

INTERNAL AUDIT SERVICES
REPORT REF No S/028/17 (Feb 2017)

**LOCH LOMOND & THE TROSSACHS
NATIONAL PARK**

HEALTH & SAFETY AUDIT



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Personnel associated with the report :

Catriona Morton: Financial Performance Manager (Loch Lomond & The Trossachs National Park Authority)

Elaine Wade: HR Manager (Loch Lomond & The Trossachs National Park Authority)

Stuart Mearns: Health & Safety Committee (Chair) (Loch Lomond & The Trossachs National Park Authority)

Martin Page: Ranger Service Manager (Loch Lomond & The Trossachs National Park Authority)

Paul Scullion: Facilities Manager (Loch Lomond & The Trossachs National Park Authority)

Colin McDougall: Audit & Risk Manager (West Dunbartonshire Council)

Margo Lusk: Audit Assistant (West Dunbartonshire Council)

1. DIRECTOR'S SUMMARY

General

An audit was conducted on Health & Safety and we are pleased to report that the systems examined are working effectively.

The review highlighted that opportunities exist to strengthen internal controls and enhance the service provided, the most important of which are listed below;

- Health & Safety Policy

Full details of these opportunities and any other points that arose during the audit are included in the Action Plan, which forms Section 3 of this report.

2. MAIN REPORT

2.1 INTRODUCTION

- 2.1.1 An audit was carried out on Health & Safety as part of Internal Audit's Planned Programme of Audits.

2.2 SCOPE AND OBJECTIVES

- 2.2.1 An audit launch meeting was held with Catriona Morton, Elaine Wade, Stuart Mearns, Colin McDougall and Margo Lusk to agree the scope and objectives of the audit. The scope was signed off by Jaki Carnegie, Director of Corporate Services for Loch Lomond & The Trossachs National Park Authority. The scope is as follows:

- Policies & Procedures
- H&S Awareness
- Risk Identification
- Managing Risk
- Training
- Accidents & Incidents
- Monitoring & Reporting

- 2.2.2 The Authority's Health & Safety Policy was reviewed to ensure that in general it:

- Meets with the requirements of the Health & Safety at Work Act 1974
- Clearly states a commitment to and responsibility for ensuring the Health & Safety of employees, contractors and any other persons using LL&TNP premises
- A suitably experienced and/or qualified person has been appointed to provide competent Health & Safety advice

- 2.2.3 A review of various other Health & Safety policies and procedures was undertaken to ensure that policies/procedures have been established and that risk assessments have been undertaken as appropriate e.g. Fire Evacuation Procedures, First Aid, Violence At Work.

- 2.2.4 Internal processes were reviewed to ensure that Health & Safety is promoted across the Authority, that staff are aware of general and specific Health & Safety responsibilities and that adequate communication procedures are in place.

- 2.2.5 Procedures were reviewed to ensure that Risk Assessments are undertaken, formally recorded and reviewed periodically. As part of the Risk Assessment process it was also checked that Safe Operating Procedures (SOP's) have been established and that these have been approved by management.

- 2.2.6 A review was undertaken of the Authority's training programme including general and job specific training. This included checking that records are maintained and that Health & Safety training is included as part of an induction programme and periodically refreshed to all staff.
- 2.2.7 The process for recording and reporting of accidents and incidents was reviewed to ensure that appropriate information is being recorded and promptly reported as appropriate

2.3 FINDINGS

- 2.3.1 The findings are based upon evidence obtained from stratified sampling/ substantive testing.
- 2.3.2 The audit was conducted in conformance with the Public Sector Internal Audit Standards (PSIAS).
- 2.3.3 This report details all points arising during the audit review, full details of which are included in the Action plan contained within Section 3 of this report. We stress that these are the points arising via the planned programme of work and are not necessarily all of the issues that may exist.
- 2.3.4 The factual accuracy of this report has been verified by the officers involved in the audit.
- 2.3.5 At the commencement of the audit, the Health & Safety Policy in place was dated May 2012 which had been signed by the previous Chief Executive who was in the role at that time. A review had been undertaken and recently approved by the Executive Management; however this had not yet been published or communicated to staff. See the action plan below.
- 2.3.6 In general, the Auditor acknowledges that the Authority is and has shown commitment in ensuring that good Health & Safety practices are in place.
- 2.3.7 It was noted that good practice was demonstrated in relation to communication of Health & Safety Issues and that the intranet site 'Park Life' was suitably furnished with up to date policies and practices.
- 2.3.8 The establishment of Risk Assessments was undertaken by a project team during 2015 and it is acknowledged that this was a substantial piece of work which should mitigate risks. However, the process of reviewing the risk assessments and the establishment of new risk assessments should be clearly documented and this is highlighted in the action plan below.
- 2.3.9 The Auditor had a discussion with the Ranger Service Manager regarding Safe Operating Practices (SOP's) and he confirmed that there are areas of good practice where SOP's are in place and working well. However, he acknowledged that there are other areas of the business where SOP's require to be reviewed and improved.
- 2.3.10 The training records were in general well maintained particularly in relation to the Ranger Service. The Ranger Service Manager maintains a Matrix for staff where specific training is required for his service.

- 2.3.11 The system for recording, monitoring and reporting of accidents and incidents appears to working well and is managed appropriately, this in part is due to the low volume of accidents/incidents.
- 2.3.12 Audit would like to thank all staff involved in the audit process for their time and assistance.

3. Action Plan: National Park - Health & Safety						
Ref. No.	Finding	Recommendation	Priority	Management Comment	Manager Responsible	Date to be Completed
1.	<p><u>H&S Policy</u></p> <p>At the start of the audit, the Health & Safety policy currently in place was dated May 2012 and was signed by the previous Chief Executive although a review of the policy had been carried out. During the course of the audit, the revised policy had been approved on 24th January 2017.</p>	Where in the future there are major changes e.g. change in Chief Executive, the policy should be reviewed and updated with immediate effect to ensure that there is no breach in legislation.	Medium Risk	Agreed	HR Manager	28 February 2017
2.	<p><u>Updates to Health & Safety Policies</u></p> <p>a) Within the main Health & Safety policy, there is no separate paragraph which refers to the appointment of 'The Competent Person' who should be the appropriately trained and experienced advisor relating to Health & Safety issues.</p> <p>b) Section 2.1 a of the policy states the Chief Executive's responsibilities, this includes: <i>detailing the process in LLTNPA by which the policy will be implemented and delegating the responsibility for implementation to competent persons within the Authority</i>'. This could cause confusion with reference to the appointed 'Competent Person'.</p>	<p>a) Within the section relating to the Chief Executive's responsibilities, a paragraph should be inserted which refers to the appointment of 'The Competent Person' who is the appropriately qualified person appointed to assist the Authority apply the provisions of Health & Safety Legislation.</p> <p>b) To avoid any confusion with the term 'Competent Person', it is recommended that this paragraph be amended, an example would be to change from competent persons to appropriate persons.</p>	Low Risk	The policy will be updated to reflect the changes suggested and the review timetable will be formalised.	HR Manager	<p>28 February 2017 for policy changes</p> <p>and</p> <p>30 September for review timetable</p>

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	<p>c) Within section 1.0 'Statement of Intent' it is documented that LLTNPA will meet legal H&S responsibilities, however there is no mention of the Act to which all H&S is governed.</p> <p>d) It is not documented within the main Health & Safety policy as to how often it will be reviewed.</p> <p>e) In relation to other Health & Safety policies and procedures, the 'Date of Last Review' is documented within the timetable maintained by the Health & Safety Advisor. However some of these dates were different from the actual revision dates recorded within each of the policy/procedures which could cause some confusion.</p>	<p>c) It is recommended that the Health & Safety policy be more explicit in terms of the 'Health & Safety at Work Act 1974' which should be referenced within the Statement of Intent section of the policy.</p> <p>d) It is recommended that the review period for the main Health & Safety policy be on an annual basis or at least every 3 years as a maximum and that this is referenced within the policy.</p> <p>e) The timetable which is maintained by the Health & Safety Advisor to record the dates of review of policies and procedures should be more formalised. This should include the actual revision date of each policy/procedure.</p>				
3.	<p><u>Protecting Employees From the Threat of Abuse & Aggression</u></p> <p>It was noted that the organisation places reliance on the Induction and Risk Assessment policies and the Risk Assessments themselves in relation to protecting employees from any threat of</p>	<p>It is recommended that the Facilities Team receive conflict resolution training.</p>	Low Risk	Facilities Team to receive conflict management training.	Facilities Manager	30 September 2017

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	<p>conflict, abuse or aggression. E.g. The General Office Working Risk Assessment, as well as a number of other Risk Assessments, explains clearly the actions to be taken to avoid or manage any conflict and ensure staff safety.</p> <p>It is acknowledged that employees within the Ranger Service receive Conflict Management Training as part of their induction process. However members of the Facilities Team, who have frontline duties, have not received formal training in conflict resolution.</p>					
4.	<p><u>Memorandum of Understanding</u></p> <p>The H&S Advisor is on long term planned leave, therefore an arrangement was entered into with SEPA to provide H&S advice. A Memorandum of Understanding for a one year period has been in place since April 2016, however the document has not been signed by either party.</p>	It is recommended that the Memorandum of Understanding be signed by both parties with immediate effect.	Low Risk	We will arrange for the MOU to be signed.	HR Manager	28 February 2017
5.	<p><u>Risk Assessment Reviews</u></p> <p>Section 6 of the Risk Assessment Policy which relates to Monitoring & Review states:</p>	The Risk Assessment Policy should be updated to state current practice.	Low Risk	The Risk Assessment Policy will be updated to reflect revised review period.	HR Manager	30 September 2017

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	'reviews should be carried out regularly and at least on an annual basis. ' However, the Auditor was advised that, standard reviews of Risk Assessments was amended from one year to every three years (unless an issue arises which prompts a review).					

Appendix 1. Priority Levels

Recommendations have timescales for completion in line with the following priorities. Priority	Expected implementation timescale
High Risk: Material observations requiring immediate action. These require to be added to the risk register of a Service (Council context).	Generally, implementation of recommendations should start immediately and be fully completed within three months of action plan being agreed
Medium risk: Significant observations requiring reasonably urgent action.	Generally, complete implementation of recommendations within six months of action plan being agreed.
Low risk: Minor observations which require action to improve the efficiency, effectiveness and economy of operations or which otherwise require to be brought to the attention of senior management.	Generally, complete implementation of recommendations within twelve months of action