

## INTERNAL AUDIT REPORT

**FROM:** Audit and Risk Manager

**TO:** Deputy Chief Executive (BH)  
Head of Health & Community  
Protection

**C.C.** Chief Executive  
Head of Finance  
Asset Manager  
Compliance Manager  
Portfolio Holder (Cllr Day)

**SUBJECT:** Health & Safety Compliance  
of Council Buildings

**DATE:** 4 November 2019

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### 1 Introduction

- 1.1 In accordance with the Audit Plan for 2019/20, an examination of the above subject area has been undertaken and this report presents the findings and conclusions drawn from the audit for information and action where appropriate.
- 1.2 Wherever possible, findings have been discussed with the staff involved in the procedures examined and their views are incorporated, where appropriate, into the report. My thanks are extended to all concerned for the help and cooperation received during the audit.

### 2 Background

- 2.1 The audit had been included in the plan as a result of a specific request from management. This was largely as result of a review performed by the Head of Health & Community Protection (HHCP) of the various health and safety related compliance issues that the Council was responsible for.
- 2.2 The HHCP advised that an 'Asset Baseline' spreadsheet had been produced covering all of the different checks that should be performed but highlighted that it had been produced at a certain point in time which was prior to the restructure of the Assets section and the associated formation of the Compliance team.
- 2.3 During the course of the audit, it was established that an 'Assets Compliance and Delivery Group' had been formed which was to involve staff from the Assets section as well as those who were responsible for the management of different buildings operated by the Council. The inaugural meeting of this group (planned for mid-September) was due to discuss the terms of reference which was proposed to include the oversight of the areas included on the Asset Baseline spreadsheet.

### 3 **Scope and Objectives of the Audit**

- 3.1 The audit was undertaken to test the management and financial controls in place.
- 3.2 The 'Asset Baseline' spreadsheet was the starting point in terms of the areas to be covered. However, due to the limited resources for the audit, not all areas identified could be reviewed. Therefore, in terms of scope, the following areas were covered:
- Electrical safety
  - Gas safety
  - Legionella
  - Fire safety
  - Lifts and lifting equipment
  - 'Permits to work'
  - 'Section 4 conditions'
- 3.3 The control objectives examined were:
- Council buildings are free from electrical safety risks
  - Electrical equipment used by staff and visitors is safe to use
  - Council buildings are free from gas safety risks
  - Staff and visitors to Council buildings are free from the risk of exposure to Legionella bacteria
  - Fire alarms will sound as appropriate
  - Fire extinguishers will work if, as and when required
  - Council buildings are free from fire safety risks
  - All lifts and lifting equipment in place within Council buildings are safe to use
  - The Council complies with COSHH regulations in regards to permit to work procedures
  - The Council complies with Section 4 of the Health & Safety at Work Act 1974 with regards to the health and safety risks at premises leased to others.
- 3.4 The audit was only concerned with 'operational' corporate properties. Some, related, testing had recently been carried out on housing properties under the audit of Gas and Electrical Safety Checks.
- 3.5 Asbestos was also not included, as specific audits of Asbestos Management are undertaken, and other topics were also not to be covered where they are only related to individual specific assets.
- 3.6 The 'Section 4 Conditions' mainly apply to non-operational buildings. However, as these audits have recently been completed and this topic was not covered, it is being considered as part of this audit.
- 3.7 Whilst a number of building managers were spoken to as part of the audit, a specific review of their overall roles and responsibilities was not included within the scope. The HHCP advised that there is a general need for these roles and responsibilities to be clarified and communicated to all relevant staff and training is to be provided to them in due course.

## 4 Findings

### 4.1 Recommendations from Previous Report

4.1.1 This is the first audit of this topic, so this section is not relevant.

### 4.2 Electrical Safety

- 4.2.1 A contract is in place with Dodds Group (Midlands) Ltd (Dodds) for the Maintenance & Repair of Electrical Appliances & Installations. This covers both domestic and corporate properties. The contract was reviewed under the recent audit of Gas & Electrical Safety Checks (for housing properties) so was not covered as part of this audit.
- 4.2.2 The M&E & Energy Officer (MEEO) advised that corporate properties are to be tested every three years. He suggested that there was no set programme, but the checks are easy to book in and would be done when it was noted that a building was due for a check with the checks being arranged with the relevant building managers.
- 4.2.3 Reports from the checks are scanned and held on the system with Active H being updated accordingly following the completion of the checks. The Data Coordinator (DC) provided an extract from the Active H system showing corporate properties that had various attributes, one of which was the EICR attribute.
- 4.2.4 An initial overview of the spreadsheet highlighted a number of properties for which the last cyclical (testing) date was either 1950 or 1955 so, before a sample of properties was chosen for testing, these were queried with the MEEO in order to ensure that the sample chosen for testing was relevant.
- 4.2.5 A list was then sent to Dodds of all the properties that the MEEO and the Compliance Team Leader (CTL) believed needed to be tested and Dodds provided the current status of those tests (i.e. whether they were required and in-date).
- 4.2.6 This list was compared to the Active H extract that had been provided initially and a number of gaps were noted. The MEEO suggested that these properties may not need EICRs and the attributes could therefore be disabled. However, this needs to be confirmed.
- 4.2.7 The Dodds list also identified a number of properties that were overdue for the EICR test. The CTL advised that Dodds were working through these to get them up to date. As a result, no testing of this aspect was undertaken.
- 4.2.8 However, sample testing was undertaken to ensure that documentation was held as appropriate with a sample taken from the confirmed tests as per the Dodds list. This testing proved generally satisfactory although three more instances were identified which no longer required the EICR attribute to be active.
- 4.2.9 One of these related to a property that was leased out so it was no longer up to the Council to undertake the tests and the other two were cases where the

tests were either undertaken on individual properties within a larger property (e.g. lodges within a cemetery) or vice versa (i.e. the individual building 'element' is covered within a larger structure (e.g. toilets within a car park).

### **Risk**

**Council properties may not be safe from electrical safety risks.**

### **Recommendation**

**A review should be undertaken of the properties with 'active' EICR attributes on Active H to ensure that this accurately reflects the properties for which EICR tests are required.**

- 4.2.10 In terms of any remedial works required, the MEEO advised that Dodds would do the work although, if significant, further authorisation may be required. During testing, a number of notes were found to have been recorded on the certificates produced. The majority of these were recommended works (code C3) and this issue has been raised (as an advisory) in the recent Gas & Electrical Safety Checks audit report.
- 4.2.11 The MEEO advised that portable appliance testing (PAT) is undertaken by Dodds as part of the abovementioned contract. Whilst the contract does not specifically mention PAT, the MEEO advised that this is covered as part of the general works described in the corporate properties section of the specification.
- 4.2.12 The MEEO advised that there should be a programme for portable appliances to be tested every twelve months, with other equipment being covered every three years. However, he suggested that he was reliant on building managers flagging up when testing needed to be undertaken and there is no 'scheduled' programme for the testing.

### **Risk**

**Electrical appliances used in Council properties may be unsafe.**

### **Recommendation**

**A schedule of PAT testing should be set for each relevant Council property.**

- 4.2.13 The MEEO also advised that he thought Dodds would have a list of what had been tested, but there was no central inventory maintained. Part of the issue is due to new items being bought by individuals / teams and another issue is staff bringing in items of electrical equipment and the responsibilities for having them tested.
- 4.2.14 Building Managers spoken to confirmed that they did not generally maintain inventories of equipment that needed PAT testing, although the Technical & Facilities Manager (TFM) at the Royal Spa Centre advised that some technical

equipment is (usually) tested by his own staff and a record of this is maintained.

### **Risk**

**Electrical appliances used in Council properties may be unsafe.  
Recommendation**

**Inventories of electrical equipment that require PAT testing should be maintained for each relevant Council property.**

### 4.3 **Gas Safety**

4.3.1 The extract from Active H (see 4.2.3 above) also included details of those properties where the Gas Safety attribute was active. This list included Jubilee House which had recently been switched to mains gas.

4.3.2 The MEEO advised that it is only boilers that are generally serviced, so there is no requirement to list all individual appliances.

4.3.3 A contract is in place with D&K Heating Services Ltd (D&K) for Gas Servicing and Maintenance of **Domestic** properties. The MEEO suggested that this had been varied to cover corporate properties as well. However, no evidence of this variation could be located at the time of the audit.

### **Risk**

**The Council may not have a contract in place for the undertaking of gas safety checks at operational Council properties.**

### **Recommendation**

**The variation to the original contract should be confirmed with D&K.**

4.3.4 Sample testing was undertaken to ensure that gas safety checks were being performed and documented as appropriate with the system being updated accordingly and any works identified as being required were undertaken as appropriate.

4.3.5 The only issue identified during the testing was that one certificate included a note about potential works required. However, the certificate stated 'see PDA' as opposed to detailing the issue encountered.

4.3.6 The MEEO advised that a supporting email may have been sent, but this would not have been saved alongside the certificate.

### **Advisory**

**Contractors should be advised that any issues identified should be appropriately recorded on the certificates provided to the Council.**

#### 4.4 **Legionella**

- 4.4.1 A contract is in place with HSL (formerly Hertel Solutions Ltd) for Legionella and Water-Quality Management. The contract register suggested that no copy of the contract was held in the Document Store or in electronic format. However, the MEE0 advised that copies of the document had recently been located and a copy was provided.
- 4.4.2 The extract from Active H (see 4.2.3 above) also included details of those properties where the Legionella Management attribute was active. The MEE0 advised that risk assessments will have been performed for each relevant building.
- 4.4.3 Sample testing was undertaken to ensure that the risk assessments are in place, monthly testing is being undertaken by the contractor and systems are being disinfected where appropriate. This proved satisfactory.
- 4.4.4 Testing was also to be undertaken on the weekly flushes that are meant to be undertaken at each building. However, the records are maintained at each site and were not readily available without performing individual site visits.
- 4.4.5 Copies were requested when meetings were held with building managers, but only one of three was returned during the timescales of the audit.

#### **Advisory**

**The Assets Compliance & Delivery Group should reiterate the need for weekly flush records to be maintained by relevant building managers.**

#### 4.5 **Fire Safety**

- 4.5.1 The MEE0 advised that fire alarms are tested on a weekly basis by Fire Safe Services (see below). A test sheet is run through and a log is sent to building managers although no central record is maintained.
- 4.5.2 The MEE0 advised that he is (currently) having issues getting emails from the contractor relating to the tests at other sites. He used to get the emails relating to tests at Riverside House but these are currently not being received due to IT issues. However, he advised that he is confident that the tests are undertaken at Riverside House as he can hear them being tested.
- 4.5.3 In terms of Oakley Woods Crematorium, the Bereavement Services Development Manager (BSDM) advised that there were issues with their alarms in that the alarm for one building cannot be heard in the other and vice versa. However, she advised that this is being looked into. Other building managers spoken to confirmed that tests were operating satisfactorily.
- 4.5.4 A contract is in place with Fire Safe Services for the Service and Maintenance of Corporate Fire Alarms. Similar to the Legionella contract, the contract register suggested that no copy of the contract was held in the Document Store or in electronic format. However, the MEE0 advised that copies of the document had recently been located and a copy was provided. He also

provided a copy of the list of 'assets' that Fire Safe Services cover under the contract.

- 4.5.5 The MEEO advised that the systems are serviced on a quarterly basis, with different aspects covered each quarter against a plan / routine ensuring all aspects are covered over course of the year. This 'plan' is detailed on copies of the servicing worksheets provide.
- 4.5.6 Sample testing was undertaken to ensure that fire alarm systems are being maintained appropriately with documentation being held to support the tests undertaken. This test proved generally satisfactory although the latest service for one sampled building (Victoria Park Cricket Pavilion) was overdue at the time of the audit.

### **Advisory**

**The quarterly service of the fire alarm at Victoria Park Cricket Pavilion needs to be followed up with the contractor to establish why it had not been performed.**

- 4.5.7 A contract is in place with Baydale Control Systems Ltd for the 'servicing, testing, certification, reactive maintenance and ad-hoc installation of Fire Fighting Equipment'. This was a variation to their existing contract that covers Door Entry Systems, CCTV, Security Doors and Fire Alarm Systems Maintenance and Upgrade.
- 4.5.8 In terms of 'programming' the intention is that all equipment is checked every twelve months and the contractors know when they are due to be checked. These checks are booked in with the individual building managers with the contractors having contact details. However, the MEEO suggested that some equipment has been missed from the programmed checks.
- 4.5.9 This was corroborated by BSDM who advised that their visit had not been booked on an appropriate date, so some equipment had been missed as a service was ongoing.
- 4.5.10 Sample testing was undertaken to ensure that inventories of relevant fire fighting equipment are maintained and that maintenance had been undertaken for each item held with replacement equipment being provided where necessary.
- 4.5.11 Inventories were found to be in place for each sampled building and maintenance records were provided for each one. In two instances some of the extinguishers were found to be in need of replacement and these replacements had subsequently been ordered.
- 4.5.12 The inventories do not go into detail as to serial numbers etc. so replacements do not need to be reflected on the inventory (assuming like-for-like replacements). However, a number of handwritten amendments were found to be detailed on two maintenance records and these had not been reflected on the inventories held. The MEEO advised that the updating of inventories was a known issue and responsibility needed to be assigned to this task.

## **Risk**

**Fire fighting equipment may be omitted during programmed maintenance and testing and may not work if required.**

## **Recommendation**

**Inventories of fire fighting equipment should be kept up to date to ensure that contractors are aware of what needs to be tested.**

- 4.5.13 The Building Manager & H&S Coordinator (BMHSC) advised that Fire Risk Assessments are undertaken for all relevant Council buildings on a regular basis by staff from Building Control. The assessments are then loaded onto AssessNet.
- 4.5.14 The Principal Building Consultant (PBC) advised that, due to staffing levels, the frequency of assessments has been assessed to ensure that the buildings with the higher risk are covered more frequently.
- 4.5.15 A report was produced from the system that showed all of the assessments that had been performed and this confirmed that the review dates (where stated) were all in the future. One assessment was due in the near future, but the PBC highlighted that that type of building (toilet blocks) was very low risk so this was not a high priority.
- 4.5.16 One assessment did not include any review details (re Saltisford Gardens Community Centre). However, the BMHSC confirmed that the record was covered under another assessment which was for the same building.
- 4.5.17 The BMHSC advised that AssessNet also includes a record of all the 'tasks' that are associated with the fire risk assessments (i.e. issues that need to be addressed). These are assigned to staff at the individual buildings to resolve and sample 'tasks' were covered during the meetings with building managers.
- 4.5.18 The tasks shown as being relevant to the Arts buildings and the Enterprise buildings were shown as being complete. However, a number of tasks appeared to be outstanding against Bereavement Services buildings.
- 4.5.19 The BSDM raised a number of issues with the assessments, including tasks appearing to be superseded by subsequent actions and system access allowing relevant staff to update the system as required. The Business Support & Development Manager advised that this was now being addressed following meetings with the BSDM, the BMHSC and Building Control staff.

## **4.6 Lifts & Lifting Equipment**

- 4.6.1 A contract is in place with Stannah Lift Services Ltd for the 'provision of lift service and maintenance'. This just covers the items detailed in the spreadsheet.
- 4.6.2 In terms of lifting equipment, the BSDM advised that the equipment is maintained under the cremator plant equipment contract at Oakley Woods



and the TFM advised that the equipment at the Royal Spa Centre had previously been maintained under warranty by the company that had provided the system. However, it is due to be undertaken by another contractor this year although this had not yet been timetabled so no formal agreement was in place.

4.6.3 Sample testing was undertaken to ensure that lift servicing and maintenance was being performed as required with documentation being provided. The test proved satisfactory.

4.6.4 The MEE0 advised that any remedial works picked up as part of the servicing are covered by the contract in place and, whilst not specifically identified upon review of the test documentation reviewed, it was clear that work was being undertaken as required through direct observation at Riverside House.

#### 4.7 **Permits to Work**

4.7.1 The BMHSC advised that there are three main areas where permit to work procedures are required at the Council, i.e. working at height, 'hot work' and working in confined spaces. These issues would be picked up as part of the normal risks assessment process and via the method statements provided by the contractors.

4.7.2 A sample RAMS (Risk Assessment Method Statement) document was provided by the MEE0 for Lightning Protection works and this makes specific reference to the requirement for permits within the risk assessment.

4.7.3 The current permits to work are recorded on AssessNet. However, the BMHSC highlighted that older documents had been 'lost' following a system upgrade, so there were only a few recorded on the system with the majority relating to the lightning protection works. The system also includes the sign-off declarations from relevant parties.

4.7.4 The BMHSC also highlighted that some of the permits to work shown on AssessNet are noted as being 'handed back'. In these instances, the permits cannot be used again so, if the same / similar job needs to be undertaken, a new permit will be required.

4.7.5 The MEE0 advised that he is generally reliant on contractors to flag that permits are required and that it was up to individual building managers and contract managers to identify risks and, therefore, some works that require permits may be missed. In general, he felt that there was an education need and this was echoed by the building managers spoken to.

#### **Risk**

**Permits to work may not be in place where appropriate.**

#### **Recommendation**

**Training on the need for Permits to Work should be provided to relevant staff, including individual building managers as appropriate.**

## 4.8 Section 4 Conditions

- 4.8.1 Section 4 of the Health and Safety at Work Act 1974 places a duty on those in control of premises, which are non-domestic and used as a place of work, to ensure that they do not endanger those who work within them. Where the Council leases a building to a tenant, the Council still has responsibilities to ensure that the buildings are being appropriately maintained (either themselves or by the tenant depending on the terms of the lease).
- 4.8.2 The Estate Management Surveyor advised that checks to ensure that the conditions are being met are not currently being performed and that they haven't been undertaken for a number of years due to varying factors such as staffing and responsibility changes. However, he advised that the need for compliance reviews has been recognised and a recruitment process is currently underway for a number of new Building Surveyors.
- 4.8.3 The Technical Manager advised that interviews were to be undertaken during the course of the audit for two fixed term appointments and that an advert was also out for other posts; it is hoped that, once these posts have been appointed to and a full staffing resource is available, visits will then be reinstated, with annual visits in the first instance.
- 4.8.4 The Business Manager (Enterprise) advised that the leases in place for the Court Street Creative Arches included reference to health and safety and that her staff are going through the process of asking tenants to provide (documentary) evidence to confirm that health and safety conditions were being met.

## 5 Conclusions

- 5.1 Following our review, in overall terms we are able to give a MODERATE degree of assurance that the systems and controls in place in respect of Health & Safety Compliance of Council Buildings are appropriate and are working effectively.
- 5.2 The assurance bands are shown below:

Level of Assurance	Definition
Substantial Assurance	There is a sound system of control in place and compliance with the key controls.
Moderate Assurance	Whilst the system of control is broadly satisfactory, some controls are weak or non-existent and there is non-compliance with several controls.
Limited Assurance	The system of control is generally weak and there is non-compliance with controls that do exist.

- 5.3 A number of issues were, however, identified:
- It is unclear whether the EICR attribute details on Active H are accurate.
  - There are no PAT testing schedules for Council buildings.
  - There are no inventories for equipment that requires PAT testing.

- The contract variation relating to the inclusion of corporate properties in the 'gas maintenance' contract could not be located.
- Some inventories of fire fighting equipment were not up to date.
- Staff require training on when Permits to Work are required.

5.4 Further 'issues' were also identified where advisory notes have been reported. In these instances, no formal recommendations are thought to be warranted as there is no risk if the actions are not taken. If the changes are made, however, the existing control framework will be enhanced:

- One gas safety record included reference to works required being recorded on the PDA. This information should be on the actual record provided.
- Weekly flush records that were requested were not all provided during the timescales for the audit so these should be followed up by the new Assets Compliance & Delivery Group.
- The latest fire alarm service for Victoria Park Cricket Pavilion needs to be followed up with the contractor.

## 6 **Management Action**

6.1 The recommendations arising above are reproduced in the attached Action Plan (Appendix A) for management attention.

Richard Barr  
Audit and Risk Manager

## Action Plan

## Internal Audit of Health &amp; Safety Compliance of Council Buildings – September 2019

Report Ref.	Recommendation	Risk	Risk Rating*	Responsible Officer(s)	Management Response	Target Date
4.2.9	A review should be undertaken of the properties with 'active' EICR attributes on Active H to ensure that this accurately reflects the properties for which EICR tests are required.	Council properties may not be safe from electrical safety risks.	Low	Data Coordinator (DC) and M&E & Energy Officer (MEEO)	Agreed. DC and MEEO to identify all stock requiring cyclical EICR's and update attributes in ActiveH accordingly. Further, a semi automated programme of works can be generated as demonstrated in other areas.	31 March 2020
4.2.12	A schedule of PAT testing should be set for each relevant Council property.	Electrical appliances used in Council properties may be unsafe.	Low	DC and MEEO	Agreed. DC and MEEO to identify all stock requiring cyclical PATesting and update attributes in ActiveH accordingly. Further, a semi automated programme of works can be generated as demonstrated in other areas.	31 March 2020
4.2.14	Inventories of electrical equipment that require PAT testing should be maintained for each relevant Council property.	Electrical appliances used in Council properties may be unsafe.	Low	Asset Compliance & Delivery Group (AC&DG), MEEO & Dodds	Agreed, the AC&DG need to agree that building managers maintain an inventory of equipment requiring PATesting. Dodds should be able to support with information of equipment currently tested.	31 March 2020

<b>Report Ref.</b>	<b>Recommendation</b>	<b>Risk</b>	<b>Risk Rating*</b>	<b>Responsible Officer(s)</b>	<b>Management Response</b>	<b>Target Date</b>
4.3.3	The variation to the original contract should be confirmed with D&K.	The Council may not have a contract in place for the undertaking of gas safety checks at operational Council properties.	Low	Compliance Team Leader (CTL)	A copy of the variation documentation has now been obtained.	Completed
4.5.12	Inventories of fire fighting equipment should be kept up to date to ensure that contractors are aware of what needs to be tested.	Fire fighting equipment may be omitted during programmed maintenance and testing and may not work if required.	Low	AC&DG, MEEO & Baydale	Agreed, the AC&DG need to agree that building managers maintain an inventory of equipment pertaining to fire fighting equipment. Baydale should be able to supply information of currently installed equipment.	31 March 2020
4.7.5	Training on the need for Permits to Work should be provided to relevant staff, including individual building managers as appropriate.	Permits to work may not be in place where appropriate.	Medium	CTL, Building Manager & H&S Coordinator (BM&HSC) and AC&DG	Agreed. CTL and BM&HSC to liaise on suitable training and audience.	31 January 2020

\* Risk Ratings are defined as follows:

High Risk: Issue of significant importance requiring urgent attention.

Medium Risk: Issue of moderate importance requiring prompt attention.

Low Risk: Issue of minor importance requiring attention.