, we could not find evidence that this monitoring is being done. As there are no regular compliance reports being run or reported to confirm completion of training and to provide adequate oversight and could not confirm that outstanding training is followed up in a timely manner. Therefore, it could be beneficial for the Council to report this compliance to the Health and Safety Team. The training matrix is divided by department and provides detailed information, including type, training ID, who needs it, who delivers it, frequency required, delivery method, duration, validation, and review period.

There is a potential risk of training expiring without close monitoring and confirmation by managers. To mitigate this, the Council should assign specific supervisors and managers the responsibility to review the training matrix monthly. Managers should confirm that their team members have completed the required training with the Corporate Health and Safety Manager. This ensures that all employees receive the necessary training before it expires. By implementing these measures, the Council can ensure that all officers undertake regular health and safety training, thereby maintaining a safe working environment.

#### Associated Risk:

If the training matrix is not monitored properly and updated in a timely manner, there is a risk that officers will miss essential health and safety training, potentially leading to serious accidents and legal liabilities for the Council.

#### RECOMMENDATION

- a. The Council should assign a specific supervisor or manager from each department to review the training matrix monthly. Managers should confirm that their team members have completed the required training, run a compliance report and report this to the Corporate Health and Safety Manager. Alternatively, the Council's central team could introduce independent regular reporting to ensure the matrix is up-to-date and non-compliance is identified and rectified accordingly.

#### MANAGEMENT RESPONSE

- a. Whilst supervisors from the Assets, Countryside and Coast Department have been informally assigned this responsibility (with a monthly catch-up meeting scheduled), it is acknowledged that the responsibility should be formally assigned to all teams. It is proposed that this be included in the new H&S policy document under the relevant responsibility heading for Heads of Service.

A Power BI report will be created to flag outstanding H&S actions as part of the monthly Highlight Reporting mechanism, to include training. There is a Training Matrix that flags when training is due to expire that managers should refer to monthly and which will feed-in to the Power BI report. Any outstanding actions will then be raised

at the monthly ELT Service Review meetings and CLT+ meetings for wider awareness and accountability.

<b>Responsible Officer:</b>	Paul Baccarini
<b>Implementation Date:</b>	30 June 2025

## 5 EVENTS HEALTH AND SAFETY CHECKLIST

**TOR Risk 7:** A consistent and approved approach is not taken regarding health and safety at events leading to inappropriate health and safety management arrangements.

**Significance**  Medium

### FINDING

The Council held 88 events from January to July 2024. We selected five events for testing to confirm that there is an approved process for handling health and safety at events for the Council.

The Council's Corporate Health and Safety Manager informed us that Council events are managed by the Council's Events Team and Events Officers. Council events are also discussed at Safety Action Group meetings. It is the responsibility of the Events Officers to ensure that the appropriate documents are completed and that they have access to the necessary Health and Safety advice.

We selected the following events for testing;

- Downs Funfair
- Mud Race
- Music Festival
- Little sportsters
- D-Day celebrations - beacon Lighting.

We found that all five events had supporting documents in place such as required certifications contracts and resident letters. However, there was no standard checklist to confirm which exact documents should be included to support an approved process for handling health and safety at events. To improve consistency, a checklist would ensure that all aspects of health and safety at events are covered and that all essential areas are verified.

#### **Associated risk:**

Without a standard checklist, The Council could risk inconsistent health and safety management at events. This can lead to non-compliance, inefficiencies, and potential incidents, which could harm the Council's reputation and result in financial losses.



### RECOMMENDATION

- a. The Council should create a standard events checklist that covers all essential areas of health and safety. This checklist should be reviewed and verified by the Council's Health and Safety team to ensure appropriate compliance is met. This will help maintain consistent and comprehensive health and safety management at all events.



### MANAGEMENT RESPONSE

- a. The Corporate H&S Manager has provided a checklist template to the Events Team Officer specifically for funfairs and notes this needs to be completed consistently. However, there are many events throughout the calendar year ranging in size, type,

and risk. A standard template may not cover all specific H&S risks for each event and therefore an agile and flexible approach is required.

- b. For larger scale events risk assessments and event management plans are always provided which will cover the organisers approach to H&S whilst on Council property.


The Corporate H&S Manager will work with the Events Officer to ensure the process is more robust, with consistent checklist(s) for events completed and saved in the appropriate area for the Corporate H&S Manager to review as and when required.

The amount of information required on each checklist will depend on the size and associated risk level of the event.

**Responsible Officer:** Steve Butcher

**Implementation Date:** 31 March 2025

## 6 INCIDENT POLICY AND PROCEDURES

TOR Risk 4:	Incidents are not reported through appropriate channels in a timely manner and not managed /escalated effectively.	
Significance		Low



### FINDING

We were advised by the Corporate Health and Safety Manager that accidents/incidents must be reported using a Microsoft form, which is linked to the Council's intranet for easy access. There is also a form for incidents and injuries.

An incident is defined as any event causing damage without injury, such as damage to an asset or a spill, and must be reported. Safeguarding measures are in place for those working in the district, as part of the accident/incident reporting procedure policy. Hazards and near misses should also be reported using another form. When these forms are submitted, the system automatically emails the Corporate Health and Safety Manager and other relevant individuals, including one of the directors, and the information is populated on a spreadsheet. This process is managed through Microsoft Forms set up by IT.

We reviewed the Accident, Incident & Near Miss Reporting Policy, which had been updated in April 2024. The policy outlines the following components:

- Definitions (accident, incident, near miss, hazard)
- Arrangements for accident reporting
- Arrangements for accident/incident investigation

While the policy covers key components such as roles and responsibilities, arrangements for reporting, and investigations, it does not set out measurable timeframes for reporting. It is good practice to include measurable timeframes for reporting and beneficial to the Council to help them determine performance in this area.

We also reviewed the Council's Accident/Incident Investigation Guidance document. The purpose of this guidance is to provide practical advice on how to investigate incidents (accidents and near misses). We found that the incident investigation form was detailed and asked the appropriate questions when conducting an investigation as detailed in HSE guidance.

There were a total of 18 incidents reported since April 2024. We randomly selected three incidents to confirm compliance with the Council's procedure.

We found that the Council's reporting outlined the following incident details:

- ID
- Incident date
- Location
- Directorate
- Department
- Report type
- Near miss detail
- Hazard detail
- Was violence & aggression involved?

- Action
- Potential severity of near miss/hazard
- Investigation required (H&S)?
- Action H&S required?
- Responsible manager
- Status
- Close out detail

From our sample testing, we found that all three incidents had adequate details reported, appropriate comments addressing each section of the required forms and were closed on the same day as reported. However, we could not test whether these incidents were addressed in a timely manner due to the lack of measurable timeframes outlined in the Council's policy.

**Associated risk:**

Without measurable timeframes in the Incident Policy, the Council risks delayed reporting, inconsistent practices, inadequate responses, regulatory non-compliance, reduced accountability, and increased likelihood of incident recurrence.



#### RECOMMENDATION

- The Council should update its Incident Policy to include clear and measurable timeframes for reporting incidents. This will ensure timely and consistent reporting, enabling more effective incident management and resolution.



#### MANAGEMENT RESPONSE

- Whilst the policy document is due to be amended to include corporate timeframes for reporting accidents and near misses, BDO's attention is drawn to the Council's intranet Fresh Service page which provides information to staff on the specific time periods for reporting accidents and incidents.

We can update the form to capture where an incident is reported to a Manager prior to being reported using the form so we can be confident timescales are being adhered to.

All reports received to date have been within corporate timescales and we have been RIDDOR compliant for the more serious cases.

[H&S Reporting Tools](#)

Additionally, Staff in Assets, Coast and Countryside and Facilities (priority areas) have received a 'toolbox talk' on the subject. A flow chart slide from this presentation has been modified and added to the Fresh Service Page.

[Accident reporting flow chart.](#)

BDO is also made aware of the other forms of information sharing (which includes 'learning from accidents and incidents') such as:

- Direct e-mails to relevant team supervisors and managers.
- The Council's weekly 'One Team Briefing' electronic newsletter.

- Routine team meetings which include H&S on their agenda including CLT+ and ELT monthly meetings.
- The Safety Action Team meeting of safety representatives (held quarterly) and its circulated minutes.
- The Senior Managers H&S Meeting (held 6-weekly) and associated minutes.
- The H&S SharePoint home page 'news section' which is updated periodically with relevant H&S news.
- There are quarterly H&S updates to Performance, Governance and Audit Committee which the Corporate H&S Manager presents.

<b>Responsible Officer:</b>	Paul Baccarini
<b>Implementation Date:</b>	30 June 2025

## APPENDIX I - BENCHMARKING

BENCHMARKING AGAINST THE PRACTICES OF OTHER LOCAL AUTHORITIES WITHIN OUR CLIENT BASE	
Good practice identified at other local authorities within our client database.	Comparison to Maldon District Council.
<p>A series of guidance documents to support staff on ensuring their health and safety in a range of specific circumstances, ie with asbestos, fire safety, managing stress, etc. Summaries of each guidance document, plus accident and incident reporting guidance, have been collated into a single document titled 'Arrangements Document', providing clear and effective support to staff in one place.</p>	<p>The Council has a Health and Safety policy in place and a new policy currently in draft form. The policy includes a reference to the relevant Health and Safety Procedure Index. The H&amp;S Policy/Procedure Index outlines 32 policies, referencing their correspondence and current versions.</p> <p>It could be beneficial for the Council to include summaries of each guidance document to provide clear and effective support to staff in one central location.</p>
<p>A Health and Safety Awareness e-learning training module is provided to staff to complete when they join the Council, then on a three-year cycle thereafter. Heads of Services are responsible for monitoring compliance of their staff however, the Health and Safety Manager tracks the scores and completion rates of a test, which staff are required to complete at the end of the module.</p>	<p>The Council has 12 e-learning modules provided to staff.</p> <p>The Council could implement periodic reporting of compliance to the Health and Safety Manager, who monitors and tracks the scores and completion rates of tests. This could improve training oversight.</p>
<p>Cyclical health and safety inspections on its managed sites, using a risk-based approach which dictates the frequency of inspections. The Health and Safety Manager assigns a risk-rating to the properties based on the use and activities of the property. These are:</p> <ul style="list-style-type: none"> <li>▶ High Risk - quarterly inspections</li> <li>▶ Medium Risk - inspections every six months</li> <li>▶ Low Risk - Annual inspections.</li> </ul>	<p>Periodic inspections have been requested, with teams determining their own frequency and agreeing with the Health and Safety Manager. However, no one has yet proposed a frequency.</p> <p>The Council could explore the possibility of risk-rating the priorities based on the use and activities of the property as a potential enhancement.</p>

## APPENDIX II - DEFINITIONS

LEVEL OF ASSURANCE	DESIGN OF INTERNAL CONTROL FRAMEWORK		OPERATIONAL EFFECTIVENESS OF CONTROLS	
	FINDINGS FROM REVIEW	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION
<b>Substantial</b>	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
<b>Moderate</b>	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
<b>Limited</b>	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
<b>No</b>	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

### RECOMMENDATION SIGNIFICANCE

<b>High</b>	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
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<b>Medium</b>	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
<b>Low</b>	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.

## APPENDIX III - TERMS OF REFERENCE



### BACKGROUND & PURPOSE

#### BACKGROUND

- ▶ Under the Health and Safety Act 1974, it is an employer's duty to protect the health, safety and welfare of their employees and other people who might be affected by their business. Employers must do whatever is reasonably practicable to achieve this. This means making sure that workers and others are protected from anything that may cause harm, effectively controlling any risks to injury or health that could arise in the workplace.
- ▶ Employers have a duty to assess risks in the workplace. Risk assessments should be carried out that address all risks that might cause harm in the workplace. Employees must be given information about the risks and how they are protected. Employers must also instruct and train employees on how to deal with the risks.
- ▶ Maldon District Council “the Council” has a Health and Safety Policy which sets out the roles and responsibilities for implementing health and safety controls. The Council aims to:
  - Undertake suitable and sufficient assessments of risks;
  - Provide and maintain safe plant and systems of work;
  - Ensure the safe use, handling, storage and transport of articles and substances;
  - Provide sufficient information, instruction, training and supervision;
  - Ensure employees are capable of carrying out their designated work activities;
  - Work to reduce the number of accidents and incidents of work related ill health;
  - Provide and maintain a safe and healthy workplace or working environment with adequate facilities and arrangements for welfare; and
  - Consult with employees or their nominated representatives on matter affecting their health and safety.
- ▶ Health and Safety currently sits within the Place and Community Service Delivery Directorate and is overseen by the Corporate Health and Safety Manager with support from the Head of Environmental Health.

#### PURPOSE

- ▶ The purpose of the audit is to provide assurance over the design and operational effectiveness of the controls relating to the application of health and safety policies and practices across the Council.



### KEY RISKS

Based upon the risk assessment undertaken during the development of the internal audit operational plan, through discussions with management, and our collective audit knowledge and understanding the potential key risks associated with the area under review are:

- ▶ Risk 1: Senior officers fail to set the direction for effective health and safety management resulting in a lack of consistency and buy in across the Council.
- ▶ Risk 2: Officers fail to undertake regular health and safety training leading to unsafe working practices and work environment.
- ▶ Risk 3: Risk assessments have not been undertaken for each service area leading to risks not being effectively identified and mitigated.
- ▶ Risk 4: Incidents are not reported through appropriate channels in a timely manner and not managed /escalated effectively.

- ▶ Risk 5: The Council fails to effectively monitor all its sites to ensure regular health and safety inspections are undertaken.
- ▶ Risk 6: The Council has not effectively considered the risks of agile working in determining the level of cover for first aiders and fire wardens leading to ineffective health and safety processes in an emergency.
- ▶ Risk 7: A consistent and approved approach is not taken regarding health and safety at events leading to inappropriate health and safety management arrangements.
- ▶ Risk 8: The culture of health and safety is not monitored and reported to senior officers and Members resulting in a lack of oversight and scrutiny.



#### SCOPE & APPROACH

The following areas will be covered as part of the audit. We will;

- ▶ Review the health and safety policy and supporting procedures to ensure they clearly set out Council roles and responsibilities, are regularly reviewed, have been approved by senior management and are effectively communicated to officers. (Risk 1)
- ▶ Verify regular health and safety training is provided to officers according to their role. A training record is kept, monitored and non-completion of training is escalated through appropriate channels. (Risk 2)
- ▶ Test a sample of service areas to confirm risk assessments have been completed and reviewed by the Corporate Health and Safety Officer. (Risk 3)
- ▶ Test a sample of incidents reported in the last 12 months to confirm compliance with the Council's procedure. (Risk 4)
- ▶ Test a sample of Council managed sites to confirm recent health and safety inspections have occurred. (Risk 5)
- ▶ Review the arrangements for first aiders and fire wardens and confirm how the Council receives assurance there is always adequate cover in the event of an emergency. (Risk 6)
- ▶ Ascertain whether there is an approved process for handling health and safety at events. Test a sample of events in the last 12 months and verify the correct process was followed. (Risk 7)
- ▶ Confirm there is regular reporting of health and safety compliance/performance to senior officers and Members (Risk 8).

The scope of the review is limited to the areas documented under the scope and approach. All other areas are considered outside of the scope of this review. However, Internal Audit will bring to the attention of management any points relating to other areas that come to their attention during the course of the audit.

We assume for the purposes of estimating the number of days of audit work that there is one control environment, and that we will be providing assurance over controls in this environment. If this is not the case, our estimate of audit days may not be accurate.

In delivering this review BDO may need to observe and test confidential or personal identifiable data to ascertain the effective operation of controls in place. The organisation shall only provide the Shared Personal Data to BDO using secure methods as agreed between the parties. BDO will utilise the data in line with the Data Protection Act 2018 (DPA 2018), and the UK General Data Protection Regulation (UK GDPR) and shall only share Personal Data on an anonymised basis and only where necessary.



In addition to the above areas we will also:

## ADDED VALUE

- ▶ Through benchmarking with other Local Authorities, ascertain and compare where health and safety sits within the organisations.



## REQUIREMENTS

Outlined below is an initial information request relating to this audit. We have provided an overview of what we require from you and when we require each piece of information. We have tried to be specific wherever possible however, please do contact us as soon as possible if you're unsure about any of the information required.

DETAILS	RESPONSIBLE PERSON	REQUIRED BY
<ul style="list-style-type: none"> <li>▶ Health and safety policies and procedures</li> <li>▶ A list of all service areas</li> <li>▶ A list of all accidents/incidents reported in the last 12 months</li> <li>▶ Health and safety training records</li> <li>▶ A list of sites which the Health and Safety Officer is responsible for overseeing</li> <li>▶ List of first aiders and fire wardens</li> <li>▶ A list of events the Council has organised in the last 12 months</li> <li>▶ The last four health and safety report to senior officers and Members.</li> </ul>	Paul Baccarini	31/05/2024

Please note that this is an initial request and is not exhaustive - further information requiring your attention (including meetings) will be required at the time of our fieldwork.

Timely receipt of this information is critical to ensure that the objectives of the audit are met and that the work is completed on time. Any unreasonable delay in gaining access to required information or key members of staff will place audit timings at risk and may result in additional fees to you.

Where control weaknesses are identified during our review we may require access to additional information, or need to undertake extended sample testing. This may also result in additional fees to cover this work. Any such charges would be notified to you and agreed at the time the issue is identified.

**Timing changes and cancellation:**

In accepting this Terms of Reference document, you agree to the timing of this audit listed below. We will make every effort to accommodate timing changes or cancellation of the audit, however any changes within three weeks of the start of the fieldwork may result in fees being charged in respect of the audit. Changes with more than three weeks' notice will be accommodated at no charge.



## KEY CONTACTS


## BDO LLP

Aaron Winter	Partner and Chief Audit Executive	E: Aaron.Winter@bdo.co.uk
Andrew Billingham	Audit Manager	E: Andrew.Billingham@bdo.co.uk
Maggie Quigg	Auditor	E: Maggie.Quigg@bdo.co.uk

## MALDON DISTRICT COUNCIL

Hannah Wheatley	Assistant Director - Place & Community	E: Hannah.Wheatley@maldon.gov.uk
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Paul Baccarini	Corporate Health & Safety Manager	E: Paul.Baccarini@maldon.gov.uk
Nick Chapman	Head of Environmental Health, Waste & Climate Action	E: Nick.Chapman@maldon.gov.uk

 PROPOSED TIMETABLE	
AUDIT STAGE	DATE
Terms of reference document agreed	03/06/2024
Commence fieldwork	03/06/2024
Agreed date for closing meeting	21/06/2024
Planned date for issue of the draft report	28/06/2024
Planned date for receipt of management responses	12/07/2024
Planned date for issue of proposed final report	19/07/2024
Planned Audit Committee date for presentation of report	December 2024

FOR MORE INFORMATION:

**Aaron Winter**

Aaron.Winter@bdo.co.uk

The matters raised in this report are only those which came to our attention during the course of our audit and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organisation and should not be quoted in whole or in part without our prior written consent. BDO LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

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