

## CHIEF CONSTABLE OF STAFFORDSHIRE

Health and Safety (H&S) – Employer Responsibilities (Including Remote Working)

Final Internal audit report: 4.22/23

15 February 2023

This report is solely for the use of the persons to whom it is addressed.

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## EXECUTIVE SUMMARY

### Why we completed this audit

A review of H&S - Employer Responsibilities (Including Remote Working) was undertaken at the Force as part of the approved Internal Audit Plan for 2022/23. The audit was focused on the following three key areas: Incidents, Risk Assessments and Flexible Working.

Incidents are reported to the Force via the Origin System, which triggers a notification to Line Managers for further investigation. The H&S Team have oversight over all incidents and ensure that they are properly investigated.

Risk assessments are completed by Force Departments to identify potential risks and corresponding mitigating actions / controls.

Certain roles across the Force are applicable for flexible work arrangements. Working arrangements are agreed between Officers and their Line Managers. A Flexible Working Policy is in place which sets out the Force's approach and criteria for flexible working.

The Force has a dedicated H&S Team in place to fulfil and exercise the obligations of the Health and Safety Policy with the Health and Safety Manager having overall oversight over the Team.

A Health, Safety and Wellbeing Board is also in place which acts as a strategic, consultative, and advisory body on all matters relating to health, safety and wellbeing. The Board is supported by the Staff Safety Working Group and the Clinical Governance Group.

### Conclusion

Our review has noted a number of areas for improvement in the current framework. Strengthening of controls around risk assessments is needed to ensure risks facing the Force and Officers are being adequately captured and mitigated. As a result, a total of five management actions have been agreed comprising of three 'high' and two 'medium' priority actions.

### Internal audit opinion:

Taking account of the issues identified, the Chief Constable can take partial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Action is needed to strengthen the control framework to manage the identified risk(s).



### **Key findings**

#### The following areas of weakness were identified:



The Risk Assessment Procedure has not been reviewed since 2017 and no longer reflects current working arrangements for risk assessments.

Additionally, centralised risk assessment templates are also not in place. (**High**)



Risk Assessment training is not currently mandated to staff involved in the risk assessment process and not monitored for completion. (**High**)



The Force does not currently maintain a centralised Risk Assessment Register. (**Medium**)



Review of meeting documentation for the last three Health, Safety and Wellbeing Board's meetings (April, July, and October 202) confirmed that the Board reviewed incidents, performance and health and safety concerns from across the Force.



Through testing a sample of risk assessments, it was noted assessments had not been maintained up to date, with many not being reviewed since 2017. (**High**)



For a sample of flexible workers, evidence of completed Homeworker Health and Safety Checklists could not be provided. (Medium)

We identified the following areas of good control design which, based on our testing, were being complied with in practice:



A Health and Safety Policy is in place. The Policy was due for review and approval by the Health, Safety and Wellbeing Board in January 2023. The Policy is available via the Force's Intranet.



A Flexible Working Policy is in place. The Policy was last updated in March 2022 and is available via the Force's Intranet.



A procedure on reporting incidents across the Force is in place which was found to have been maintained and was up to date.



We confirmed that the H&S Team use an Incidents Spreadsheet to log and monitor all incidents and ensure that further investigation is requested where applicable.

Testing a sample of incidents confirmed that all incidents had a corresponding Incident Form on file which had been sent to the Health and Safety Executive (HSE) where RIDDOR conditions were met.



Review of performance information which is sent to each of the four Command Boards confirmed that incident data is shared to each Board to facilitate analysis and trends.

# 2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

| Area: Risk Ass             | sessment Procedure   |   |                            |                          |
|----------------------------|--|---|----------------------------|--------------------------|
| Control                    | The Force has a Risk Assessment Procedure in place that outlines risk assessment process.  | Assessment: Design ✓  |                            |                          |
|                            |  |   | Compliance                 | ×                        |
| Findings /<br>Implications | A review of the Procedure confirmed it had been last updated in 20 Discussion with the Health and Safety Manager found that the Procedure Additionally, centralised risk assessment templates are also not in If procedure documents are not maintained up to date, there is a risk with risk assessment responsibilities not being clear of what is required. | cedure no longer reflected current workir place to ensure consistency of Assessm sk of them not being reflective of current | ng practices and requents. |                          |
| Management<br>Action 1     | The Risk Assessment Procedure will be reviewed and updated to ensure it is reflective of current practices.  Supporting Risk Assessment templates will also be developed.  | Responsible Owner: Caroline Coombe  | <b>Date:</b> 31 May 2023   | <b>Priority:</b><br>High |

| Control                    | Risk assessment training is available via the E-Learning platform.                          | Assessment:                        | Assessment:                   |              |  |
|----------------------------|---|------------------------------------|-------------------------------|--------------|--|
|                            |   |                                    | Design                        | ✓            |  |
|                            |   |                                    | Compliance                    | ×            |  |
|                            |   |                                    |                               |              |  |
| Findings /<br>Implications | The Risk Assessment training is not currently mandated to all Offic monitored and enforced. | cers and roles within the Force. A | dditionally, compliance is no | t being form |  |
| •                          |   |                                    | ,                             | t being form |  |
| -                          | monitored and enforced.   |                                    | ,                             | Priority     |  |

| Control                    | The Force does not currently maintain a centralised Risk Assessment Register.  | A                         | Assessment:        |               |  |
|----------------------------|--|---------------------------|--------------------|---------------|--|
|                            |  | D                         | )esign             | ×             |  |
|                            |  | C                         | Compliance         | -             |  |
| Findings /<br>Implications | The Force does not currently hold a central Risk Assessment Register which documer required) and supporting key information such as mitigating controls in place and refre |                           | ce (or all assess  | ments         |  |
|                            | Without a Register in place, there is a risk of lack of governance of the process as well  | as lack of assurance of k | key risks being id | dentified and |  |
|                            | mitigated appropriately.   |                           |                    |               |  |
| Management                 |  | Responsible Owner:        | Date:              | Priority:     |  |

| Area: Risk As              | sessments   |   |                          |                          |  |  |
|----------------------------|---|---|--------------------------|--------------------------|--|--|
| Control                    | Risk assessments are currently managed at the departmental level General review guidance is based on a two-year refresh period, ho reviewed annually.   |   | Assessment:<br>Design    | <b>√</b>                 |  |  |
|                            |   |   | Compliance               | ×                        |  |  |
| Findings /<br>Implications | A sample of 10 risk assessments were selected and tested from ad-hoc list of risk assessments provided by the H&S Team.  Testing identified that:  In 2/10 cases, the supporting risk assessment could not be located and provided at the time of audit.  Of those eight cases where we obtained the corresponding risk assessment, we identified the following exceptions:  In 8/10 cases the risk assessment had not been reviewed in line with the set review date;  In 1/8 cases, the risks identified had not been scored. |   |                          |                          |  |  |
|                            | If risk assessments are not fully completed, maintained on file and and sufficiently managing the risk as intended.   | regularly reviewed, there is a risk of the as | sessments not being      | fit for purpose          |  |  |
| Management<br>Action 4     | The Force will identify those risk assessments that are currently outdated and review them to ensure they reflect the current working environment.  | Responsible Owner: Caroline Combe             | <b>Date:</b> 31 May 2023 | <b>Priority:</b><br>High |  |  |

| Control                    | A Homeworker Health and Safety Checklist is completed by Officer to ensure their home environment is safe and suitable for work in lin                      | Assessment:<br>Design | <b>√</b>     |                 |  |  |  |  |  |
|----------------------------|---|-----------------------|--------------|-----------------|--|--|--|--|--|
|                            |   |                       | Compliance   | ×               |  |  |  |  |  |
| Findings /<br>Implications | Discussion with the Health and Safety Manager confirmed that the Checklists are not managed centrally and are under the responsibility of the line manager. |                       |              |                 |  |  |  |  |  |
|                            | For a sample of flexible workers, evidence of completed Homework should be maintained by Line Managers for employees to avoid the                           |                       |              | eted checklists |  |  |  |  |  |
| Management                 | Line Managers will ensure they maintain on file a record of all   | Responsible Owner:    | Date:        | Priority:       |  |  |  |  |  |
|                            | completed Homeworker Health and Safety Checklists completed   | Caroline Coombe       | 30 June 2023 | Medium          |  |  |  |  |  |

# APPENDIX A: CATEGORISATION OF FINDINGS

| Categorisa | Categorisation of internal audit findings  |  |  |  |  |  |
|------------|--|--|--|--|--|--|
| Priority   | Definition   |  |  |  |  |  |
| Low        | There is scope for enhancing control or improving efficiency and quality.  |  |  |  |  |  |
| Medium     | Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.  |  |  |  |  |  |
| High       | Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines. |  |  |  |  |  |

The following table highlights the number and categories of management actions made as a result of this audit.

| Areas   |   |       |   | Non<br>ompliance |     | Agreed actions |      |
|---|---|-------|---|------------------|-----|----------------|------|
|   |   | ctive |   | ontrols*         | Low | Medium         | High |
| Health and Safety (H&S) – Employer Responsibilities | 1 | (13)  | 4 | (13)             | 0   | 2              | 3    |
| Total   |   |       |   |                  | 0   | 2              | 3    |

<sup>\*</sup> Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

## APPENDIX B: SCOPE

The scope below is a copy of the original document issued.

### Scope of the review

The internal audit assignment has been scoped to provide assurance on how the Chief Constable of Staffordshire manages the following area:

#### Objective of the area under review

To understand how employer responsibilities around health and safety, including incidents and accidents, risk assessments, approval for home working take place and reporting are completed consistently across the business.

### The following areas will be considered as part of the review:

- The Force's overarching Health and Safety Policy and accompanying procedures will be reviewed.
- We will review and test the reporting, logging, investigation and resolving/closing of H&S incidents, accidents and near-misses.
- Post-closure of reported incidents, we will consider the capturing and implementation of lessons learned for those areas which future incident can be avoided i.e., operational training accidents etc.
- Policies, procedures, guidance and templates in place for the completion of risk assessments will be reviewed. Additionally, we will consider the training
  which has been delivered, in particular to departments for completing risk assessments for operations which fall outside of the generic policing
  assessments in place.
- We will review the generic policing suite of risk assessments which are in place that have been modelled from national guidance.
- A sample of departments will be selected and sampled to review the completion and logging of risk assessments for departmental operations.
- We were informed as part of the scoping for this review that an Inspired Leadership Programme has been rolled out and where we are training on health and safety responsibilities and principles of risk assessment across the force; work completed in this area will reviewed and assessed.
- · Agile working policy and procedures will be reviewed.
- For a sample of staff members who are agile working, we will consider homeworking approval and completion of mandatory homeworking checklists which involve key health and safety checks such as DSE.

• Governance – H&S management and performance reporting across the Force.

### The following limitations apply to the scope of our work:

- This audit will review practices in line with policy and procedural requirements and will not confirm compliance with wider guidance and legislation;
- We will not confirm that all accidents and incidents have been captured or comment on the appropriateness of action taken by the Force;
- The results of our work are reliant on the quality and completeness of the information provided to us; and
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

| Debrief held  | 25 January 2023                     | Internal audit Contacts | Daniel Harris, Head of Internal Audit                          |
|---|-------------------------------------|-------------------------|--|
| Draft report issued<br>Revised draft report<br>issued | 27 January 2023<br>14 February 2023 |                         | Angela Ward, Senior Manager<br>Kishan Patel, Assistant Manager |
| Responses received                                    | 14 February 2023                    |                         |  |
| Final report issued                                   | 15 February 2023                    | Client sponsor          | Caroline Coombe, Head of People & OD                           |
|   |                                     | Distribution            | Caroline Coombe, Head of People & OD                           |

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

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