

Governance, Audit, Risk Management and Standards Committee Agenda

Date: Tuesday 13 July 2021

Time: 6.30 pm

Venue: Virtual Meeting - Online

Membership (Quorum 3)

Chair: Councillor David Perry

Labour Councillors: Dean Gilligan
Kairul Kareema Marikar
Antonio Weiss

Conservative Councillors: Philip Benjamin
Amir Moshenson
Kanti Rabadia

Labour Reserve Members:

1. Niraj Dattani
2. Chloe Smith
3. Vacancy
4. Vacancy

Conservative Reserve Members:

1. Pritesh Patel
2. John Hinkley
3. Chris Mote

Contact: Alison Atherton Senior Professional Democratic Services
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Useful Information

Meeting details

This meeting is open to the press and public and can be viewed on www.harrow.gov.uk/virtualmeeting

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The recording will be made available on the Council website following the meeting.

Agenda publication date: Monday 5 July 2021

Agenda - Part I

1. Attendance by Reserve Members

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the **whole** of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. Declarations of Interest

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Committee;
- (b) all other Members present.

3. Minutes (Pages 5 - 12)

That the minutes of the meeting held on 27 April 2021 be taken as read and signed as a correct record.

4. Appointment of Vice-Chair

To consider the appointment of a Vice-Chair to the Governance, Audit, Risk Management and Standards Committee for the Municipal Year 2021/22.

5. Public Questions *

To receive any public questions received in accordance with Committee Procedure Rule 17 (Part 4B of the Constitution).

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, Thursday 8 July 2021.

Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

6. Petitions

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

7. Deputations

To receive deputations (if any) under the provisions of Committee Procedure Rule 16 (Part 4B) of the Constitution.

8. References from Council and other Committees/Panels

To receive references from Council and any other Committees or Panels (if any).

9. **Information Report - Change to evidence verification process for Housing Benefit and Council Tax Support** (Pages 13 - 40)
Report of the Director of Finance
10. **Information Report - Annual Health and Safety Report** (Pages 41 - 142)
Report of the Corporate Director of Resources
11. **Information Report - Internal Audit Year end report 2020/21** (Pages 143 - 158)
Report of the Director of Finance
12. **Information Report - Draft Annual Governance Statement** (Pages 159 - 180)
Report of the Director of Finance
13. **Any Other Urgent Business**
Which cannot otherwise be dealt with.
14. **Exclusion of the Press Public**
To resolve that the press and public be excluded from the meeting for the following item of business, on the grounds that it involves the likely disclosure of confidential information in breach of an obligation of confidence, or of exempt information as defined in Part I of Schedule 12A to the Local Government Act 1972:

<u>Agenda Item No</u>	<u>Title</u>	<u>Description of Exempt Information</u>
15.	Information Report – Quarter 1 Corporate Risk Register 2021/22	Information relating to the financial or business affairs of any particular person (including the authority holding that information)

Agenda - Part II

15. **Information Report - Quarter 1 Corporate Risk Register 2021/22** (Pages 181 - 212)
Report of the Director of Finance

* Data Protection Act Notice

The Council will audio record item 5 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]



Governance, Audit, Risk Management and Standards Committee

Minutes

27 April 2021

Present:

Chair: Councillor David Perry

Councillors: Ghazanfar Ali
Peymana Assad
Philip Benjamin
Kairul Kareema Marikar
Amir Moshenson
Kanti Rabadia

Advisers: Dr J Kirkland

Absent: Mr J Coyle

148. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance at this meeting.

149. Declarations of Interest

RESOLVED: To note that the Declarations of Interests, published in advance of the meeting on the Council's website, be taken as read.

150. Minutes

RESOLVED: That the minutes of the meeting held on 26 January 2020 be taken as read and signed as a correct record.

151. Public Questions

RESOLVED: To note that no public questions were received.

152. Petitions

RESOLVED: To note that no petitions were received.

153. Deputations

RESOLVED: To note that no deputations were received.

154. References from Council and other Committees/Panels

RESOLVED: To note that there were none.

Resolved Items

155. Verbal update on the Statement of Accounts

A verbal update from the Director of Finance was given in respect of the statement of accounts. This provided an overview as to why confirmation on the reports from 2019/20 was delayed; staff vacancies at the council's auditors and, as a result of the recommendations, from the FRC report, additional checks had to be carried out. Due to the delay, it was proposed that the statement of accounts be signed off and for the Chair of the Committee to be advised as soon as possible.

It was reported that, under normal arrangements the Committee would have seen the audit plans back in January and been informed as to how the auditors would have conducted their work on the 2020/21 accounts. Due to delays, it was aimed to provide this information to the Committee by July 2021.

The Committee acknowledged the challenges but noted that the reports should have been ready in January. The Director of Finance advised that the statement of accounts had been prepared on time and that the delay was in the audit of the statement of accounts. In addition, it was questioned whether there was likely to be unexpected issues in relation to the 2019/20 reports, but the Director of Finance reassured the Committee that this was not the case.

Members asked if any statutory deadlines might be missed but the Director of Finance clarified that no penalties would be incurred on the Council for these delays and that the Council had met all their deadlines for the statement of accounts.

RESOLVED: That the verbal update be noted.

156. Internal Audit & Corporate Anti-Fraud Plans 2021/22

Members received a report which provided details on the 2021/22 Internal Audit & Corporate Anti-Fraud Plans and the Internal Audit Charter.

Members were advised that the internal audit plan for 2021/22, took into account the risk management framework and the corporate priorities and the requirement to provide an annual internal audit opinion. The plan would be delivered primarily by a dedicated internal team of the Council. However, it was highlighted that there were some challenges with resources and around Covid-19 restrictions still in place. It was reported that the plan was flexible and may be adjusted throughout the year to meet the needs of the organisation, with any significant changes to be brought back to the Committee.

The Committee were advised that Internal Audit's independence has not changed since last year and that asked to note that all the core financial system reviews would be undertaken as evidence-based control self-assessments with specific testing on authorisations throughout the previous year because during the pandemic there had to be a different approach in order for various transactions to continue to be appropriately authorised.

It was noted that previously, there was a mixture of full reviews and control based self-assessments, however, because of the stability in previous years and the introduction of Dynamics, the challenges of the pandemic had resulted in time being more constrained.

With regard to the corporate compliance checks the annual checks on contract procedure rules and financial regulations as well as fees and charges would continue. New to this year are the checks on HR policies in order to make sure these policies are implemented correctly.

Risk management in decision making would be a real-time review of risks addressed in Cabinet reports. This had been introduced in December 2020 and had proved to be successful and therefore would be continued throughout 2021/22.

The KPIs have remained consistent with the previous year.

During the discussion, Members and Officers highlighted the following:

- A concern was raised in relation to the covid-19 grants with it being noted that there was an inconsistency with families having not received this grant. The Committee was informed that due to the volume of different covid-19 grants, in order to get specific information, the relevant area manager would need to be contacted.
- The transparency of the authorisations was queried and whether they would be available to see online. However, it was explained that the authorisations in the report were for the core financial system and would be retained within the Civic Centre, with some contained via email and this needed to be checked for due diligence.

- It was questioned as to why there was no manual of operations of how these processes should be conducted. The officer explained that not every system would have a manual and where manuals were available, they would be taken into account during audits and, in addition, these manuals would also be reviewed.
- Members questioned how previous issues identified compared to this report's findings. It was explained that audit knowledge had been considered and it had then used in the current audit plan.
- It was confirmed that there would be a specific review of the regeneration programme and governance issues had been followed up in regard to the Depot, which were still ongoing.
- In terms of which of the goals were found to be the highest risk and how this was reflected in the plan, it was explained that the new corporate plan lacked details of how it would be implemented, which had presented a challenge linking the work done to some of the risks and objectives. It was noted that there were links to the corporate risks, which in turn related to the corporate plan.
- Clarification was sought in relation to the risk manager's contract length. This Contracts were currently a rolling contract and as there was insufficient funding for a permanent post. It was confirmed that the current Risk Manager was employed via Pertemps and is not outside IR35.
- In response to a query about the audit vacancy since April 2020, the Committee was informed that an officer had left at the end of April 2020 and that there continued to be a vacancy.
- An explanation on the organisational independence of the audit team was requested and Members were informed that the audit team was an independent team with a specific scope of duties and whilst ideally the Head of Internal Audit should not have other responsibilities in most Councils they usually had other responsibilities that often included corporate anti-fraud and risk management. At Harrow, for corporate anti-fraud, this was of an oversight nature.
- A follow-up question was asked if independence might be lost in certain areas and how external auditors were used. It was explained that the external auditors had have oversight over audit reports, the risk management process and the annual governance review process. The external auditors carry out specific work for example as part of their vfm work and report if concerns were identified.
- With the challenges highlighted and work carried out to combat these, it was asked if it was the intention to revert back to the working model used prior to the Pandemic. It was explained that this could be

dependent on accommodation, and it would be assessed once accommodation is available. Where Schools were concerned it was felt that it would be important to resume face to face work, when safe to do so.

- In response to a question about the number of audit days allocated to authorisation testing and what it had uncovered in previous years, the Committee were informed that this was a new process due to the pandemic and the inability to get physical signatures and has not been done in this way before. The number of audit days reflected the number of systems and transactions to be covered by the testing.
- It was noted that the effectiveness of management procurement and financial controls of traffic and highways review was a management request.

The Committee then asked an officer to present, in brief, the corporate anti-fraud plan for 2021/22. Members were advised that in the past year the pandemic had bought its own risks with central Government funding coming to local Government for grants. The development of the council fraud strategy would provide an action plan from which the Corporate Anti-fraud Team would be able to set a benchmark in order to protect the authority in the best way possible. The plan was delivered by an internal team with no planned changes to resources at this time. The KPIs for 2021/22 have been slightly increased in order for performance to be maximised.

During the discussion, Members and Officers highlighted the following:

- It was asked whether any fraudulent activity was found with the business grants during the pandemic and the officer advised that the cases that came to the corporate anti-fraud team's attention were minimal in comparison to the value and volume of covid grants.
- It was asked how the Council's KPIs compared with other boroughs. An officer advised that there was no benchmarking data available for comparison.
- An enquiry was made about the decision-making process in terms of how the corporate anti-fraud team applied itself to particular activities. The officer highlighted that previous years' data would be used if there was a reason to believe there would be a continued risk. If the Internal Audit team raised a concern, then this would provide a reason to investigate. Another would be a high expenditure area in the council where a loss due to fraud might be more likely.
- In response to a question as to whether the corporate anti-fraud team had procedures in place for obtaining evidence and if they were PACE compliant, it was explained that the corporate anti-fraud team had complied with PACE by continued refresher training on conducting interviews. Should this be continued to a prosecution then the team would be strictly regulated by the criminal justice system.

- It was asked what protocols were in place for anonymous referrals. It was reported that anonymous referrals remain anonymous and would be assessed on the merit of the information provided with each referral given an individual number for reference purposes.
- A member questioned whether there would be an audit on the impact of the corporate anti-fraud team's strategy on those with protected characteristics. This was due to a concern that when an investigation is undertaken there would be a perceived risk, that an element of discrimination could be present against those with protected characteristics. The Officer explained that the corporate anti-fraud team had a risk assessment system known as a 5x5 system that would grade the quality and source of that information received which, in turn, determined if that it would be financially viable to pursue, the likelihood of there being fraudulent activity, the financial impact and the potential reputational damage on the authority. The Officer reassured the committee that the Criminal Procedures Investigation Act governed the way investigations were undertaken and that the corporate anti-fraud team would have to follow all reasonable lines of inquiry and document everything that happened throughout an investigation.
- It was noted that there were regular checks made by managers in investigations carried out by the corporate anti-fraud team. With sign offs required from multiple officers and solicitors' would also be a part of that process.

RESOLVED: That the recommendations be agreed by the Committee, which included:

That the Internal Audit & Corporate Anti-Fraud Plans 2021/22 and the Internal Audit Charter 2021/22 are approved in accordance with the Public Sector Internal Audit Standard 2020 Communication and Approval was reviewed and approved by the Committee;

The annual plan process, the Internal Audit Strategy, the service's organisational independence, the resources available to complete the plan, audit techniques to be used and other sources of assurance, as covered within this report are noted.

157. Exclusion of the Press and Public

RESOLVED: That in accordance with Part I of Schedule 12A to the Local Government Act 1972, the press and public be excluded from the meeting for the following items for the reasons set out below:

Agenda Item No.	Title	Description of Exempt Information
11.	Information Report – Corporate Risk	Exempt from publication under paragraph 3 of Schedule 12A to the Local

	Register 2020/21 Q4	Government Act 1972 (as amended) as it contains information relating to the financial or business affairs of any particular person (including the authority holding that information)
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158. Verbal Covid-19 update from Public Health England

An officer from Public Health England joined the meeting discuss public health and Covid-19 in respect of the negative impact on communities.

RESOLVED: That the verbal update be noted.

159. Information Report - Corporate Risk Register 2020/21 Q4

Members received a confidential report in relation to Quarter 3 2020/21 Corporate Risk Register. The Head of Internal Audit undertook to incorporate comments made by the Committee into the Quarter 4 update of the risk register.

RESOLVED: That the report be noted.

Recommended Items (delete if no recommendation)

(Note: The meeting, having commenced at 6.30 pm, closed at 9.20 pm).

(Signed) Councillor David Perry
Chair

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**Report for: Governance, Audit,
Risk Management and
Standards Committee**

Date of Meeting:	13 th July 2021
Subject:	Information Report: Change to evidence verification process for Housing Benefit and Council Tax Support
Key Decision:	No
Responsible Officer:	Dawn Calvert, Director of Finance & Assurance, Resources Directorate
Portfolio Holder:	Cllr Natasha Proctor, Finance & Resources Portfolio Holder
Exempt:	No
Decision subject to Call-in:	No
Wards affected:	All
Enclosures:	Appendix A - List of DWP means tested benefits Appendix B - Comparison of 2020/21 procedure and new verification procedure Appendix C – Equality Impact Assessment

Section 1 – Summary and Recommendations

This report sets out changes to the procedure for evidence verification in the administration of Housing Benefit and Council Tax Support.

Governance, Audit, Risk Management and Standards Committee is asked to note the content of the report

FOR INFORMATION

Reason: Changes in service delivery across the organisation has resulted in a need to review the verification process in the administration of Housing Benefit and Council Tax Support. Following an increase in Council Tax Support caseload due to the Covid-19 pandemic, there is no longer capacity to verify evidence to the standard applied in 2020/21.

Evidence requirements have therefore been reviewed in the context of how the Benefit service has been impacted by Covid-19 and the service delivery model used moving forward. To align with the DWP auditing timetable for Housing Benefit, the change was applied with effect from 1 April 2021.

Section 2 – Report

1. Introductory paragraph

- 1.1 Housing Benefits and Council Tax Support require verification of the claimant's circumstances to evidence entitlement. The level of verification has been reviewed due to changes in service delivery models across the organisation as face to face provision is reduced/removed and online channels are promoted.
- 1.2 Prior to the change Housing Benefit required all evidence to be provided in original form where it cannot be obtained directly from a third party. Council Tax Support required proof of identity to be original unless the claimant is on Universal Credit in which case DWP (Department of Work & Pensions) verification is relied upon.
- 1.3 Historically Access Harrow has offered a service for customers to bring documents to the Civic Centre to be copied and returned during a single visit. Due to the Covid-19 pandemic, face to face services have been reduced so documents cannot be copied in Access Harrow, and it is proposed that this service will not be reintroduced in the future. Documents must be submitted by post or dropped off at the Civic Centre and returned by post. Complaints have been received about documents going missing and customers not wanting to submit valuable documents through this route.
- 1.4 Copying and returning documents also carries a cost as resources are required to verify and return documents.

- 1.5 Furthermore, the Housing department are finding it difficult to obtain original documents to support Housing Benefit claims for people placed in temporary accommodation which results in arrears that are a cost the Council carries.
- 1.6 With a large increase in Council Tax Support caseload resulting from the increase in unemployment due to Covid-19, available resources are needed to process claims rather than obtaining original documents.
- 1.7 It was therefore necessary to review the need for claimants to provide original documents to support their claim. This change in process has been balanced with the potential risk that not requiring originals could bring in respect to fraud.
- 1.8 Following approval by Fern Silverio in his role as Head of Service for Collections & Benefits and in consultation with the Portfolio Holder for Finance & Resources the change has been implemented with effect from the start of the financial year 1 April 2021. This is to align with the DWP's auditing timetable and reduce the risk of challenge from DWP.
- 1.9 While the review has taken place during the Covid-19 pandemic, consideration has been given to what the Benefit service will look like in the future and will be reviewed periodically to ensure it remains appropriate if the service continues to change.

2. Options considered

- 2.1 It was not possible to keep the process as it is because capacity is no longer sufficient to manage the increase in Council Tax Support caseload, and because of the removal of copying of documents in Access Harrow.
- 2.2 Variations of the process set out in this report were considered. The agreed process gives a balance between reducing the level of original evidence required while continuing to reduce the risk of fraud entering the system.

3. Background

2020/21

- 3.1 In 2020/21 evidence for both Housing Benefit and Council Tax Support claims was in the first instance always sourced from DWP or HMRC where viable. The Benefits service has access to Benefit records, earnings, and private pension records for most claimants via the DWP customer information system. Furthermore, DWP/HMRC issue hundreds of change records a week to local authorities to reflect changes in Benefits, earnings, and private pensions as well as the Northgate Benefit

assessment system talking directly to DWP systems to receive updates on some benefits.

- 3.2 Other third parties would also be approached for evidence where appropriate, such as Local Authority Housing or Housing Association rents.
- 3.3 Where a Council Tax Support claimant is in receipt of Universal Credit, most of the claim information will be taken from the Universal Credit claim, preventing the need to request the claimant to verify their circumstances with the local authority.
- 3.4 For Housing Benefit and Council Tax Support Non-Universal Credit claims proof of identity was still required in original format.
- 3.5 Where other supporting evidence cannot be sourced from the above routes, Housing Benefit require all evidence to be in original format. For Housing Association tenants, the Housing Association can be trained as verification officers and they are then able to verify original documents and submit them as copies/electronically on behalf of their tenant.
- 3.6 All other evidence for Council Tax Support is accepted as copies unless there is 'cause for concern'. The term 'copies' is used to mean photocopies or evidence submitted electronically e.g. from a photograph on a mobile phone or self-scanned. Documents that the claimant receives electronically e.g. bank statements are deemed to be originals.
- 3.7 Examples of 'cause for concern' are:
 - Concern that copies of documents have been falsified. All Benefits staff are verification trained to identify documents that could have been falsified and will therefore be able to request further evidence if they are not satisfied that information held is genuine. Training is delivered at the point someone starts to work in Benefits with periodic refresher training. Staff received refresher training as part of the launch of this procedure change in April 2021.
 - Where cross checks don't substantiate information provided, for example checking self-employed information against Companies House database
 - Information is not available in HMRC Earnings and Pension system when it is expected to be
 - The type of scenarios that would require additional clarification, but not exclusively, are:
 - Any discrepancies over information provided
 - Earnings should be in HMRC Earning and Pensions system but aren't
 - Living off income below applicable amount
 - Declare nil income but expenses indicate otherwise e.g. regular travel across London

4. Reasons for change

4.1 Set out below are reasons why the existing procedure could not remain in place:

Reduced face to face services

4.2 Pressures on the Council's finances have resulted in the need to review the face to face service delivery in Access Harrow. The Council has been working on a channel migration programme for several years to encourage customers to use online services. This is generally more efficient for the Council, provides a better level of service to the customer and allows limited resources to be directed to areas where online services are not a viable option. These changes mean Access Harrow will no longer be able to provide a face to face service whereby original documents could be copied and returned while the customer is on site. The only alternative is to use the postal system either for documents to be submitted and returned or, at a minimum, for the return.

Customer service

4.3 Emergency changes in procedures due to Covid-19 have meant that the process of using the postal system to receive/return original documents has been trialled over the last year. Customers do not like this approach, as they are uncomfortable sending valuable documents such as passports by post or leaving them at the council for return by post. Furthermore, valuable documents have gone missing, for example if the customer hasn't clearly stated what service the document relates to. Requesting originals also prevents customers from gaining the benefits of more online services.

Cost of handling original documents

4.4 Continuing to request original documents also requires resources to verify, scan and return them to the customer. Due to the high-risk nature of handling these original documents there are high standards of quality assurance processes in place. This makes the process resource intensive at a time when limited resources could be used elsewhere. Furthermore, valuable documents are returned using recorded delivery which carries a further cost to the council.

4.5 Additional resources are also required to deal with the enquiries and complaints associated with the requirement to provide original documents and to respond to complaints regarding missing documents.

Speed of processing

4.6 As more claimants are now in receipt of DWP benefits, the DWP information system offers a practical alternative for verification in many cases. The council has access to the DWP customer information system which sets out which benefits are in payment. DWP have confirmed that

if a means tested benefit is in payment then the claimant and partner's identity will have been verified. This gives opportunity for this verification process to be used for the purposes of Housing Benefit and Council Tax Support and in place of a separate verification process for identity. All Benefits Assessment Officers have access to the DWP system so this approach would allow for a faster assessment process and removes the need for customers to provide original identity documents if they are on a DWP Benefit.

Help mitigate impact of increasing caseload on resources

- 4.7 Following the Covid-19 pandemic, the number of Council Tax Support claims has increased by over 2,100 (19%) in 2020/21. The Benefits service is struggling to maintain a good standard of service as it absorbs this additional workload. The Universal Credit claim is already used as full verification for a Council Tax Support claim, by aligning other means tested benefits to the same verification standard for the purposes of Council Tax Support, will help to make the assessment process more efficient. While these new claimants have potentially not been known to the Benefits service previously which could bring more risk of fraud, verification of identity through the DWP system and by paying Council Tax Support directly to the liable party's Council Tax account, this risk is reduced.

Increase rent collection on Temporary Accommodation

- 4.8 This change is also intended to support rent collection for Temporary Accommodation. Housing Needs have found it difficult to obtain the original information required from the claimant to support the Housing Benefit claim for households placed in temporary accommodation. This is in part due to the often volatile nature of these households. If Housing Benefit cannot be paid on this emergency accommodation the council will carry the rent arrears. By revising the verification requirements, it is anticipated that the barriers to claiming Housing Benefit by households placed in emergency accommodation will be reduced and therefore support collection of rent.

Recognise potential risk

- 4.9 The above reasons for change must be balanced with the potential risk that not verifying documents in original format could allow fraud to enter the system. While it is accepted that change in the Benefit evidence verification procedure is required in response to changes elsewhere in the organisation, the level of risk that this may bring was also considered as part of the decision to change.

5. New verification process

- 5.1 The same verification process will be followed for any evidence required at any stage of the claim process, i.e. for new claims, changes in circumstance or disputes/appeals. The same process will also apply for

both Housing Benefit and Council Tax Support, except for cases where Universal Credit is in payment. Experience shows that while the risk of fraud may be reduced through the request for original documents, one of the largest organised fraud cases Harrow has seen was all based on fake original documents demonstrating that provision of originals still allowed fraud into the system. The new procedure therefore gives greater focus on the level of knowledge of staff in cross checking information and obtaining evidence from source as a critical step in the verification process. It is however recognised that obtaining copies in place of originals will potentially increase the risk of fraud.

5.2 Verification process:

- The DWP customer information system (Searchlight) will be interrogated by the Assessment Officer. If the claimant is in receipt of a DWP means-tested Benefit, as listed in Appendix A, then DWP has confirmed that identity will have been verified as part of the claim process. This verification process will be treated as verification of identity for the purposes of Housing Benefit and/or Council Tax Support. The same will apply for a partner of the claimant if the DWP benefit is for a couple.
- If Searchlight does not confirm means-tested Benefit entitlement, then the Assessment Officer will issue a request for original identity proof from the customer
- Where viable all evidence will be sought from third parties in the first instance. Most Benefits and earnings information can be obtained for the claimant and partner from DWP/HMRC. Rent details for claimants in the social rented sector or temporary accommodation can normally be obtained directly from the Council or Housing Association.
- Council Tax Support claims where the claimant is in receipt of Universal Credit will continue to use all information held on the Universal Credit claim and not seek to obtain any further verification unless there is cause for concern.
- All other documents that cannot be obtained using the above channels will be requested as copies unless the assessor has any cause for concern. Cause for concern is defined above. Original documents may be requested if it is believed that this will help to clarify the claimant's circumstances
- In this context copies means any document either photocopied and submitted hard copy or a document that has been submitted electronically but was not originally held by the customer in an electronic format e.g. where they submit a photograph of a wage slip. Where the document is only ever held electronically by the customer, e.g. online bank statements, then these will be treated as originals.
- Housing Associations will continue to be trained as verification officers to be able to verify original documents and submit them electronically to the local authority on behalf of their tenants when required

5.3 The above changes are captured in a table in Appendix B showing the current process and the change for each claim type.

Volume of claims affected

5.4 As each claim will have elements that are verified in different ways it is not possible to state exactly how many claims will be verified differently using this new procedure. For example, a claim may require identity to be verified using the DWP system but then evidence of a non-dependant's income required as copies. However, to give an indication of the volume of claims affected some caseload data has been provided below.

Caseload as at 1 Apr 2021

Total Housing Benefit caseload	11,083	
Housing Benefit in receipt of means-tested benefit	5,771	52%
Total Council Tax Support caseload	13,396	
Council Tax Support in receipt of means-tested benefit	10,366	77%
Joint Housing Benefit/Council Tax Support claims	17,397	

Volume of new claims and change in circumstance notifications

5.5 Volumes are for quarters 3 & 4 2020/21. Data has not been provided for the full year because of the impact of Covid-19 in 2020/21, particularly in the first half of the year.

New claims	Q3 & Q4 2020/21	
Housing Benefit	509	
Council Tax Support	3,968	
Changes in Circumstance		Notified by claimant *
Housing Benefit	20,684	4,967
Council Tax Support	26,639	4,223

* where change is notified by claimant rather than DWP/HMRC, verification is more likely to be requested from the claimant although not always

6. Implications of this change

6.1 The impacts of this change are expected to be beneficial to Housing Benefit and Council Tax Support claimants. They will be less likely to be required to provide original evidence to support their claim and can therefore make use of more online services and receive a quicker decision on their claim. The impact of withdrawing the ability to copy documents in Access Harrow will be reduced, and the pressure on the Benefits service to process the additional 2,100 Council Tax Support claims will be eased. Claimants in

temporary accommodation will be more likely to have their claim for Housing Benefit put into payment, therefore reducing the pressure on Housing resulting from temporary accommodation arrears.

7. Performance Issues

- 7.1 This change is expected to make processing of benefit claims more efficient as less time is spent collating original evidence from claimants.
- 7.2 The service is measured by turnaround times of new claims and changes in circumstance. Housing Benefit PIs are reported to DWP while Council Tax Support is measured locally.
- 7.3 Due to the increase in Council Tax Support caseload it is anticipated that this change will allow the service to maintain service standards at the current level. Without the change, the risk is that turnaround times would rise.
- 7.4 Performance times in 2020/21 were the following number of days:

	New Claims	Changes in Circumstance
Housing Benefit	23.21	3.91
Council Tax Support	25.92	4.06

8. Risk Management Implications

- 8.1 Risks included on corporate or directorate risk register? **No**
- 8.2 Separate risk register in place? **No**
- 8.3 The relevant risks contained in the register are attached/summarised below **n/a**
- 8.4 The following key risks were taken into account when considering the change set out in this report:

Risk Description	Mitigations	RAG Status
If the change were not implemented the following risks may arise: <ul style="list-style-type: none"> - Increase in processing times for Housing Benefit and Council Tax Support 	<ul style="list-style-type: none"> ▪ Implement change as set out in this report ▪ RAG status based on change remaining in place 	Green

Risk Description	Mitigations	RAG Status
<ul style="list-style-type: none"> - Inability of claimants to submit original evidence in support of their claim due to change in customer service delivery model - Claimant's valuable documents going missing - Loss of income to Council due to temporary accommodation arrears where Housing Benefit claims cannot be paid 		
<p>Increase fraud in Housing Benefit and Council Tax Support</p>	<ul style="list-style-type: none"> ▪ Increased focus on cross referencing of information held rather than on receipt of original documents ▪ Opportunity to request originals where have cause for concern ▪ The majority of information can be verified via the DWP/HMRC ▪ The level of check has been increased for Council Tax Support by requiring original documents for identity 	<p>Amber</p> <p>(level of risk set at Amber as while the likelihood of fraud remains low as a proportion of the total caseload, it is recognized that the likelihood of fraud will increase due to the changes)</p>
<p>Housing Benefit subsidy claim not paid by DWP as not satisfied that LA can verify payments of Housing Benefit are accurate</p>	<ul style="list-style-type: none"> ▪ Legal advice states risk is low ▪ Many other Local Authorities, and the majority in West London, do not request originals and have seen no impact on subsidy claim ▪ Part of new process uses DWP own verification which reduces risk of DWP challenge 	<p>Green</p>

9. Procurement Implications

9.1 There are no procurement implications due to this change

10. Legal Implications

10.1 The change in procedure has been considered by Legal. Advice is that the procedure complies with Housing Benefit Regulations 2016, Regulation 86 and that while DWP guidance is conflicting, the above approach is unlikely to be challenged by DWP.

11. Financial Implications

11.1 There are no financial implications resulting from this change

12. Equalities implications / Public Sector Equality Duty

12.1 Appendix C sets out the Equality Impact Assessment that has been carried out to understand the potential impacts of this change.

12.2 No negative impacts have been identified.

12.3 Positive impacts are found across affected claim groups. To review after 6 months to confirm all groups are accessing the benefits of the change

Council Priorities

Please identify how the decision sought delivers these priorities.

1. **Tackling poverty and inequality** – by improving the customer journey and reducing barriers to claiming Housing Benefit and Council Tax Support

Section 3 - Statutory Officer Clearance

Statutory Officer:

Signed by Director of Finance & Assurance

Dawn Calvert

Date: 9 June 2021

Statutory Officer:

Signed on *behalf of/by the Monitoring Officer

Not required

Chief Officer:

Signed off by the Corporate Director

Not required

Head of Procurement:

Signed on *behalf of/by the Head of Procurement

Not required

Head of Internal Audit:

Signed by the Head of Internal Audit

Susan Dixon

Date: 30 June 2021

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards

EqlA carried out: YES

EqlA cleared by: Alex Dewsnap

Section 4 - Contact Details and Background Papers

Contact: Jenny Townsley – Housing Benefit Service Manager
Tel: 07874 891444 / email: jennifer.townsley@harrow.gov.uk

Background Papers: None

Call-in waived by the Chair of Overview and Scrutiny Committee

NO

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Appendix A - List of DWP means tested benefits

DWP means tested benefits have been identified as acceptable for verification purposes because DWP has confirmed that it verifies identity before awarding these benefits and because the means-test involves a rigorous assessment process which gives confidence to the level verification that has been carried out. For working age claimants, these means-tested benefits also require ongoing interaction between DWP and the claimant which reduces the risk of fraud e.g. with a work coach.

Job Seekers Allowance (Income Based)
Income Related Employment Support Allowance
Income Support
Universal Credit
Pension Credit Guarantee Credit

Appendix B – Comparison of 2020/21 procedure and 2021/22 revised verification procedure

Claim type	Evidence type	2020/21	New procedure from 1 April 2021
CTS or HB in receipt of means tested benefit	Identity	<p>CTS Universal Credit – use DWP system for all information held by DWP.</p> <p>All other claim types in this category – original identity proof required for Housing Benefit, copies for Council Tax Support</p>	Use DWP system to verify identity
CTS or HB not in receipt of means tested benefit or entitlement of this benefit cannot be verified through DWP system	Identity	Original identity proof for Housing Benefit, copies for Council Tax Support	Original identity proof
<p>HB in receipt of means tested benefit</p> <p>CTS in receipt of means tested benefit except Universal Credit</p>	Other evidence	<p>All benefits information taken from DWP system including earnings and private pensions</p> <p>Evidence not held by DWP e.g. rent proof, obtained as original for Housing Benefit, copies for Council Tax Support</p>	<p>All benefits information taken from DWP system including earnings and private pensions</p> <p>Evidence not held by DWP e.g. rent proof, to be accepted as copies unless there is cause for concern</p>
CTS in receipt of Universal Credit	Other evidence	<p>DWP system used for all information held by DWP including earnings.</p> <p>Any information not held by DWP obtained as copies</p>	<p>DWP system used for all information held by DWP including earnings.</p> <p>Any information not held by DWP obtained as copies unless there is cause for concern</p>
CTS or HB not in receipt of means tested benefit or entitlement of this benefit cannot be	Other evidence	Benefits, earnings, and private pension information taken from DWP system	Benefits, earnings, and private pension information taken from DWP system

verified through DWP system		Council rents taken from Council rent system Housing Association rents taken from HAs Council Tax liability taken from council tax system Any other information obtained from customer as originals for Housing Benefit, copies for Council Tax Support	Council rents taken from Council rent system Housing Association rents taken from HAs Council Tax liability taken from council tax system Any other information obtained from customer as copies unless there is cause for concern
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*The term DWP system is used to refer to any DWP or HMRC data that can be accessed by the local authority through the Searchlight or VEP systems, any data transfers between DWP/HMRC and the local authority and any other information shared directly by DWP/HMRC such as HBMS

**As per DWP guidance, the term 'originals' includes items the claimant receives electronically such as electronic pay slip

***Means tested benefit is as set out in Appendix A

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Equality Impact Assessment (EqIA)



You will need to produce an Equality Impact Assessment (EqIA) if:

- You are developing a new policy, strategy, or service
- You are making changes that will affect front-line services
- You are reducing budgets, which may affect front-line services
- You are changing the way services are funded and this may impact the quality of the service and who can access it
- You are making a decision that could have a different impact on different groups of people
- You are making staff redundant or changing their roles

Guidance notes on how to complete an EqIA and sign off process are available on the Hub under Equality and Diversity. You must read the [guidance notes](#) and ensure you have followed all stages of the EqIA approval process (outlined in appendix 1). Section 2 of the template requires you to undertake an assessment of the impact of your proposals on groups with protected characteristics. Equalities and borough profile data, as well as other sources of statistical information can be found on the Harrow hub, within the section entitled: [Equality Impact Assessment](#) - sources of statistical information.

Equality Impact Assessment (EqIA)		
Type of Decision:	<input type="radio"/> Cabinet <input type="radio"/> Portfolio holder <input checked="" type="radio"/> Other (state)	
Title of Proposal	Change to the Housing Benefit and Council Tax Support Evidence Verification procedure	Date EqIA created 1 Mar 2021
Name and job title of completing/lead Officer	Jenny Townsley, Housing Benefit Service Manager	
Directorate/ Service responsible	Resources, Collections & Benefits	
Organisational approval		
EqIA approved by Directorate Equalities Champion	Name Alex Dewsnap	Signature <input checked="" type="checkbox"/> Tick this box to indicate that you have approved this EqIA Date of approval 9 June 2021

1. Summary of proposal, impact on groups with protected characteristics and mitigating actions

(to be completed **after** you have completed sections 2 - 5)

a) What is your proposal?

To change the evidence verification procedure in the administration of Housing Benefit and Council Tax Support

Claims for Housing Benefit and Council Tax Support require verification of information declared by the claimant. Changes to the face to face service in the Council and capacity issues following an increase in the Council Tax Support caseload due to Covid-19 have resulted in a need for the level of verification to be reviewed.

Reasons for change are:

- Reduced face to face services – the face to face service in Access Harrow is no longer available to customers to be able to have original documents copied and returned while on site. The only alternative for customers is to send/receive their original documents by post.
- Customer service – Benefits is largely an online service. This offers a better level of service for those who are able to transact electronically. Requiring original documents prevents the maximum benefits of using an online service. Relying on the postal system for customers to submit/receive original documents carries risk of those documents getting lost and the level of customer contact complaining about the process has increased.
- Cost of handling original documents – verifying, scanning and returning original documents carries a cost to the Council. The high-risk nature of handling these documents also requires high standards of quality assurance which carry a further cost plus the cost of using recorded delivery to return valuable items.
- Speed of processing – obtaining originals delays the speed of processing claims
- Help mitigate impact of increasing caseload on resources – The Council Tax Support caseload increased by 19% in 2020/21 due to the Covid-19 pandemic. This has resulted in capacity issues within the Benefits service. Reducing verification requirements helps to ease the pressure on resources
- Increase rent collection in temporary accommodation – due to the volatile nature of many homeless households, the Housing department have found it difficult to obtain original documents from claimants in temporary accommodation. Housing Benefit can then not be paid which results in arrears carried by the Council. Reducing the requirement for originals will allow more Housing Benefit claims to be paid and consequently increase rent income to the Council for temporary accommodation

While above are all positive reasons for changing the evidence verification procedure, it should be noted that verification is required to prevent fraud from entering the Housing Benefit/Council Tax Support system. Any change must therefore continue

to mitigate the risk of fraud. The focus of the changes are therefore on interrogation of the information available, in place of obtaining original documents in as many circumstances, for example cross reference national insurance number against claim form, DWP system and HMRC system to ensure accuracy.

The table below sets out the current procedure and the change in procedure

Claim type	Evidence type	2020/21	New procedure from 1 April 2021
CTS or HB in receipt of means tested benefit	Identity	CTS Universal Credit – use DWP system for all information held by DWP. All other claim types in this category – original identity proof required for Housing Benefit, copies for Council Tax Support	Use DWP system to verify identity
CTS or HB not in receipt of means tested benefit or entitlement of this benefit cannot be verified through DWP system	Identity	Original identity proof for Housing Benefit, copies for Council Tax Support	Original identity proof
HB in receipt of means tested benefit	Other evidence	All benefits information taken from DWP system including earnings and private pensions	All benefits information taken from DWP system including earnings and private pensions

CTS in receipt of means tested benefit except Universal Credit		Evidence not held by DWP e.g. rent proof, obtained as original for Housing Benefit, copies for Council Tax Support	Evidence not held by DWP e.g. rent proof, to be accepted as copies unless there is cause for concern	
CTS in receipt of Universal Credit	Other evidence	DWP system used for all information held by DWP including earnings. Any information not held by DWP obtained as copies	DWP system used for all information held by DWP including earnings. Any information not held by DWP obtained as copies unless there is cause for concern	
CTS or HB not in receipt of means tested benefit or entitlement of this benefit cannot be verified through DWP system	Other evidence	Benefits, earnings, and private pension information taken from DWP system Council rents taken from Council rent system	Benefits, earnings, and private pension information taken from DWP system Council rents taken from Council rent system	

		<p>Housing Association rents taken from HAs</p> <p>Council Tax liability taken from council tax system</p> <p>Any other information obtained from customer as originals for Housing Benefit, copies for Council Tax Support</p>	<p>Housing Association rents taken from HAs</p> <p>Council Tax liability taken from council tax system</p> <p>Any other information obtained from customer as copies unless there is cause for concern</p>	
<p>b) Summarise the impact of your proposal on groups with protected characteristics</p> <p>The changes set out above will benefit groups of Housing Benefit and Council Tax Support claimants. The only group that will see no change in respect to the provision of original identity are those making a new claim who are not on means tested benefits. This group will benefit from not having to provide originals of other documents to support their claim, but will see not change to the existing requirement to provide original identity proof.</p> <p>Working Age claimants in receipt of Universal Credit will also see no change as the claims are already verified through the DWP system as far as possible.</p> <p>The groups benefiting most will therefore be working age households with an ongoing claim for Housing Benefit who are in work/self-employed, households with non-dependants, people in private sector accommodation, people in supported accommodation, people in temporary accommodation, pensioners submitting new claims to Housing Benefit and any non-Universal Credit Council Tax Support new claimant.</p> <p>Process to be reviewed after 6 months to understand whether all groups are accessing benefits of change</p>				

b) Summarise any potential negative impact(s) identified and mitigating actions

No negative impacts on groups with protected characteristics have been identified

2. Assessing impact					
You are required to undertake a detailed analysis of the impact of your proposals on groups with protected characteristics. You should refer to borough profile data , equalities data , service user information, consultation responses and any other relevant data/evidence to help you assess and explain what impact (if any) your proposal(s) will have on each group. Where there are gaps in data, you should state this in the boxes below and what action (if any), you will take to address this in the future.		What does the evidence tell you about the impact your proposal may have on groups with protected characteristics? Click the relevant box to indicate whether your proposal will have a positive impact, negative (minor, major), or no impact			
Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
Age	All people in this characteristic will benefit from the changes if claiming Housing Benefit or Council Tax Support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	All people in this characteristic will benefit from the changes if claiming Housing Benefit or Council Tax Support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	All people in this characteristic will benefit from the changes if claiming Housing Benefit or Council Tax Support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage and Civil Partnership	All people in this characteristic will benefit from the changes if claiming Housing Benefit or Council Tax Support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Maternity	All people in this characteristic will benefit from the changes if claiming Housing Benefit or Council Tax Support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Race/ Ethnicity	All people in this characteristic will benefit from the changes if claiming Housing Benefit or Council Tax Support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	All people in this characteristic will benefit from the changes if claiming Housing Benefit or Council Tax Support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	All people in this characteristic will benefit from the changes if claiming Housing Benefit or Council Tax Support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	All people in this characteristic will benefit from the changes if claiming Housing Benefit or Council Tax Support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.1 Cumulative impact – considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on groups with protected characteristics?

Yes No

If you clicked the Yes box, which groups with protected characteristics could be affected and what is the potential impact? Include details in the space below

2.2 Any other impact - considering what else is happening nationally/locally (national/local/regional policies, socio-economic factors etc), could your proposals have an impact on individuals/service users, or other groups?

Yes No

If you clicked the Yes box, Include details in the space below

3. Actions to mitigate/remove negative impact

Only complete this section if your assessment (in section 2) suggests that your proposals may have a negative impact on groups with protected characteristics. If you have not identified any negative impacts, please complete sections 4 and 5.

In the table below, please state what these potential negative impact (s) are, mitigating actions and steps taken to ensure that these measures will address and remove any negative impacts identified and by when. Please also state how you will monitor the impact of your proposal once implemented.

State what the negative impact(s) are for each group, identified in section 2. In addition, you should also consider and state potential risks associated with your proposal.	Measures to mitigate negative impact (provide details, including details of and additional consultation undertaken/to be carried out in the future). If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.	What action (s) will you take to assess whether these measures have addressed and removed any negative impacts identified in your analysis? Please provide details. If you have previously stated that you are unable to identify measures to mitigate impact please state below.	Deadline date	Lead Officer

4. Public Sector Equality Duty

How does your proposal meet the Public Sector Equality Duty (PSED) to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
2. Advance equality of opportunity between people from different groups
3. Foster good relations between people from different groups

Include details in the space below

These changes advance equality of opportunity between people from different groups by applying the change across all claim types where the balance of risk to potential fraud allows. It is only where there has been no prior verification by DWP that original documents to evidence identity will be requested. This requirement is based on the need to protect the public purse and reduce the risk of fraud from entering the Benefit system so cannot be avoided.

5. Outcome of the Equality Impact Assessment (EqIA) click the box that applies

Outcome 1

No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed

Outcome 2

Adjustments to remove/mitigate negative impacts identified by the assessment, or to better advance equality, as stated in section 3&4

Outcome 3

This EqIA has identified discrimination and/ or missed opportunities to advance equality and/or foster good relations. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below.

Include details here



Report for: Governance, Audit and Risk Management Committee

Date of Meeting: 13 July 2021

Subject: Annual Health and Safety Report

Responsible Officer: Tracey Connage, Director of HR&OD

Exempt: No

Wards affected: N/A

Enclosures: Appendix 1 – Analysis Report for Accidents and Incidents Quarter 1 To Quarter 4 (1st April 2020 – 31st March 2021)
Appendix 2 – Trends
Appendix 3 – H&S Strategy 2019-2022 And Corporate H&S Plan 2020-21
Appendix 4 – Occupational Health Overview 2020-2021
Appendix 5 – Terms of Reference
Appendix 6 – Health and Safety Policy 2021-22

Section 1 – Summary and Recommendations

This report summarises the council's health and safety performance for the year 1st April 2020 to 31st March 2021, providing an update of activities and giving information on outcome measures – Covid-19 response, training, audits and accidents. Information about Occupational Health is provided for information as this does not sit within the Corporate Health & Safety remit. This report also includes the Health & Safety Strategy, Corporate Health and Safety Plan and Policy

Recommendations:

The Committee is requested to:

1. Note the Accidents and Incidents report for information
2. Review the Health & Safety Strategy and corporate health and safety plan as set out in Appendix 4
3. Review the approved annual Health & Safety Policy in Appendix 6

Section 2 – Report

Executive Summary

- 2.1. The Corporate Health and Safety Service has continued to develop the health and safety management system and to provide support and guidance across the organisation during the period April 2020 to March 2021.
- 2.2. The key work streams during the period have been:
 - Leading on plans to monitor operational and occupational risk assessments with respect to Harrow councils Corona virus (Covid-19) control plans which involved,
 - Developing a risk assessment template that can be used across the council and can be tailored to suit specific needs in response to the Covid-19 pandemic.
 - Reviewing and supporting managers to undertake risk assessments
 - ☆ Over 223 Building and Environmental Services Operations Covid Risk assessments have been reviewed in this time frame
 - ☆ 164 new risk assessments entries have been made on SHE Assure
 - ☆ 109 existing risk assessments have been modified to reflect Covid changes
 - Gold delegated to Silver the responsibility for approving pandemic risk assessments as a key part of the governance. Reviewed risk assessments are put on a tracker and monitored by the Corporate Health and Safety Board (CHSB)
 - The annual review of the Health & Safety Policy (**see Appendix 6**)
 - Maintenance and introduction of organisation specific health and safety policies and Codes of Practice.

- Provision of health and safety support, advice and guidance across resources, community and people directorates.
- Review of the Corporate Health and Safety Handbook.
- Continued delivery of health and safety training
 - 21 supervisors and first line managers completed level 3 health and safety (Highfield accredited)- 3-day course
 - 35 employees completed a level 3 risk assessment (Highfield accredited)-3 days course
 - 12 employees completed mandatory e-learning health and safety training as part of induction
 - 52 employees completed a training on accident reporting, undertaking audits and risk assessments using the health and safety management software (SHE Assure)
- Inspections, Audits, Site visits, Monitoring and Investigation of accidents/incidents
 - 49 audits were undertaken on corporate services, schools and children centres in 2020/21 with an average score of 91% in schools and 75.1% in corporate services- Environment and Waste Service specifically.
 - 70% of audits were executed as scheduled. Non-conformances with high priority have been addressed. Other non-conformances will be monitored and checked during the H&S inspection and required implementations will be verified at subsequent yearly audit.

2.3. The management of the occupational health service and employee assistance programme has stayed with HR, due to direct links with employment and sickness.

2.4. Key incident points from the period April 2020 to March 2021 are as follows:

- No enforcement action from the HSE.
- There has been a 73% decrease in the number of accidents/incidents reported in comparison with the previous year (1105 in 2019/20 to 298 in 2020/21). This decrease is attributed to the Covid-19 pandemic which led to schools shutting down and majority of staff working from home. Although, staff working from home are encouraged to report work related incidents that happen at home, there has been very few instances of this report. This can also partly account for the decrease in the number of accidents reported.
The reduction in the number of reported accidents occurred across Community, People, Schools and Resources Directorates.
- There has been an increase in the number of incidents reported as a RIDDOR. Data compared across 4 years shows that in 2017/18, 4.2%(32 out of 757), of all reported incidents were RIDDORS, 2018/19 had 0.2%(24 out of 1351), and 2019/20 had 0.8%(9 out of 1105), while 2020/21 had 5%(15 out of 298). Lost time injuries and the number of schools which have signed up to the Health and Safety

Service Level Agreement can impact the number of RIDDORS. A slight increase has been observed with lost time incidents, this might be sufficient to account for the increase in RIDDORS.

- Lost time injuries (LTI¹) made up 4.2% of all incidents reported within this time period. Compared with the previous year, this is an increase(2019/2020 had 11 LTI out of 1105 incidents, 2020/21 had 13 LTI in 298 incidents). Number of working days lost is also high compared with the previous year(67 in 2019/2020 and 232 in 2020/21). The directorate mostly impacted by lost time incidents was community with 8 cases, and schools 5 cases. There were no lost time injuries in people and resources. Employee incidents also had the most time off when compared with incidents involving agency employee. There is no definite trend that accounts for this increase in LTI, but a point to note is that 3 of these incidents led to the injured staff taking over 30 days off and this accounts for the increase in working days lost.
- Academies, Voluntary Aided Schools do not report accident/incidents to the corporate health and safety team. Their governing body has legal duty under the Health and Safety at Work etc. Act 1974 to approve the strategic vision for the school, working in partnership with the headteacher and promoting continuous improvement in the performance of the school's health and safety. The accident/incident data for schools is generated from the incident reports on SHEAssure system of community schools that have a service level agreement with the health and safety team.
- There are 33 community schools, 21 of these schools are signed up to a service level agreement with the corporate health and safety team.

Background

- 2.5. This report details the annual safety review of health and safety performance to enable the Council to determine its effectiveness in managing risk and address any shortcomings.

External Assurance

- 2.6. In 2016 an external audit was conducted, leading to a full review of all aspects of Corporate Health & Safety including the governance, resulting in an initial action plan that was taken to Corporate Strategic Board in 2017 and GARMSC in 2018.

¹ LTI-Lost time Injuries

In January 2021, a new health and safety structure was developed to support the council and meet specific aims listed below. This will fulfil some of the areas highlighted by the external auditor in the 2016 audit.

- To ensure future service is robust, fit-for-purpose, high calibre team
- Integrate all H&S functions into single corporate H&S function (CH&S)
- CH&S to be part of Corporate Resources Directorate – HR and OD
- New job profiles with essential professional qualifications and credentials

Improvement Plan

- 2.7. Following the completion of the external audit in January to March 2016, series of actions were approved by Corporate Strategic Board in September 2017 and Governance, Audit and Risk Management Committee (GARMSC) in October 2017. Subsequently, in 2019, a 3 year strategy document including Corporate health and safety plan was produced setting out the aims and objectives for the council.
- 2.8. The action plan is underway and monitored by the Corporate Health & Safety Board that meets on a monthly basis to ensure implementation. Focus is on transparency and ensuring all are aware of their responsibilities and that effective governance is in place.
- 2.9. As part of this, and in line with legislative requirements, the Health & Safety Policy for the Council has been refreshed and updated, and is included in Appendix 6
- 2.10. High priority will be placed on outstanding actions from the corporate health&safety management plan, ensuring they are implemented.
- Management self-audits
 - Introduction to incident investigation course for first line managers
 - Fire safety audits of schools- To establish schools' compliance with the health and safety legislations

Health and Safety Policy and Guidance

- 2.11. A review of existing policies and codes of practice was undertaken this year, including the overarching health and safety policy which was signed off by the Council Leader and Chief Executive. This is to ensure Harrow Council meets its obligations under the Health and Safety at Work Act (HASAWA)1974.
- 2.12. The following documents were reviewed.
- Asbestos policy
 - First aid code of practice
 - Eye care procedure

- Lone working policy
- Health&Safety Policy
- H&S Handbook
- Accident Reporting Code of practice
- Accident/Incident Investigation Policy-Under Review

Health and Safety Groups

2.13. Due to the Covid-19 pandemic, there were very little face-to-face Health and Safety meetings. Corporate Health and Safety Board (CHSB) still continued to hold meetings on Microsoft Teams.

Safety Culture

2.14. Due to the pandemic, safety Circles have not been held across all the directorates. During the Covid pandemic safety concerns have been centred around adjustments in many staff working from home or ensuring safe work with citizens. Safety circles have now restarted in some directorates however, this will need to be looked at again and modified to meet the current climate.

2.15. Post pandemic and with the council's introduction of agile working, the way health and safety is managed within office based teams will change. As most office-based teams will not have designated areas of buildings, the H&S of these areas will become a more central responsibility. For example, ensuring Fire Marshalls and First Aiders are available and trip hazards are mitigated against. Individual responsibility will also need to be heightened as people work more agilely and remotely.

2.16. The Health and safety handbook is available to all staff. However, there has been an update to its design and contact numbers. This is in the design stage. A copy of the handbook can be downloaded from SHEAssure document library, [reference 133](#).

Risk Assessments, Health and Safety Visits, Inspections and Audits

2.17. Site visits, Risk Assessments, Audits, Inspections and Accident investigations have continued to be performed by the Corporate Health and Safety Service through the organisation.

2.18. Internal Health and Safety Audits were undertaken on
 26 Community Schools
 9 Children Centres
 8 Operations in Environmental & Waste Strategy department and

6 Corporate Services (Hard&Soft FM, THAM, Parking Enforcement, Community&Public Protection, CA site, Transport, Waste)

An overall average score of 75.1% was obtained on waste strategy department while Schools had an average of 91%.

2.19. Over **223** Building and Environmental Services Operations Covid Risk assessments have been reviewed in this time frame. **164** new risk assessments entries have been made on SHE Assure, and **109** existing risk assessments have been modified to reflect Covid changes.

2.20. Fire Risk Assessments were completed in
428 high risk priority common areas (4 or more stories),
350 low risk priority areas (1-3 stories/house),
62 corporate buildings, and
13 schools.

All council housing targets were met; however, targets were still unmet in the facilities department- These were unmet because FM relies on the schools to send in documentation after they have carried out their Fire Safety Audits. So far, only 13 out of 33 community schools sent in their documentation.

2.21. Fire Safety Audits in Council Housing was completed in high priority sites (9 community halls and 21 sheltered housing schemes).

2.22. Asbestos re-inspection survey was carried out on 49 corporate buildings, 10 community schools and schools with an asbestos SLA. 428 Asbestos Surveys were also completed in Council Housing.

2.23. Senior management safety tours were unable to held as usual due the Covid pandemic and resultant staff working from home. The mitigation control measure as agreed is the use of the Building Risk Assessment to substitute for Safety Tours. The Building Risk Assessment covers key areas required for compliance and is been monitored by the building owners, hence it can serve as a safety tour. Management self-audits targets were not met. Plans are underway to make this a priority in 2021/2022.

Education outside the Classroom

2.24. The service has continued to review assessments for a wide range of trips including residential trips, outdoor activities and overseas trips.

Occupational Health

- 2.25. Health Management Limited (HML) continues to provide the occupational health service and the employee assistance programme (EAP). The service is overseen by HR. The services continued to carry out online appointments during the Covid pandemic.
- 2.26. Occupational Health Service continues to provide adequate health surveillance, return to work rehabilitation, health promotion and reduction of work-related sickness absence. However, due to the Covid Pandemic, HEP B vaccination was suspended.
- 2.27. **Appendix 4** provides a breakdown of Occupational Health referrals for information
- 2.28. Employee Assistance Programme has continued to be promoted throughout the year. Employees can freely obtain a range of services including specialist counselling and financial advice.

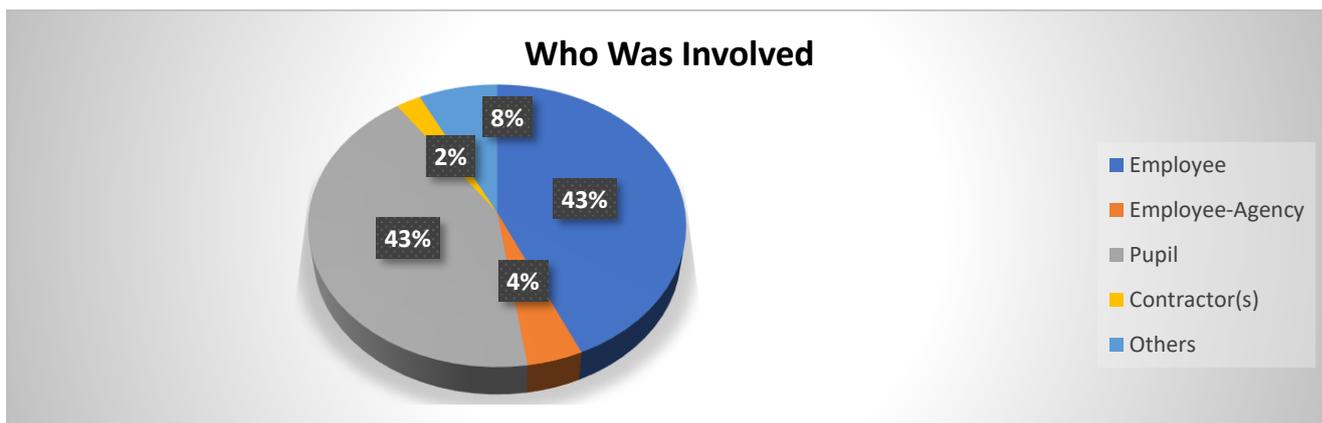
Promotion of Health, Safety and Well Being

- 2.29. Public Health is still leading on the Council's Outbreak Control Plans for COVID-19 and have provided the council with advice over this.
- 2.30. A wellbeing and mental health strategy is been put together to support staff mental health. The council has trained 30 employees and 10 volunteers in Mental Health First Aid course (MHFA). These first aiders will be referred to as wellbeing champions.
- 2.31. Practical initiatives and steps have also been taken to support staff's mental health and wellbeing such as support resources on the intranet and the Wellbeing Wednesdays where there is a variety of activities, bereavement drop-in sessions and other events on the wellbeing calendar

Incidents reported

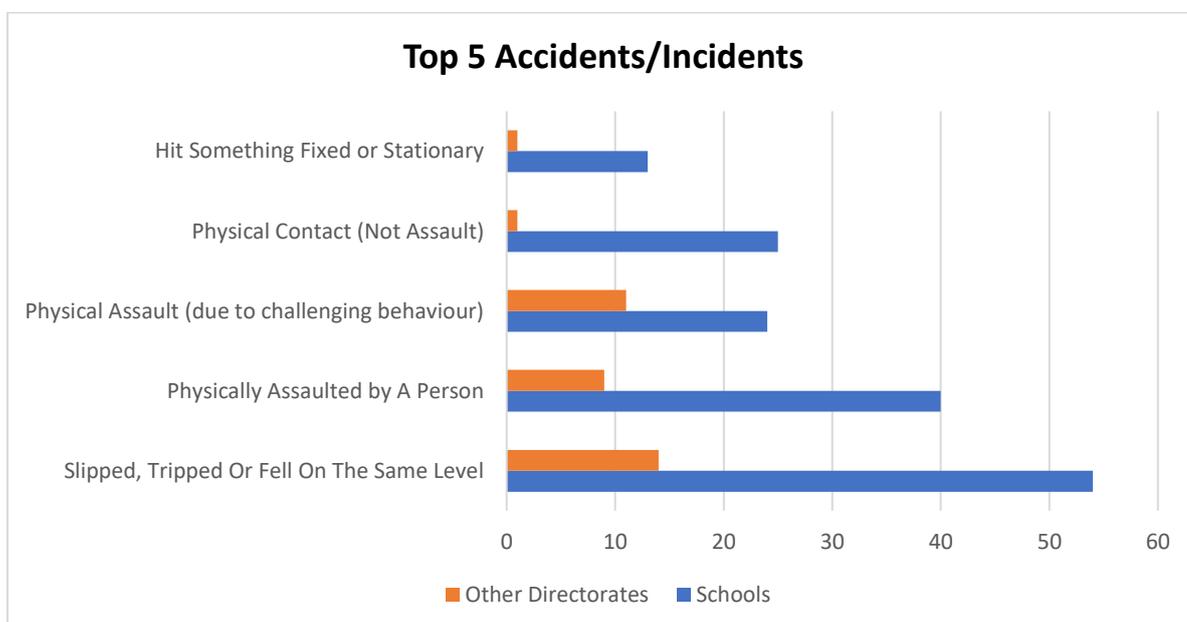
- 2.32. Incident performance is monitored by the Corporate Health and Safety Board (CHSB) monthly. The data is considered both in terms of volume and through key performance indicators which allow consideration of the number of employees and number of employee hours worked
- 2.33. There have been 129 employee related incidents in this period (this includes all near misses and not just accidents), which is 43% of all incidents/accidents reported. 7

these incidents have required reporting to the Health and Safety Executive as a RIDDOR². This has resulted in loss of 222 working days.



2.34. Incidents to non-employees where it relates to the organisation’s activities or the use of its facilities are also been recorded. 43% percent of these incidents relates to pupils, agency employees, contractors and others contribute just 14%.

2.35. This year the top 5 accident types across the corporate estate, including schools which have signed up to the Service Level Agreement with Corporate Health & Safety, were Slipped, Tripped or Fell on The Same Level (68), Physically Assaulted by A Person (49), Physical Assault (due to challenging behaviour) (35), Physical Contact (Not Assault) (26) and Hit Something Fixed or Stationary (14). The vast majority of these occurred at schools.



² RIDDOR -Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

- 2.36. Across the council, 15 RIDDOR types of incident were recorded. 7 of those were employee incidents while 8 related to Others (Pupils, First clients). A further breakdown is included in **Appendix 1**
- 2.37. A Significant incident that should be noted for information is the exposure to asbestos debris by an asbestos surveying contractor in housing. This is further broken down in **Appendix 1**
- 2.38. **Community directorate accounted for 19% out of 298 incidents recorded for the year 2020/21.** Of the 56 incidents recorded, 5 of the most frequently reported incidents were Slips, Trips and Falls, Physical assault (due to challenging behaviour), Injury while handling and physical assault. Majority of these incidents were in environmental services- (special needs transport, facilities, libraries and housing). The severity of a high proportion of the incidents reported is minor.
- 2.39. **Peoples directorate accounted for 7% out of 298 incidents recorded for the year 2020/21.** Of the 20 incidents recorded, 5 of the most frequently reported incidents were Physical assaults, Physical assault (due to challenging behaviour), Slips, Trips and Falls, Hit by A Moving, Flying or Falling Object, and Hit Something Fixed. Majority of these incidents were in children and young people services- (First). The severity of a high proportion of the incidents reported is minor
- 2.40. **Resources directorate accounted for 1.7% out of 298 incidents recorded for the year 2020/21.** Of the 5 incidents recorded, the most frequently reported incidents were burns, slips, trips and falls, incident with verbal abuse and near misses. Majority of these incidents were in revenues team, business support hub and careline. The severity of a high proportion of the incidents reported is minor
- 2.41. **Schools directorate accounted for 72.8% out of 298 incidents recorded for the year 2020/21.** Of the 217 incidents recorded, 5 of the most frequently reported incidents were Slips, Trips and Falls, Physical assault (due to challenging behaviour), physical assault and hit a fixed object. These incidents occurred uniformly across the schools. Although some of these incidents resulted in fractures, they have been investigated and the majority were due to lack of due care/attention during playground/ sports. The severity of a high proportion of the incidents reported is minor
- 2.42. The review of accident/incident statistics of schools has highlighted schools with a low record of incidents. This is attributed to schools reporting only major incidents to the corporate health and safety service
- 2.43. Analysis of the trends from the key performance indicators and the incident type and occupation indicates fluctuations in performance. However, fluctuations in performance can be influenced by a range of business variables rather than direct impact of health and safety management. In this instance, accident reporting has been majorly impacted by the Covid-19 pandemic, hence the reason for the low records and high number of working days lost when compared with the previous years.

2.44. Continuous improvement in accident reporting campaigns, risk assessments and safety procedures will improve incident performance but due to the low numbers and the diverse nature of the incidents, the improved performance cannot be attributed to direct intervention in key areas.

Health and Safety Training Data

2.45. Training programme has continued to be delivered by the Corporate Health and Safety Service, but within the bigger remit of the Training Academy since 2017

2.46. The Commercial Safety Team has worked with the Training Academy to ensure it is an accredited training centre for Highfield and Chartered Institute of Environmental Health (CIEH); offering accredited and bespoke courses across all areas of health & safety, food safety and public health matters.

2.47. These courses are available on the training calendar and the service will continue to monitor incidence performance, using the improved SHE Assure software arrangements, against delivered training to identify positive impacts and areas where further training is necessary

2.48. Trainings completed in this timeframe include.

- 21 supervisors and first line managers completed level 3 health and safety (Highfield accredited)- 3-day course
- 35 employees completed a level 3 risk assessment (Highfield accredited)-3 days course
- 12 employees completed mandatory e-learning health and safety training as part of induction
- 52 employees completed a training on accident reporting, undertaking audits and risk assessments using the health and safety management software (SHE Assure)

2.49. Plans are underway to ensure first line managers and supervisors attend the 1-day Introduction to Incident Investigation course. This will be carried out by Highfield at the training academy

2.50. It has been noted that the provision of an online induction training course through learning pool has aided greater completion of the course.

2.51. Work is taking place with the Learning and Development Team to improve the induction training as well as the mandatory online health & safety training course.

Legislation Update

2.52. The period 2020/21 saw some changes in legislations, guidance, codes of practice, health&safety updates and general safety notices

- **The Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021**-Came into force 29 March 2021 England. This instrument revokes and replaces the Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 (“the All Tiers Regulations”) (S.I. 2020/1374) and contains the legislative framework which will implement Steps 1-3 of the Government’s Roadmap out of lockdown in England. The Regulations came into force on 29 March 2021 and will expire at the end of 30 June 2021.
- **The Building Safety Bill**-The Building Safety Bill makes provision for the development of a new Building Safety Regulator (BSR), which will ultimately be responsible for all major regulatory decisions made at key points during a building’s design, construction, occupation and refurbishment. In February 2021, the HSE announced the appointment of a chief inspector of buildings to establish and lead the new BSR.
- **Fire safety update**– The government response to the public consultation on fire safety sets out the next steps the government will take to strengthen fire safety for all regulated buildings which involves, Legislating through the Building Safety Bill to strengthen the Fire Safety Order in a number of key areas. • Delivering new regulations through Article 24 of the Fire Safety Order in response to the Grenfell Tower Inquiry Phase 1 Report recommendations. • Implementing changes to improve engagement between building control bodies and fire and rescue services. Other measures to strengthen fire safety, include unlimited fines for building owners who are not compliant with fire safety regulations under the Fire Safety Order and for anyone caught obstructing or impersonating a fire inspector.
- **UK REACH**-The UK brought the European Union (EU) Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) regulation into law on 1 January 2021, as UK REACH. UK REACH places equivalent responsibilities and standards on GB companies as they had under EU REACH.
- **ISO45003-Occupational Health and Safety Management – Psychological Health and Safety at Work: Managing Psychosocial Risks**. This is the first global standard giving practical guidance on managing psychological health in the workplace.
- **COVID-19**-England’s government published its roadmap out of lockdown in February, which will see restrictions lifted in four stages. Restrictions are to be lifted nationally, meaning there will be no return to the regional tier system that was in place before lockdown. The roadmap says, “decisions on easing restrictions will be led by data rather than dates”, with at least five weeks between each of the four steps. Before each step, the Government will review data assessing the impact of the previous step against four tests.

Stakeholder Feedback

- 2.53. The Corporate Health & Safety Board was initially chaired by the Corporate Director Community, however, from April, this has changed. The Director of HR and OD now chairs this board.
- 2.54. The Corporate Health & Safety Board includes both recognised Trade Unions, who continue to be proactive in their approach to health & safety. During the last 6 months of 2020/21 only GMB attended the corporate health and safety board meetings. However, both unions have now reconvened attendance at CHSB. The terms of reference for this is shown in **Appendix 5**
- 2.55. Collaboration with the trade unions by sharing of relevant documents and addressing raised concerns has no doubt impacted positively on the implementation of health and safety within the council. One notable area is the access to risk assessments, safe systems of works, safety tours, policies, procedures and all other documents available on the SHEAssure software which is the council's health and safety management software.
- 2.56. There has been no enforcement activity by the HSE during this period

Management Assurance

- 2.57. Monitoring of health and safety performance within the organisation will continue to sit with the Corporate Health & Safety Board going forward, who will provide updates to the Corporate Strategic Board.
- 2.58. Presentations around performance, strategy and policy have taken place on a regular basis to the Corporate Strategic Board and are reported on at the Corporate Board

Plans for April 2021 - March 2022

- 2.59. The key actions for 2021/22 include the following:
- To implement a new corporate health and safety structure that supports the whole of the council with qualified health and safety professionals.
 - The introduction of agile and flexible working will impact the implementation of health and safety hence, new policies and safe working procedures will be developed to reflect new work systems, the display screen equipment assessment will be monitored to ensure compliance across the council.

- Safety Circles have not been held across the directorates. With the Covid pandemic, safety concerns have been centred around adjustments in working from home or ensuring safe work with citizens. Safety circles will need to be looked at again and modified to meet the current climate.
- Corporate Health and Safety will continue to lead on plans to monitor operational and occupational risk assessments with respect to Harrow councils Corona virus (Covid-19) control plans.
- Reviewed risk assessments on the tracker will continue to be monitored by the corporate health and safety board.
- Corporate take up of the Assure SHE Software as the recognised software system for all health and safety matters including reporting of incidents especially work-related incidents that happen while working from home. Focus will be placed on training individuals and teams on use of SHE Assure software.
- Health and safety support and advice within Harrow Council.
- Training programme across the Council to ensure all receive the necessary training, this training will be delivered by the training academy, Highfield.
- Implementation of the Health and Safety Strategy and the Corporate Health and Safety Plan
- Development of the staff wellbeing (and mental health) strategy

Legal Implications

2.60. The Health and Safety at Work etc Act 1974 requires employers to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees, and to prepare (and review) a policy in relation to it.

2.61. There has been no enforcement action from the HSE in this time frame.

Financial Implications

2.62. Revenue budget 211K (net) to support health and safety across the organisation.

2.63. There have been no enforcement action/fines in this time frame.

Risk Management Implications

2.64. Risks included on corporate or directorate risk register? **Yes**

2.65. Separate risk register in place? **Yes**

2.66. The relevant risks contained in the register are attached/summarised below

The following key risks should be taken into account when agreeing the recommendations in this report:

Risk Description	Mitigations	RAG Status
Failure to fulfil the Council's Health & Safety duties leading to a harmful event for individual/individuals for whom the Council is responsible leading to litigation	Continual monitoring of key measures listed in the corporate risk register 2021/22 to manage risk to ensure they are been implemented and are effective. Review of the H&S service and also its structure to enable it to be sustainable in the long term for future council requirements Implementation of the further actions listed in the corporate risk register 2021/22.	Amber

Equalities implications / Public Sector Equality Duty

2.67. Protected characteristics are constantly measured as part of any health & safety system, especially aspects of age and disability.

Council Priorities

2.68. The delivery of health and safety management is integral to and supports the achievement of all Corporate Priorities.

Section 3 - Statutory Officer Clearance

Statutory Officer: Dawn Calvert

Signed on *behalf of/by the Chief Financial Officer

Date: 02/07/2021

Statutory Officer: Andrew Lucas

Signed on *behalf of/by the Monitoring Officer

Date: 02/07/2021

Chief Officer: Charlie Stewart

Signed by the Corporate Director

Date: 05/07/2021

Mandatory Checks

Ward Councillors notified: NO

Section 4 - Contact Details and Background Papers

Contact: John Griffiths, Health and Safety Compliance Manager, Community, 07716227493

Background Papers: Corporate Health & Safety Action Plan.

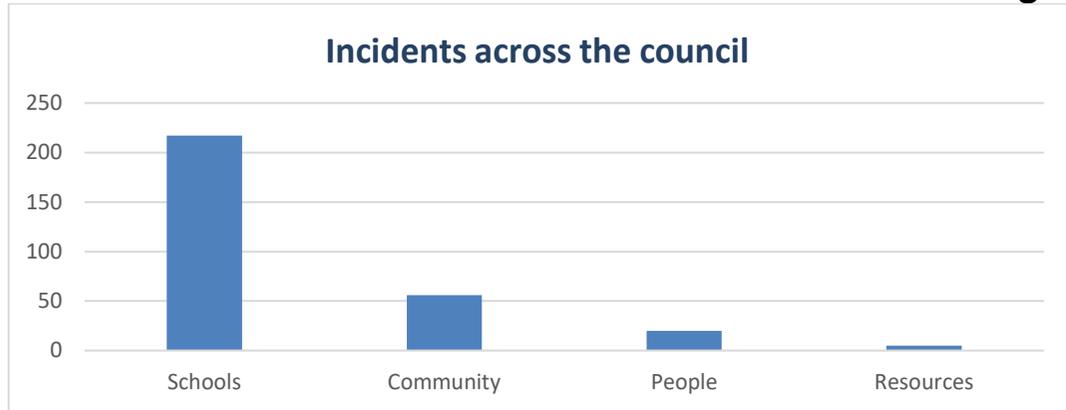
If appropriate, does the report include the following considerations?

- 1. Consultation NO
- 2. Priorities NO

APPENDIX 1

Accident / Incident Analysis Report for Quarter 1 to Quarter 4 (1st April 2020 – 31st March 2021) - All Directorates

Number of Incidents recorded across the council-Including Schools

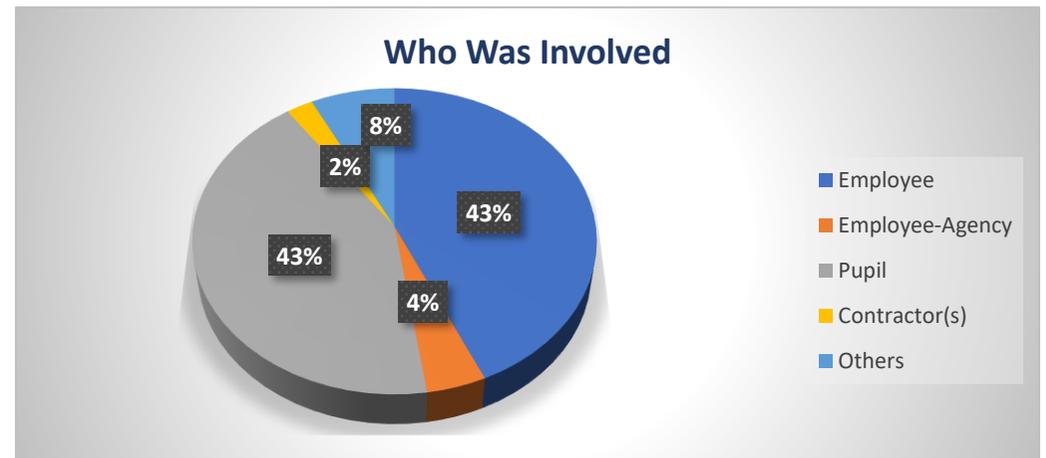


In 2021, the total incident count across the council was 298 which is a decrease of 807 (73%) from the previous year. This decrease is attributed to the Covid-19 pandemic which led to schools shutting down and majority of staff working from home. Schools had the highest number of incidents with 217 records, Community had 56 incidents while people and resources had 20 and 5 respectively.

The incidents record is inclusive of pupil's incidents in schools. The value for schools is highly dependent on the number of schools in the health and safety SLA so if there is a decrease in this number, the number of accidents reported will generally see a decrease. There has been a slight decrease in the number of schools in the health and safety service level agreement, however, this is not sufficient to cause changes. Hence, the decrease is still due to the Covid pandemic.

508 Classification by Who was Involved

Employee incidents topped the charts with 129 reported incidents, incidents involving pupils had 127 records while agency employees, contractors and others had 13,7 and 22 respectively. Contractor incidents when compared with previous years has remained stable with 8 cases in the previous year. Others refer to incidents where a member of the public, a volunteer, tenant, clients from Firs and in some cases, no one was involved. An example is damage to property due to strong winds



RIDDORS

Row Labels	Count of RIDDOR Reportable
Slipped, Tripped or Fell on The Same Level	7
Hit by A Moving Vehicle	2
Physical Contact (Not Assault)	2
Fell from A Height (State Height in Notes)	2
Incident Involving a Vehicle	1
Incident with Faulty Equipment	1
Grand Total	15

RIDDOR Type of Incident	Directorate	What Happened	Reason	Employee	Employee-Agency	Others
59 Slipped, Tripped or Fell on The Same Level	School	A teaching assistant tripped over whilst in the playground on duty welcoming students into school	The TA was off work for more than 7days	1		
	Community	A contractor was coming down from the podium and missed a step, slipped and landed on the floor.	The contractor was taken directly to the hospital for treatment			1
	School	A pupil was using the keep fit equipment. He jumped off, slipped and fell hurting his left hand.	Pupil was taken directly to the hospital and sustained a fracture			1
	Community	A driver tripped on ice	IP was off work for more than 7 days	1		
	School	A teaching assistant was showing children how to use the balancing bridge and slipped and fell down and broke her wrist	The TA was taken directly to the hospital and sustained a broken wrist	1		

RIDDOR Type of Incident	Directorate	What Happened	Reason	Employee	Employee-Agency	Others
	School	A pupil while falling put out his right hand to stop his fall	IP was taken directly to the hospital and sustained a fracture			1
	Community	A cleaner tripped over a lead while vacuuming	IP was off work for more than 7 days	1		
Hit by A Moving Vehicle	Community	A loader stepped into the road and was subsequently hit by a car. The car failed to stop.	The IP was off work for more than 7days	1		
	School	A student was crossing the road (Porlock Avenue) and was struck by a car.	IP was taken directly to the hospital with significant injuries			1
Physical Contact (Not Assault)	School	A pupil fell while playing and fractured his arm in 2 places.	This is a RIDDOR because the pupil was taken directly to the hospital			1
	School	A pupil bumped into another and fractured his femur	This is a RIDDOR because the pupil was taken directly to the hospital			1
Fell from A Height (State Height in Notes)	School	A pupil fell from a climbing frame from a height of about 1.5/2 metres in the playground and hurt her arm.	This is a RIDDOR because the pupil was taken directly to the hospital			1
		A firs client pushed another client off the bus	This is a RIDDOR because the pupil was taken directly to the hospital			1
Incident Involving a Vehicle	Schools	As staff got into the vehicle and was trying to wear a seatbelt, the driver pulled away and braked sharply.	Staff was off work for more than 7days	1		
Incident with Faulty Equipment	Community	A caretaker hurt his back while closing a damaged garage door	IP was off work for more than 7 days	1		

RIDDOR Type of Incident	Directorate	What Happened	Reason	Employee	Employee-Agency	Others
				7		8

Significant Incidents across the Council

Type of Incident	Directorate	What Happened	Injury Sustained	Action plan/Control
Exposure To, Or in Contact With, A Harmful Substance- in this case asbestos	Community-Housing	An asbestos surveying contractor came across loose asbestos debris in electrical intake cupboard	No injury sustained but potential for serious injury/ill health	22/01/2021-The surveyor has sealed the doors (as per photographs). Door locked. 27/01/2021 Warning signage Do not enter placed. Doors looked to el. intake cupboard. Asbestos removal contractor attended and undertook ambient air testing/all clear. Clean up works notifiable, HSE notification done by the Asbestos contractor who will return to clean up the el. intake cupboard and provided site certification for reoccupation.

61

Lost Time Incidents for Q1-Q4 -Employees and Agency Employees

Person Injured		Days Lost
Employees	12	222
Employees-Agency	1	10
		232

Accident Incident Rate

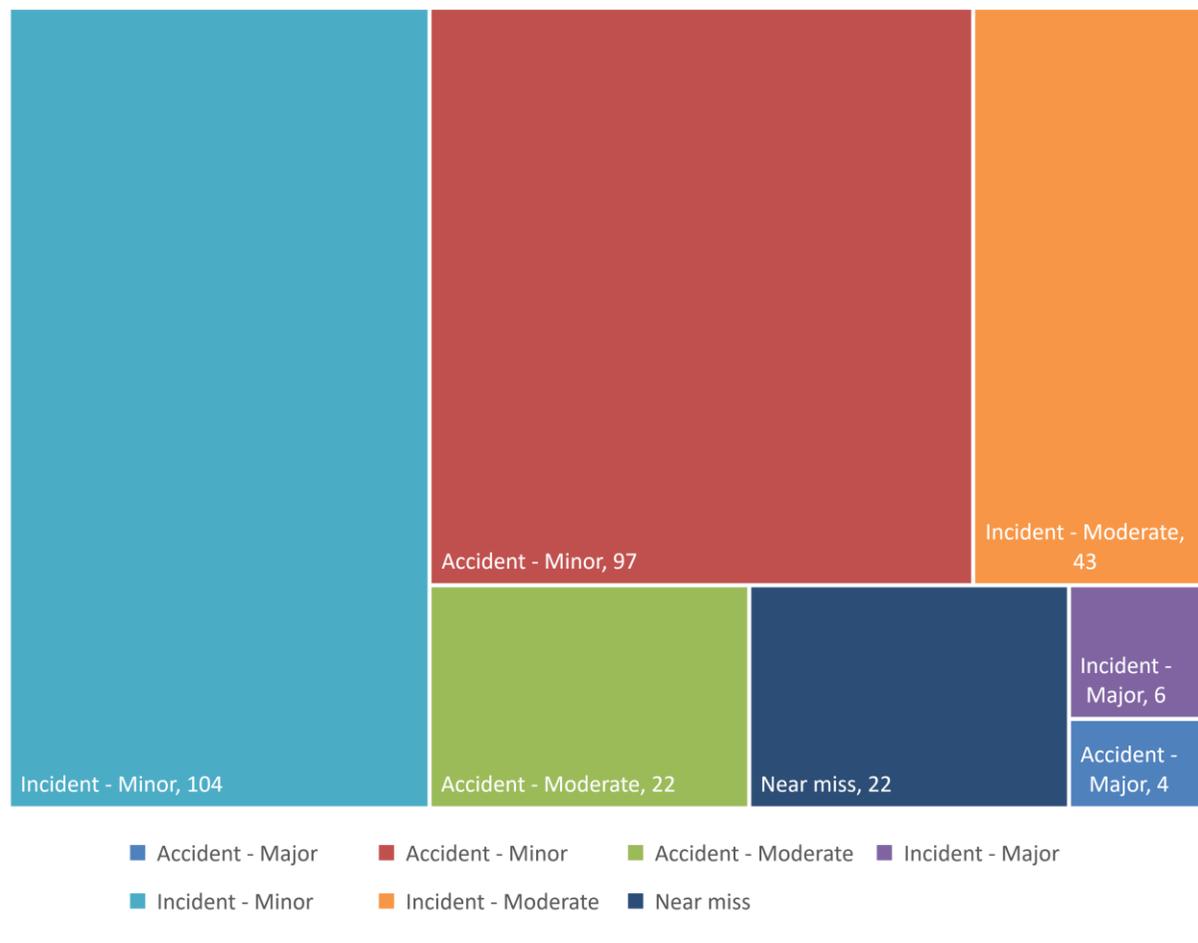
Accident Incidence Rate=No of defined accidents per thousand employees

Note, the defined accidents is the number of employee incidents

$$\frac{\text{No of defined accidents}}{\text{Average number of employees}} \times 1000 \left(\frac{129}{4943} \times 1000 = 26.1 \right)$$

62

Incident Severity of Incidents for Q1-Q4



67.5% of incidents which occurred in this time period were minor incidents and accidents and resulted in cuts, bumps, minor scratches and grazes. Most were treated with first aid. Near misses have been investigated. Major accidents all occurred in schools and were incidents such as a pupil was hit by a moving vehicle, sports injury, staff injured while lifting/handling, slips, trips and falls.

Categories of Accidents/Incident across the Council-Including Schools

Categories of Accidents/Incidents	Count
Allergic Reaction/Anaphylaxis	1
Burns	2
Contact with Moving Machinery or Material Being Machined	1
Contact with Sharp Object	7
Dangerous Occurrence	1
Exposure To, Or in Contact With, A Harmful Substance	3
Faecal smearing	1
Feeling faint / Unconsciousness	3
Fell from A Height (State Height in Notes)	6
Fire Alarm Activated (non-emergency)	1
Foreign Object in Eye	2
Hit by A Moving Vehicle	2
Hit by A Moving, Flying or Falling Object	13
Hit Something Fixed or Stationary	14
Incident Involving a Vehicle	3
Incident with Faulty Equipment	2
Incident with Threatening Behaviour	4
Incident with Vandalism	1
Incident with Verbal Abuse	1

Categories of Accidents/Incidents	Count
Infectious disease	1
Injured While Handling, Lifting or Carrying	8
Insect or Animal Bite	1
Medical Emergency	5
Near Miss	12
Nosebleed	1
Other - Please add details below	8
Physical Assault (due to challenging behaviour)	35
Physical Contact (Not Assault)	26
Physical injury from an unknown origin	2
Physically Assaulted by A Person	49
Property Damage	3
Safeguarding Incident	5
Self-harm	1
Slipped, Tripped or Fell On The Same Level	68
Sports Injury	2
Trapped	3
Grand Total	298

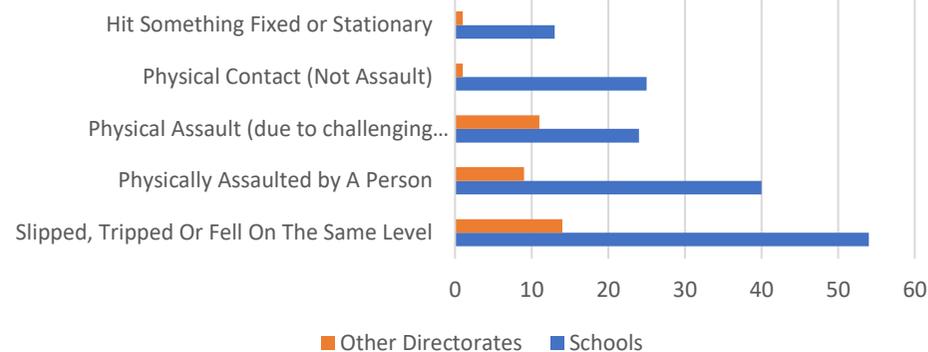
Frequently Reported Accidents/Incidents across the council-Including Schools

Slips, Trips and Falls was most frequently reported although, fewer incidents were reported but there was a general low record of incidents owing to the Covid Pandemic. Challenging behaviour had been the most frequently reported in the previous year. In 2020/21, Challenging behaviour type of incident was changed to physical assault due to challenging behaviour. These incidents are mostly seen with special needs schools like woodlands and kingsley or special needs transport in community and Firs in people services.

In the Least frequently reported incidents category were infectious disease, allergic reaction, dangerous occurrence, activated fire alarm, incident with vandalism, self-harm.

Some other significant incidents include hit by a moving, flying object, hit something fixed, vehicle incidents, injured while handling/lifting, medical emergencies or near misses

Top 5 Accidents/Incidents

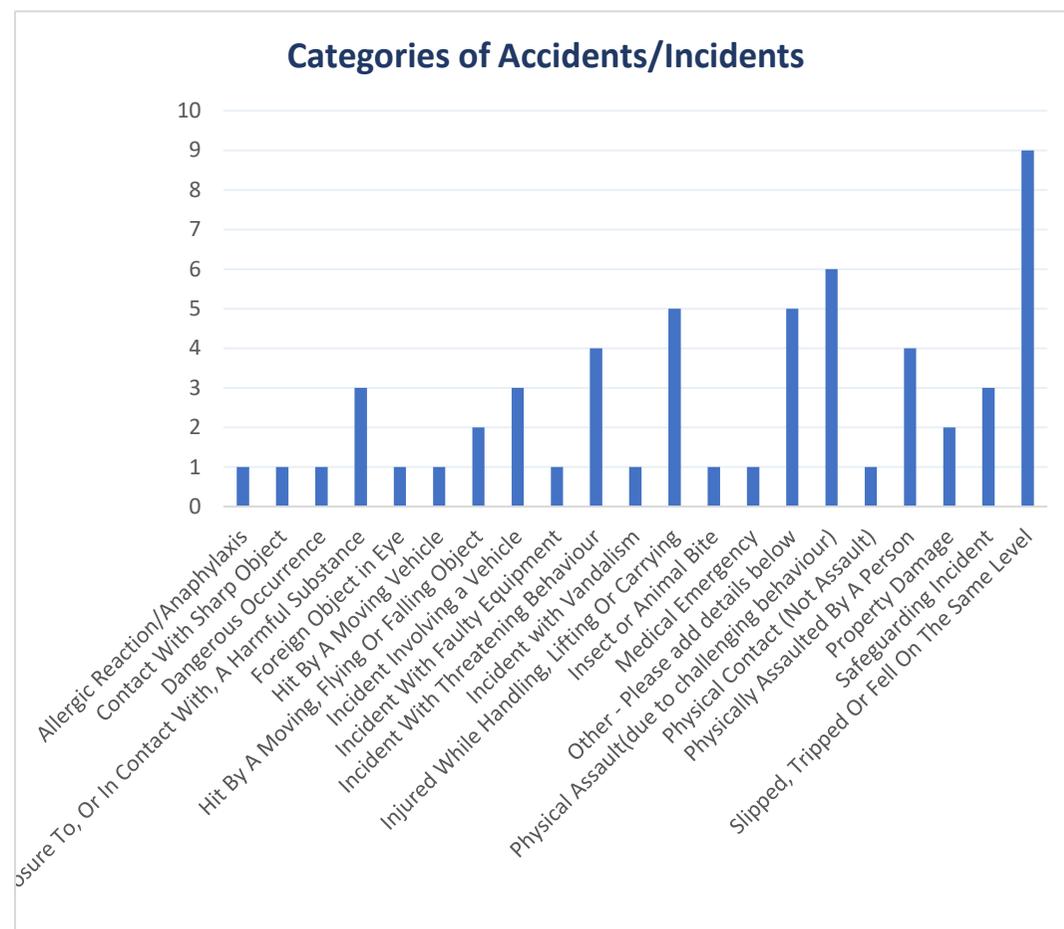


Types of Accidents/Incidents	Other Directorates	Schools	Grand Total	
Slipped, Tripped Or Fell On The Same Level	14	54	68	79% of these incidents occurred at Schools. 13% at community, 6% at People services and 1% in resources. It has been noted that 23% of these incidents resulted in fractures, however, there has been no identifiable trend in method of work, sports activity or playground supervision. Other types of injury include cuts, minor graze, bruising.
Physically Assaulted by A Person	9	40	49	81% of these incidents occurred in schools-woodlands and Kingsley had accounted for most as they are special schools, 8% in community relating to housing and environmental services, 10% in people service which is mainly FIRS. Injury types are bite, minor fracture, cuts, sprain, ache.
Physical Assault (due to challenging behaviour)	11	24	35	69% of these incidents occurred in schools-woodlands and Kingsley accounted for most as they are special schools. 17% in community mainly housing and environmental services, 14% in people services-FIRS. Injuries recorded are bites, minor grazes, cuts.
Physical Contact (Not Assault)	1	25	26	96% of these incidents were at schools and 1% in community. Injuries recorded are bruises, bumps, minor grazes.
Hit Something Fixed or Stationary	1	13	14	93% occurred in schools, 7% in people service. Injuries recorded are eye, mouth and dental injury, concussion, bumps/bruises.

Accident / Incident Analysis Report for Quarter 1 to Quarter 4 (1st April 2020 – 31st March 2021) - Community

Categories of Accident/Incident across Community

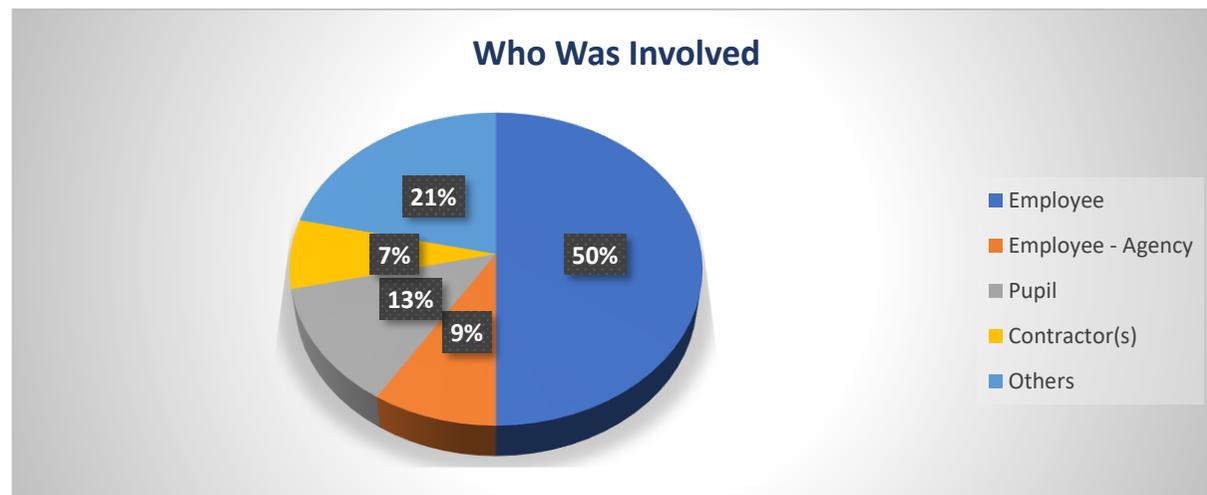
Categories of Accidents/Incidents	Count
Allergic Reaction/Anaphylaxis	1
Contact With Sharp Object	1
Dangerous Occurrence	1
Exposure To, Or In Contact With, A Harmful Substance	3
Foreign Object in Eye	1
Hit By A Moving Vehicle	1
Hit By A Moving, Flying Or Falling Object	2
Incident Involving a Vehicle	3
Incident With Faulty Equipment	1
Incident With Threatening Behaviour	4
Incident with Vandalism	1
Injured While Handling, Lifting Or Carrying	5
Insect or Animal Bite	1
Medical Emergency	1
Other - Please add details below	5
Physical Assault(due to challenging behaviour)	6
Physical Contact (Not Assault)	1
Physically Assaulted By A Person	4
Property Damage	2
Safeguarding Incident	3
Slipped, Tripped Or Fell On The Same Level	9
Grand Total	56



Top 5 Accidents/Incidents - Community		
Slipped, Tripped or Fell On The Same Level	9	77% of incidents were in environmental services mainly special needs transport, facilities team, domestic team and CA site, 11% in libraries, sports & leisure and 11% in Housing. Injuries recorded are bruises, bumps, a fracture and a nosebleed. Some examples include loss of balance, tripping over an electrical lead
Physical Assault (due to challenging behaviour)	6	83% of incidents were in environmental services-special needs transport & facilities management, 16% in Housing. Injuries recorded were minor grazes and a minor fracture.
Injured While Handling, Lifting Or Carrying	5	80% of these incidents occurred in housing services-sheltered housing, while 20% was in environmental services-waste strategy. They resulted in bruises and muscular injuries
Other - Please add details below	5	60% of these incidents were in Special Needs Transport, and 40% was in sheltered. Injuries include cuts
Physically Assaulted By A Person	4	75% of these Incidents happened in environmental service-waste strategy and 35% was in housing-resident. Injuries include bruises, bumps

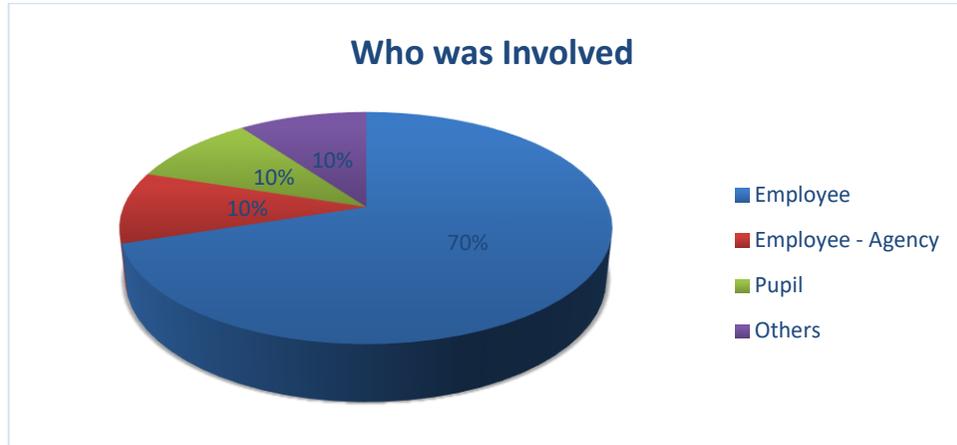
Classification by Who was Involved

Who was involved	Count of Who Was Involved
Employee	28
Employee - Agency	5
Pupil	7
Contractor(s)	4
Others	12
Grand Total	56

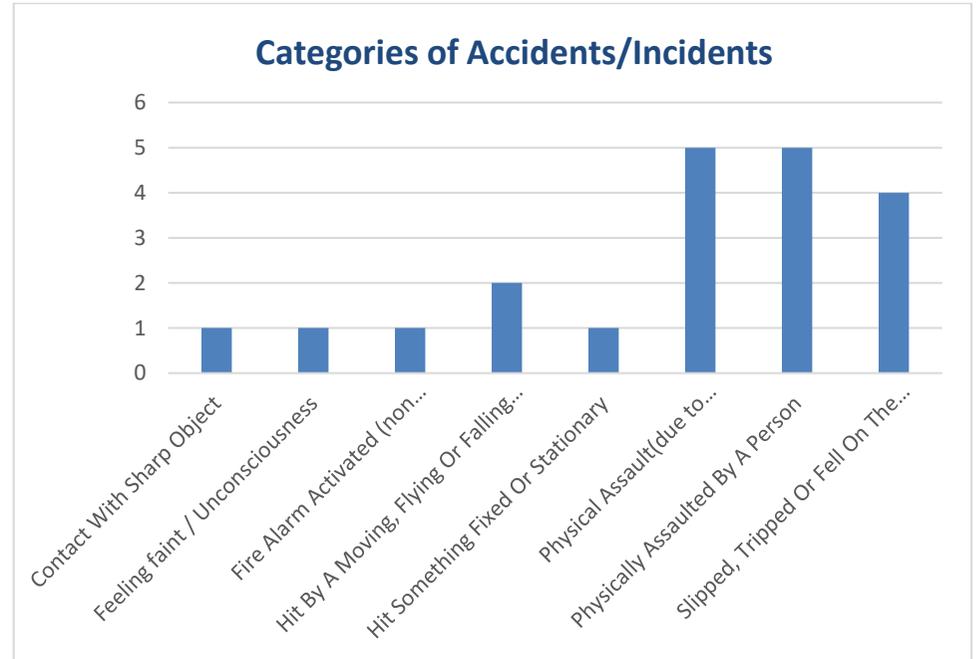


Note: Others here refers to clients, service users, members of the public, Volunteers

Accident / Incident Analysis Report for Quarter 1 to Quarter 4 (1st April 2020 – 31st March 2021) - People



14 employee incidents were recorded, 2 involved agency employees, 2 were with pupils and others includes a young person and an incident where no one was involved



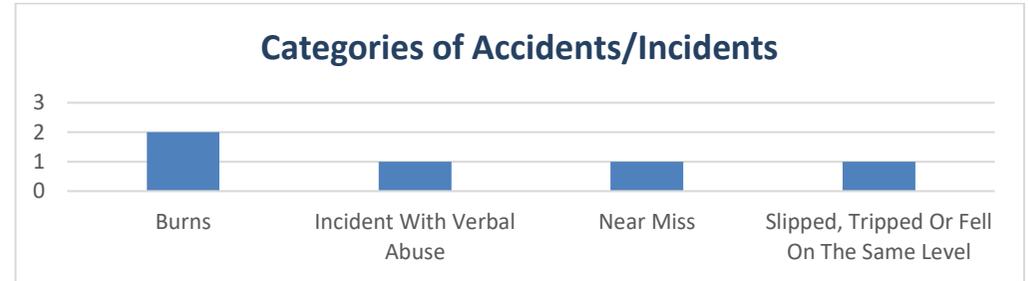
67

Top 5 Accidents/Incidents - People		
Physically Assaulted by A Person	5	100% of these incidents occurred in Children and Young Peoples Service-The Firs. They resulted in minor injuries like grazing, scratches.
Physical Assault (due to challenging behaviour)	5	80% of incidents of physical assaults were in Children and Young Peoples Service-The Firs, while 20% was in Adult Social Service. Injuries recorded are minor grazes and scratches.
Slipped, Tripped or Fell on The Same Level	4	75% of incidents of slips, trips and Falls occurred at Children and Young Peoples Service, 35% was at Adult Social Service. Injuries were mainly bruising, inflammation, minor grazes, aches
Hit by A Moving, Flying or Falling Object	2	100% of these incidents were in Children and Young Peoples Services-The Firs and Quality Assurance and Service Improvement. Injury recorded was aches
Hit Something Fixed or Stationary	1	100% of these incidents were in Children and Young Peoples Services-The Firs. Injuries recorded were bruising, bumps, swelling

Accident / Incident Analysis Report for Quarter 1 to Quarter 4 (1st April 2020 – 31st March 2021) – Resources

Categories of Accidents/Incidents across Resources

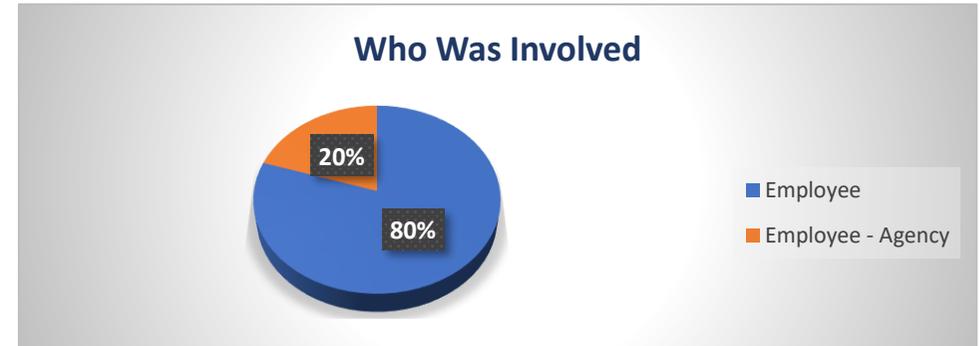
Accident/Incident Categories	Count
Burns	2
Incident With Verbal Abuse	1
Near Miss	1
Slipped, Tripped Or Fell On The Same Level	1
Grand Total	5



Top Accidents/Incidents - Resources	Count	Description
Burns	2	50% of burns incident happened in the Revenues team while 50% was in Business Support Hub. They were mostly hot water scalding and did not require major hospitalisation
Incident With Verbal Abuse	1	These incidents did not result in any injuries
Slipped, Tripped Or Fell On The Same Level	1	100% of Slips, Trips and Falls happened in Business Support Hub and resulted in a minor cut
Near Miss	1	There was a near miss incident at Careline and did not result in any injury

Classification by Occupation

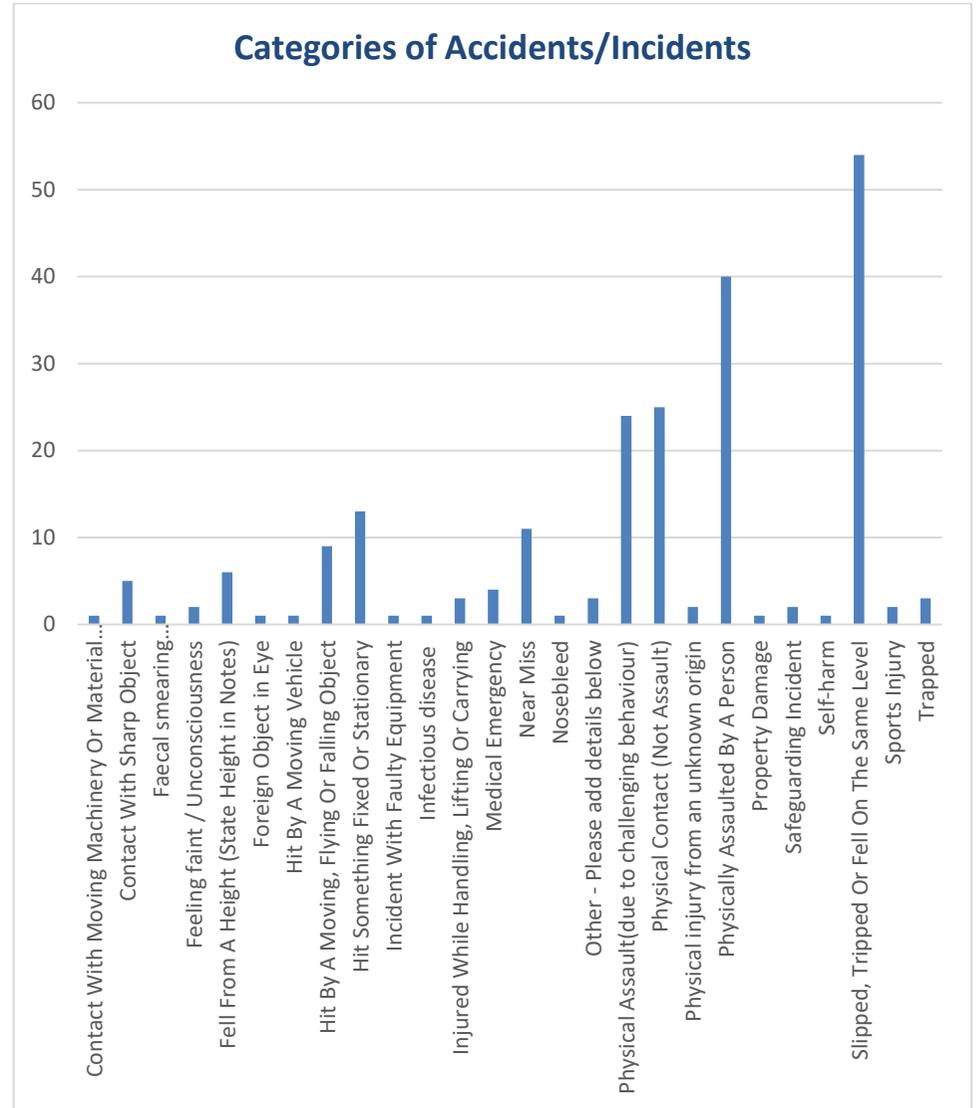
Row Labels	Count of Who Was Involved
Employee	4
Employee - Agency	1
Grand Total	5



Accident / Incident Analysis Report for Quarter 1 to Quarter 4 (1st April 2020 – 31st March 2021) – Schools

Categories of Accidents/Incident across Schools

Categories of Accidents/Incidents	Count of Type of Incident
Contact with Moving Machinery or Material Being Machined	1
Contact with Sharp Object	5
Faecal smearing	1
Feeling faint / Unconsciousness	2
Fell from A Height (State Height in Notes)	6
Foreign Object in Eye	1
Hit by A Moving Vehicle	1
Hit by A Moving, Flying or Falling Object	9
Hit Something Fixed or Stationary	13
Incident with Faulty Equipment	1
Infectious disease	1
Injured While Handling, Lifting or Carrying	3
Medical Emergency	4
Near Miss	11
Nosebleed	1
Other - Please add details below	3
Physical Assault (due to challenging behaviour)	24
Physical Contact (Not Assault)	25
Physical injury from an unknown origin	2
Physically Assaulted by A Person	40
Property Damage	1
Safeguarding Incident	2
Self-harm	1
Slipped, Tripped or Fell on The Same Level	54
Sports Injury	2
Trapped	3
Grand Total	217



Top 5 Accidents/Incidents in Schools	Type of Incident	
Slipped, Tripped or Fell on The Same Level		54
Physically Assaulted by A Person		40
Physical Contact (Not Assault)		30
Physical Assault (due to challenging behaviour)		24
Hit Something Fixed or Stationary		13

All cases of **Slips**, Trips, Falls happened uniformly across the SLA schools. Although 20% of these incidents resulted in fractures, they have been investigated and majority were due to lack of due care/attention during playground/ sports. Slips, trips and falls mainly occurred at the **playground**, during **sports activities**, due to a **wet floor** and sometimes **poor attention while walking**

92% of incidents of physical assaults occurred at Woodland and Kingsley High School. 3% was at Cannons Lane and 3% at Glebe Primary School. Physical assault by a person comprised of mainly **bites, scratches, hits, kicks** between pupils and teachers or teaching assistants and resulted in bruising, minor grazes, cuts

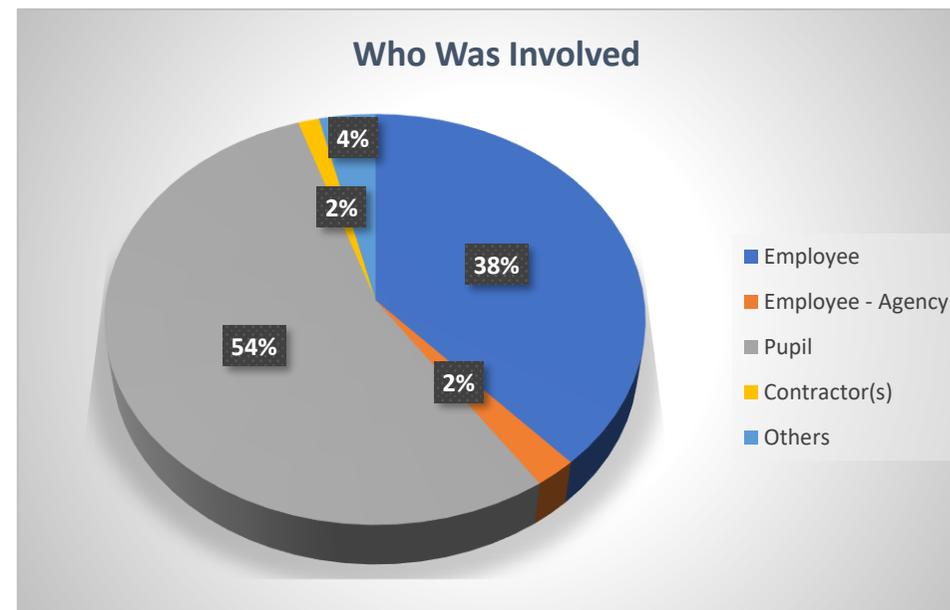
All cases of these incidents are spread uniformly across the SLA schools- woodlands, Camrose, Longfield, Elmgrove, Glebe, Vaughan, Cedars, and Kingsley High School. Injury recorded are minor grazes, cuts, bumps and 2 minor fractures. Some examples include **bumping into each other during sports/play**

96% of these incidents occurred at Woodlands School and Kingsley High School. These schools are special needs schools. St. Joseph had 4%. Injuries include bites, grazes.

These incidents were spread evenly across Cedars, St Joseph, Kenmore Park, Longfield, Whitmore and Woodland School. Injuries reported includes eye, mouth and dental injury, head injury and bumps.

Classification by Occupation - Schools

Who was Involved	Count of Who Was Involved
Employee	83
Employee - Agency	5
Pupil	118
Contractor(s)	3
Others	8
Grand Total	217

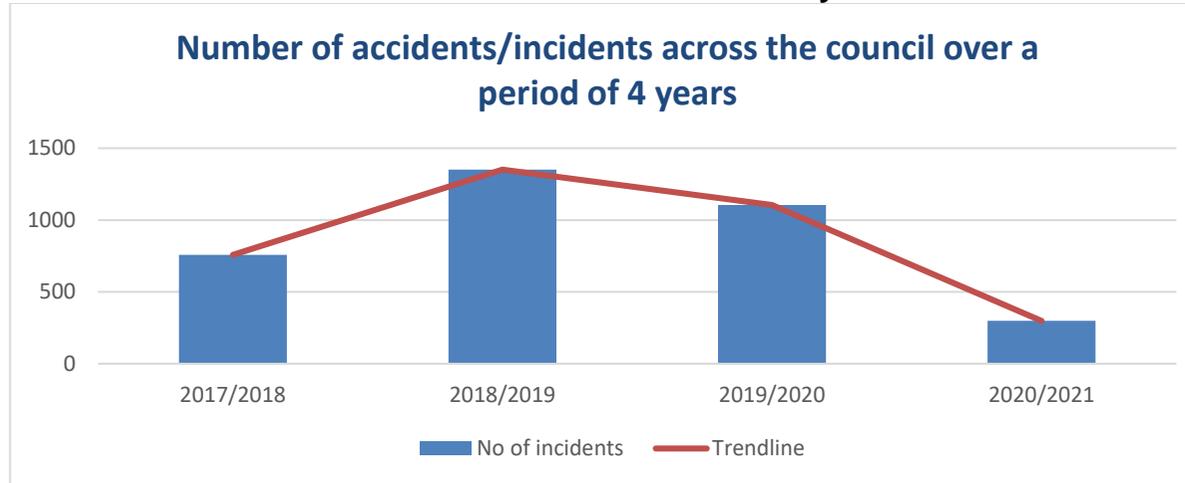


Note: Others refers to service users, young persons, member of public and no one was involved in some cases such as fire alarm activation

APPENDIX 2 – TRENDS

We will be comparing accident/incident data across Harrow Directorates over a period of 4 years (2017/2018, 2018/2019, 2019/2020 and 2020/2021)

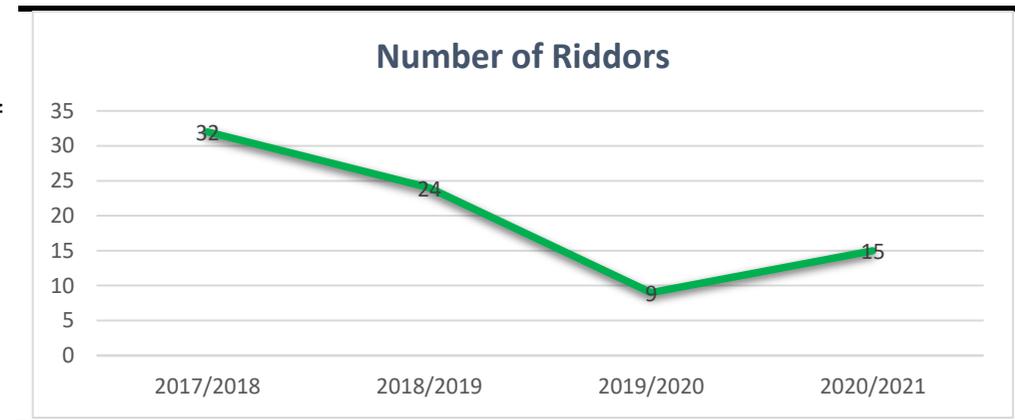
1. Accident/Incident Records across the council over 4 years



A steady decline in accident reporting can be observed from this data. This is due to the Covid-19 pandemic. The resultant lockdown and stay at home directive meant less accidents were recorded especially in schools as this directorate impacts largely on the number of accidents reported.

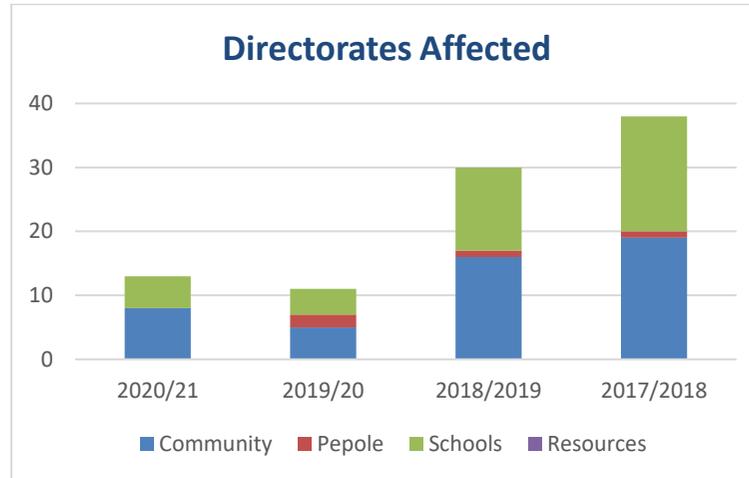
2. RIDDORS

There has been an increase in the number of incidents reported as a RIDDOR. Data compared across 4 years shows that in 2017/18, 4.2%(32 out of 757), of all reported incidents were RIDDORS, 2018/19 had 0.2%(24 out of 1351), and 2019/20 had 0.8%(9 out of 1105), while 2020/21 had 5%(15 out of 298). Lost time injuries and the number of schools which have signed up to the Health and Safety Service Level Agreement can impact the number of RIDDORS. A slight increase has been observed with lost time incidents, this might be sufficient to account for the increase in RIDDORS.



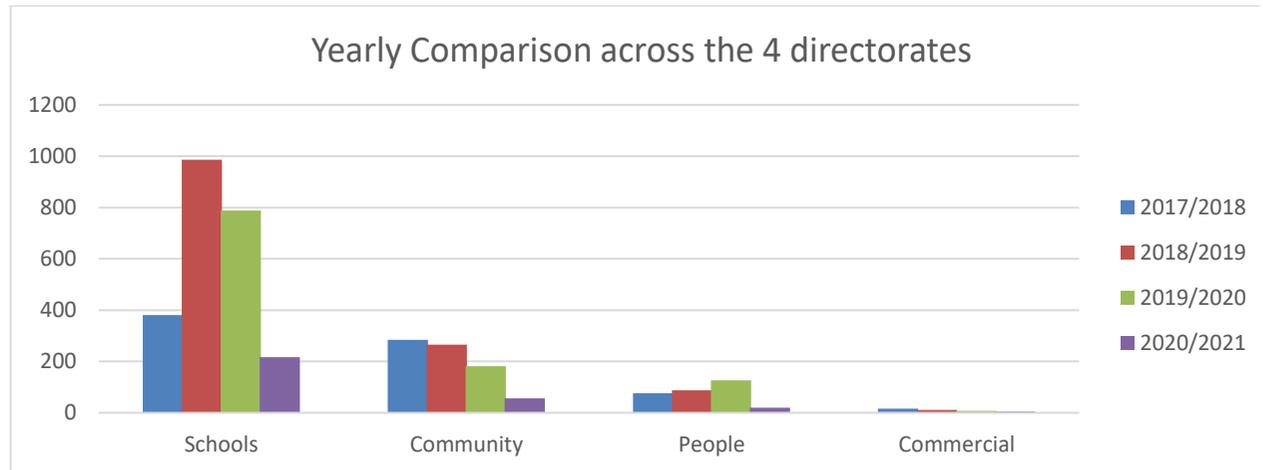
3. Lost Time Injuries- Number of Lost time injuries saw a slight increase, the number working days lost has remained high and only saw a decrease in 2019/20. The directorate mostly impacted by lost time incidents is community with 48 cases, schools trails not far behind with 40 cases. We also had very few cases in people and none in resources. Employee incidents had the

72

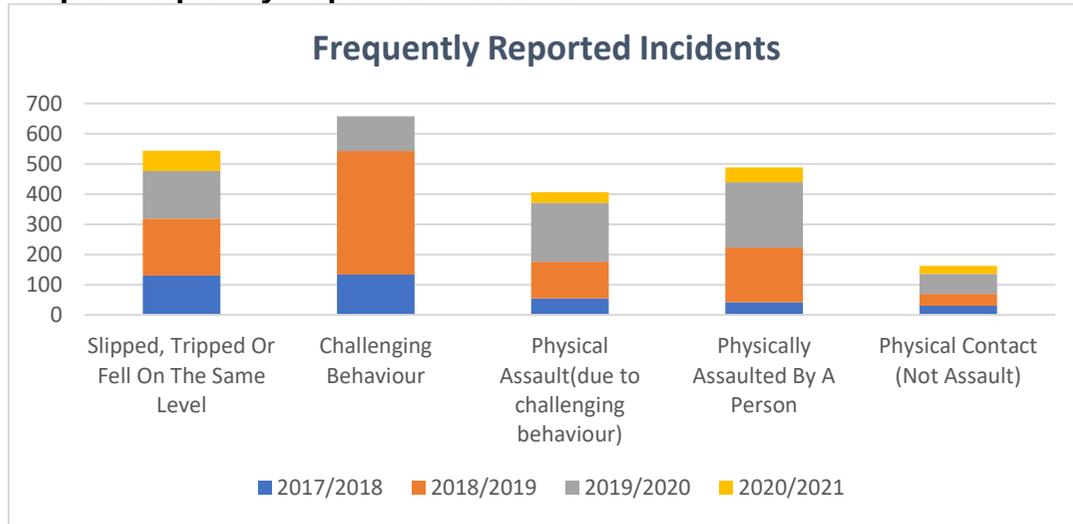


4. Yearly Comparison across the 4 directorates

Schools had the highest reported incidents in 2018/19 with 986 records. A clear downward trend can be observed in community and Commercial directorates. Commercial directorate constantly has the least number of reported incidents and its numbers have remained stable. People directorate saw an upward trend in 2017, 2018 and 2019 however, in 2010/2021 a decrease of 117 is noted. This was no doubt due to the Covid pandemic and the stay at home orders.



5. Top 5 Frequently Reported Incidents

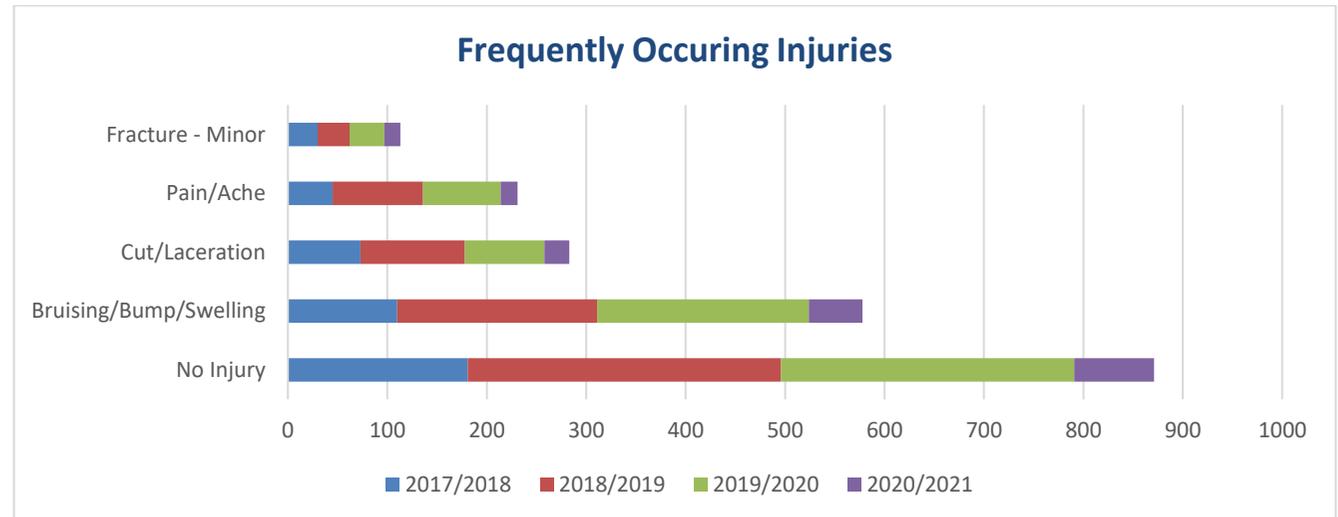


Challenging behaviour was most frequently reported in 2017, 2018 and 2019 across the system with 2018 having the highest number recorded. Slips, Trips and Falls has been consistent across the directorates however, in 2020/21, it became the most reported incident type, although, fewer incidents were reported but there was a general low record of incidents owing to the Covid Pandemic. Physical contact(not assault) has remained fairly constant.

In the Least frequently reported incidents category were electrical fault, incident with vandalism, fatality, self-harm, stress, work related illness and exposure to harmful gases or vapours. Some other significant incidents hit by a moving , flying object, hit something fixed, vehicle incidents, injured while handling/lifting, medical emergencies or near miss had lowest values of 13 and highest of 66. With lowest values in 2020/21 due to the Covid-19 pandemic

6. Top 5 Frequently Occuring Injuries

Over the 4-year period, 25% (871) of incidents resulted in no injuries. Bruising/bumps/swelling accounted for 16% (578) of injuries and remains the top injury reported. Cuts/Laceration made for 8% (283), Pain/Ache was 7% (231) while Minor Fractures accounted for 3% (113).



7. Who was Involved



Across the 4 years, the chart shows that majority of the incidents recorded involved employees and pupils. 2018/19 saw an increase in the number of employee incidents from 276 in 2017/18 to 668 in 2018/2019; however, more incidents were also recorded in 2018/19, this could account for this increase. Pupil incidents were highest in 2019/2020 with 418 incidents recorded, however, majority of these incidents were minor incidents resulting in bruises, bumps or cuts. Contractor incidents have remained fairly stable with values ranging from 7-10 across the years. Others refers to incidents which involved members of the public, clients from firms/SNT, volunteers, service users, tenants, and in some instances where no one was involved such as property damage due to strong winds.

APPENDIX 3 – H&S Strategy 2019-2022 And Corporate H&S Plan 2021-22

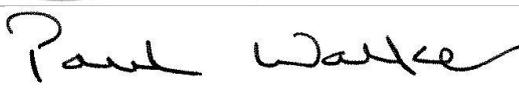


OCCUPATIONAL HEALTH AND SAFETY STRATEGY

2019 – 2022 Corporate and Council Housing

Provision of service of:

- Health & Safety
- Fire Safety
- Asbestos Management,
- Occupational Health Management
- Employees Assistance

	Name	Signature	Date
Prepared by:	John Griffiths		01/03/2020
Checked by:	Richard Lebrun		06/08/2020
Approved by:	Paul walker		07/08/2020
Document Title:	OCCUPATIONAL HEALTH & SAFETY STRATEGY 2019 - 2022		
Version Number:	1	Date of Next Review:	01/04/2021

Occupational Health and Safety Strategy

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MANAGEMENT SUMMARY

It is essential to the achievement of our strategy for Health and Safety to ensure that access to the right knowledge, skills, and support is available to staff not only when, but also before, they need it, and that this is widely communicated and understood to achieve a culture of health and safety excellence. Key to achieving this is the actions and support of the Corporate Health and Safety Team through continuous improvement and maintenance of the safety management system (SMS) by qualified and competent safety practitioners.

In line with best practice the strategy and model for the safety management system follows the precepts laid down in the Health and Safety Executives guidance 'Managing for health and safety (HSG (65)'. The strategy therefore is based on the principles of the Plan, Do, Check, Act approach and aims to achieve a balance between the systems and behavioural aspects of management. It also builds in health and safety management as an integral part of good management generally, rather than as a stand-alone system.

To achieve this, in addition to providing systems for policies, organisation planning, arrangements, training, communication and measurement there are clear objectives and monitoring of performance by the Corporate Health and Safety Team through health and safety management plans and proactive audit programmes.

In addition, the strategy looks to ensure all Directors, Managers, Department Management Teams and Service Managers lead by example by demonstrating best practice in health and safety management and ensuring whenever possible, that all management decisions further health and safety objectives.

This strategy is intended to incorporate the whole Council; it is about effective partnerships between managers, staff and trade unions that are all crucial to successful health and safety management. Poor health and safety management is rarely the result of malicious intent. Support by professional safety practitioners, training in health and safety skills and risk management are key to achieving a strong health and safety culture which benefits all staff, service users, pupils, visitors and contractors who work in our premises, and improves the quality of our service.

This strategy is intended to create a safety culture that places a high level of importance on safety beliefs, values and attitudes that is positively shared by the majority of people with the organisation or workplace. A positive safety culture can result in improved workplace health and safety and organisational performance

INTRODUCTION

The Health and Safety at Work etc Act 1974 places overall responsibility for health and safety with the employer. In this case the employer is Harrow Council and the expectation is that health, safety and wellbeing are, in turn, the responsibilities of the Chief Executive and Board of Directors. In respect of matters pertaining to Health, Safety, Welfare, Asbestos Management, Wellbeing and Occupational Health; the Chief Executive of Harrow Council is the Duty Holder.

Where suitable and sufficient competent advice and support is not available in organisations there will be clear failings in meeting legal requirements and hence considerable exposure to risk of prosecution to individuals and the organisation. Furthermore, there is additional exposure to moral failings, the cost of expensive litigation and reputational damage.

The Council's corporate Health and Safety Team provides a Health & Safety, and Fire advisory service. Asbestos Management is managed by facilities management that facilitates risk reduction and helps develop or sustain inbuilt safety management. This should form part of the organisational management system that enables achievement of legal requirements. Specifically, as experienced practitioners, the teams are used to dealing with the processes undertaken by the local authority; they are experienced in the application and requirements of legislation and how it can be effectively applied judicially in this arena. In addition, provision of a comprehensive occupational health service with employee counselling and support service enables the Council to facilitate the well-being of all their employees.

The Council achieves its obligations in a number of ways that includes; a comprehensive system of occupational health support, employee counselling service, asbestos plans and surveys, safety processes, policies, guidance etc. Moreover, they can provide the, more intangible, experienced competent advice tailored to support the organisation.

This document sets out the strategy for Health and Safety, asbestos management and Fire Safety for Harrow Council for the three years between 2019 and 2022. It aims to build on the work already achieved to date in improving the health and safety management systems across the Council and thereby reduce illness, ill-health damage and loss, whilst continuing to deliver services to the people within the London Borough of Harrow.

1.0 BACKGROUND

In recent years legislation has reinforced the need for organisations to ensure effective management of safety, health, wellbeing, fire and asbestos. The Health and Safety Offences Act 2008, has increased penalties and provides courts with greater sentencing powers for those who break health and safety law. The Corporate Manslaughter and Corporate Homicide Act 2007 has meant organisations can be

found guilty of corporate manslaughter as a result of serious management failures resulting in a gross breach of a duty of care.

Statutory obligations for health and safety arrangements can be found in the Health and Safety at Work etc Act 1974 and Management of Health and Safety at Work Regulations 1999 - specifically regulations 5 and 7 that refer to the need for competent advice and ensuring a suitable and sufficient safety management system exists (see also the Health and Safety Executive (HSE) HSG 65 Guidance).

The HSE, although the enforcing authority, are keen to point out that the many employers who do manage health and safety and wellbeing well, have nothing to fear from legislative requirements.

Harrow Council achieves high standards through the use of an occupational health provider and established in-house services for health and safety. Harrow Councils Corporate Health and Safety Team consist of a three professional experienced, qualified safety practitioners. The team are fully aware of the impact and need for competent advice to ensure effective delivery of a health and safety management system.

1.1 The Current Situation

Corporate Health and Safety sits within the Community and Public Protection Service, being three members of staff with responsibility for the overseeing of the corporate health and safety system and provision of advice.

Occupational Health remained part of the function of the Human Resources Team, including the provision of service by Health Management Ltd (HML) which oversees fitness to work and vaccinations.

In terms of the Corporate Health and Safety Board, this is chaired by the Corporate Director for Community.

The Corporate Director for Community launched a refresh of health and safety within the council, setting up a new meeting hierarchy that put the frontline staff at the heart of health and safety in their areas through the use of safety teams.

The safety teams are a joint worker management team that assists the employer in creating and maintaining a safe workplace. The goal of the team is to enhance the ability of workers and employers to resolve safety and health concerns reasonably and co-operatively.

The strategy seeks to replicate joint worker safety across all directorates and all levels of the council.

The Council Corporate Health and Safety Team have three health and safety advisers that provide an advisory service that covers corporate and schools.

Together the team provides a comprehensive Safety Management System that provides organised processes with planning, policies, monitoring and ongoing review; a wide range of advice, guidance and assistance that includes: management of Asbestos, Occupational Health, Well Being, Health and Safety, Welfare and Fire Safety across the whole Council.

The Corporate Health and Safety Team comprehensive Safety Management System ensures that the Council reduces health and safety risks across the board. This, in turn ensures we meet with statutory obligations, minimise costs from losses or civil litigation and fulfil our moral obligations to all those affected by our undertaking which includes; employees, contractors, school pupils, those who visit, play or use corporate premises, or live in Council Housing. We do this by:

- Ensuring that health and safety remains a vital part of standard management practice across the Council and provide planning for this to be achieved;
- Providing information, advice and training to all employees to help them stay safe at work and understand their own responsibilities to themselves and others;
- Developing strategic and operational initiatives and reviews that properly address any Health, Safety or Fire related risks associated with Council Housing, Council operations, schools and premises;
- Ensuring provision of an Occupational Health Service for all employees;
- Ensuring that risk assessment remains the process by which hazards are identified and risks arising are eliminated or adequately controlled;
- Monitoring standards by undertaking; audits, inspections, asbestos surveys, investigating significant accidents and incidents and providing interpretation of Health and Safety legislation that impacts on the Council;
- Management that ensures protection from exposure to asbestos in or near any of our premises.
- Monitoring of contractors for Health and Safety particularly with regard to Council Housing.
- At the start of each new financial year set out a Corporate Health and Safety Plan detailing the planned programme of auditing that designated safety advisers will undertake.

In all cases, the primary intention is to utilise resources in a way that assists with the development and implementation of systems that proactively reduces risk and gives feedback on performance **before** an accident, incident or ill health.

2.0 Corporate Health and Safety Governance Overview

The Council Corporate Health & Safety Policy clearly sets out roles and responsibilities to meet the needs of health and safety.

To ensure a successful culture is the responsibility of all management. To this end, all Heads of Service shall be the primary lead for health & safety in their services, with a nominated person acting as safety representative for that service. This is in conjunction with any Union Health & Safety representative.

Safety circles have been introduced as a means of communication and tackling safety issues at the most appropriate level. They will be chaired by the Safety Circle Lead and involve staff and representatives of all of the services represented. Heads of Service should ensure that suitable representatives are nominated and that all risk areas covered. These meetings shall take place as a minimum every 2 months.

The purpose of these meetings is to:

- Involve managers and employees in achieving a safe and healthy workplace.
- Review safety-related incidents, audits
- Review management and Corporate H&S audits of the workplace, communicate identified hazards, and recommend immediate methods for eliminating or controlling them.
- Introduce and assist with workplace safety and health initiatives and recommend improvements to management.

The Safety Circle is a space to share information and discuss specific risks in the service areas represented and maintain a record of issues raised and actions completed.

All actions shall be recorded on the SHE Assure software, with clear timescales. A review will take place at the directorate management meeting to ensure actions are being followed up and information fed into the directorate risk registers monthly.

Updated risk registers and any areas of key risks are raised quarterly to the Directorate Joint Committee for discussion, including with Unions. Decisions to escalate to the Corporate Health & Safety Board shall be made at this point. All actions recorded on the SHE Assure software.

The Corporate Health & Safety Board will meet on a quarterly basis and will:

- Sign off all health & safety risk registers;
- discusses areas of concern and
- agrees items for future agenda items / areas of concern for DMTs and Safety Circles

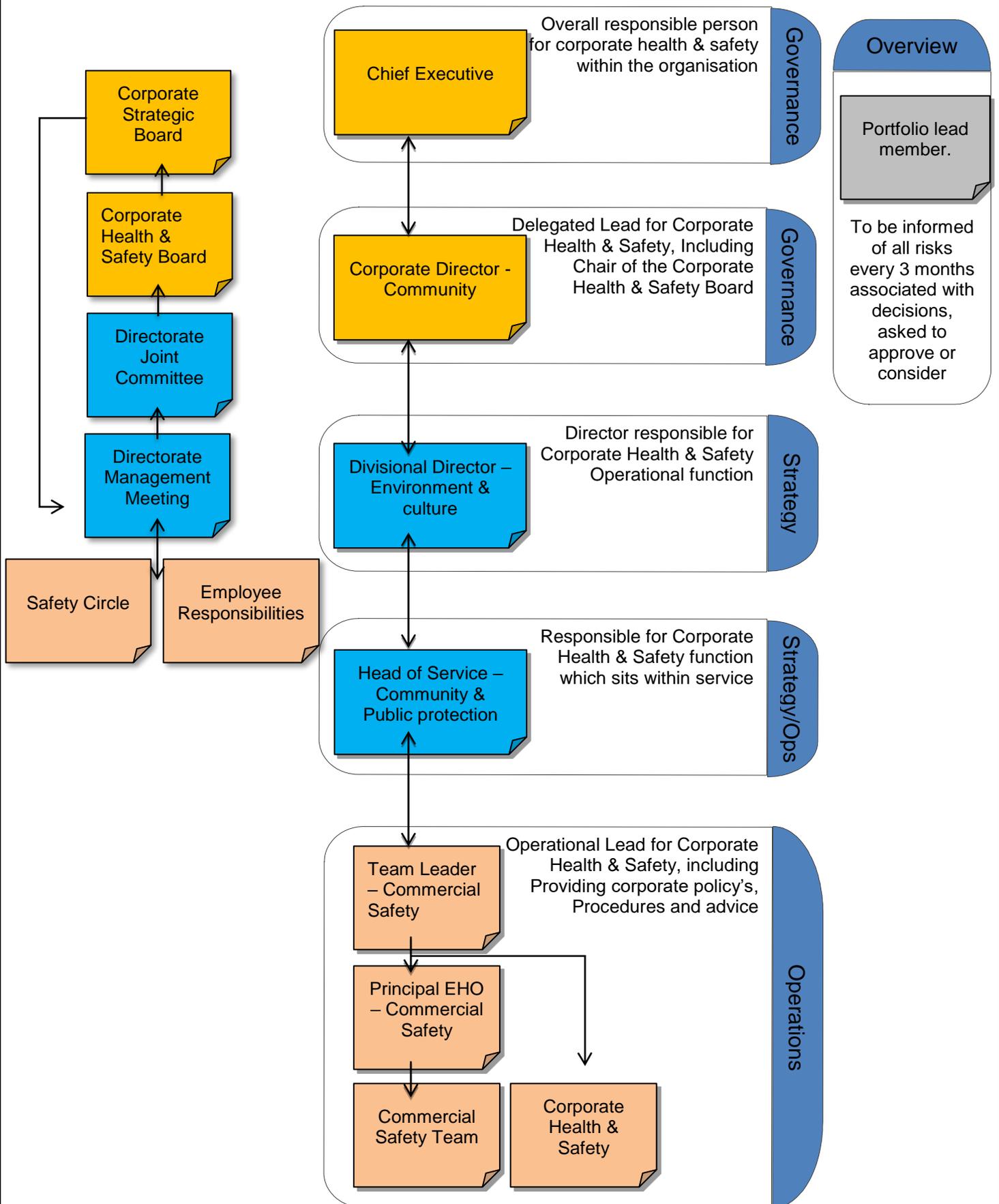
Minutes of Corporate Board sent to Corporate Strategic Board and loaded onto SharePoint software. CSB will have the overview of corporate Health & Safety and Occupational Health / Wellbeing, and co-ordinate joint approach.

CSB retains overall governance of corporate health & safety, ensuring the aims and objectives are being met. They shall discuss any areas of concern and identify any issues they want to know more about or provide direction where needed.

Any actions resulting from CSB shall be recorded on the Assure SHE software and fed back to DMTs for action.

The Corporate Health & Safety Team shall oversee the process including being the administrators of the Assure SHE software. They shall also provide the relevant statistics and information to inform safety circles, directorate meetings and the corporate health and safety board

Meeting Structure



3.0 PRIORITIES AND AIMS FOR 2019 - 2022

Over many years the Corporate Safety Team has committed time and resource towards developing a comprehensive set of Corporate Health and Safety policies and supporting guidelines which are kept under review and audited against. These systems and procedures enable departments, in turn, to ensure the development of the necessary health and safety documentation that meets as minimum, statutory obligations together with corporate policies. To build on this, the following priorities are highlighted for the next three years:

a) ***Maintaining and improving the Council's safety management system***

Through supporting the Executive Management Team, Departmental Management Team, managers, with review and monitoring process which support initiatives, remediation and decision making.

b) ***Completing a series of audits, risk assessments and surveys***

This includes schedules for the following health, safety and fire processes:

- Internal fire and health & safety audits on identified teams, premises and processes for corporate and council housing buildings
- Audits in schools and children centres.
- Fire Risk Assessments for corporate, schools and council Housing.
- Fire Risk Audits for Corporate buildings.

c) ***Maintaining an Asbestos survey programme***

To locate, assess and monitor the condition of asbestos containing materials within the council's corporate and Council Housing portfolio with schedules which includes:

- Corporate Asbestos survey programme
- Council Housing Asbestos survey – common parts (statutory) and void dwellings
- Schools asbestos survey programme (statutory)
- Asbestos awareness training
- Reactive response to Refurbishment & Demolition surveys and incidents

d) ***To support managers and staff in achieving suitable levels of health & safety competency;***

Effective management of health and safety involves people using their skills and knowledge to work safely. A fundamental requirement is for all managers to undertake British Safety Council Training to provide them with a solid grounding in the requirements of Occupational Health and Safety legislative requirements. Undertaking computer based training modules will ensure knowledge is continually professionally developed and reinforced. This will in turn help ensure managers have the basic skills to identify the health and safety competency needed by their staff.

e) ***To ensure the Occupational Health Service continues to provide adequate health surveillance, return to work rehabilitation, health promotion and reduction of work-related sickness absence;***

The Council will continue to work in close partnership with its appointed Occupational Health Service provider to ensure the most efficient use of service resources.

f) To build on the communication and consultation arrangements to ensure staff are fully involved and committed to achieving acceptable health and safety standards;

To achieve success in health and safety management, there needs to be effective communication up, down and across the Council. Front line staffs are involved in communication primarily through the risk to their health and safety identified in their risk assessments, and the preventive and protective measures necessary to control risk. This is supported with safety circles, tool box talks that reinforce a process for direct consultation. Further to this, other means of communication include newsletters, and the council intranet.

At a more strategic level; all Directorates are to have effective health and safety committees with Executive Director Representation on the Corporate Health and Safety Committee. Representatives of each Directorate are expected to attend a Corporate Health and Safety Committee that now has a corporate lead (Corporate Director of Community) and steer on health and safety.

g) To encourage greater visible and active leadership on health and safety matters by managers;

Active leadership is essential if the Council is to foster a positive health and safety culture. The Corporate Health and Safety Team have promoted this through making available British Safety Council training courses for both Senior Managers/Directors and those who managed staff.

h) To align health and safety more closely with the overall Risk Management arrangements;

The Council's Risk Management Strategy aims to establish a culture where risks are understood and managed. Health and Safety management aims to ensure risks to health and safety are identified and managed. While Risk Management covers all business risks and is focused on the major risks to the Council, there are areas where the two strategies meet. Health and safety processes and arrangements should therefore be seen and understood as supporting the Risk Management Strategy. Significant health and safety issues identified during risk management assessments will therefore be communicated to the executive board.

i) To ensure good health and safety practice in our relationships with partners;

As well as setting out to improve our own health and safety performance, the Council will work with its partners to improve health and safety overall in the delivery of its services. The aim will be to share knowledge and experience and at the same time provide managers overseeing contracts with feedback on safety standards.

3.1 Monitoring Progress against Aims & Priorities

A number of proactive measurement activities take place to monitor safety performance for the Council. These measures are set out with performance targets in the Corporate Health and Safety Management Plan which is agreed by Executive Management Team at the start of the financial year.

The key measures against which progress will be assessed in meeting the strategic aims and priorities are;

- Number of audits and compliance levels achieved
- Number of Fire Risk Assessments and actions completed
- Number of Asbestos surveys completed
- Number of Asbestos re-inspections completed

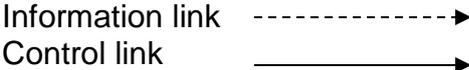
Other methods of monitoring the success of the safety management system are:

- Review of accidents and statistics and related sick leave.
- Number of staff undergoing health and safety training
- Computer Based Training completed
- Senior managers safety tours completed
- Manager’s self- audits completed.
- Health and Safety performance reports
- Action status of items on risk registers

4.0 HEALTH AND SAFETY MANAGEMENT SYSTEMS

The Management of Health and Safety at Work Regulations 1999 – Regulation 5 - requires Harrow Council to have arrangements in place for managing health and safety. Like any management system, it is essential that the Council collects information on the system implemented if it is to be able to make judgements about its adequacy and performance.

The system followed by the Corporate Health and Safety Team is based on that described in HS(G)65 *Successful Health and Safety Management*. Diagram 1 illustrates the system showing the main topic headings and the communication flows by which continuous improvement in health and safety management is achieved. Health and safety audits aim to verify compliance with each aspect of the management system:



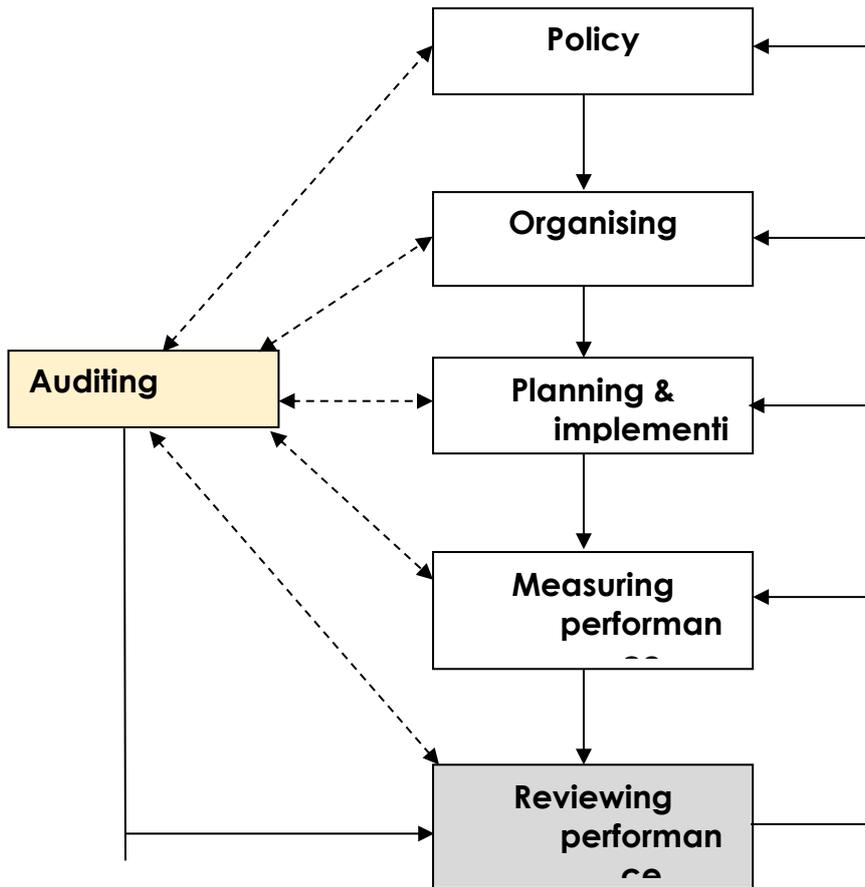


Diagram 1: HS(G)65 Health and Safety Management System Elements

POLICY

Effective health and safety policies set a clear direction for the Council to follow. They contribute to all aspects of business performance as part of a demonstrable commitment to continuous improvement. The Council already has a well-developed set of Corporate Policy Arrangements that are available on the council SHE software system and this is subject of a rolling programme of review.

ORGANISING

The Council needs to ensure that it has an effective management structure and arrangements are in place for delivering its health and safety policies. To achieve success, all staff will need to be motivated and empowered to work safely and to protect their long-term health, not simply to avoid accidents. The Council is currently embarking on developing a safety circle safety culture, ensuring robust health and safety management supports this programme and will better shape the way it deals with health and safety issues in the future. The activities necessary to promote a positive health and safety culture are;

Control

Everyone working in the organisation can contribute to controlling health and safety risks. Control is achieved by getting the commitment of employees to clear health and safety objectives. Managers will need to take full responsibility of controlling

factors that could lead to ill health, injury or loss thereby helping to create a positive atmosphere and encouraging a creative and learning culture.

Co-operation

Participation is essential to control risks effectively. By encouraging employee 'ownership' of health and safety policies this will assist with their better understanding that the organisation as a whole, and people working in it, benefit from good health and safety performance.

The Council has a legal obligation to consult with all employees about those health and safety issues in the workplace that affect them. The Council has already fostered good relationships on health and safety matters with its recognised trade unions.

Communication

All managers need to lead by example. Their visible commitment to, and involvement in, health and safety management should be obvious and consistent. They will need to provide regular and reliable information on health and safety to everyone who needs it.

Competence

If Council employees are to make a maximum contribution to health and safety, the Council will need to have in place robust arrangements to ensure that they are competent. Health and safety is already a mandatory competency for all employees.

PLANNING AND IMPLEMENTING

This element concerns the adoption of a planned and systematic approach to implementing the health and safety policy through an effective health and safety management system. The aim is to minimise risks. This strategy provides the framework, against which the Council will judge the adequacy of its health and safety management systems to ensure,

- The mitigation of risks;
- The ability to react to changing demands;
- Sustainability of a positive health and safety culture.

MEASURING PERFORMANCE

The Council needs to measure what it is doing to implement its health and safety policy and to assess how effectively risks are controlled. There are many different types of monitoring, but they can generally be categorised as either 'proactive or reactive'.

- **Proactive** methods monitor the operation of management arrangements and workplace precautions and tend to be preventative in nature, for example; routine inspections and surveys of premises, plant and equipment by staff;
- **Reactive** methods monitor evidence of poor health and safety practice but can also identify better practices that may be transferred to other parts of the

organisation, for example, investigating accidents and incidents, monitoring cases of ill health and sickness absence records

Where services are delivered on behalf of the Council via contractor relationships, these activities should also be subject to continual health and safety performance monitoring and review. In such circumstances, the level, nature and frequency of monitoring undertaken will be based on an assessment of risk. Evidence of such systems will be required to enable demonstration of due diligence.

REVIEWING PERFORMANCE

All control systems tend to deteriorate over time. To provide essential feedback and information to managers, on how effectively plans and the components of the health and safety management systems are being implemented, professional safety and health advisers from the Corporate Health and Safety Team carry out a regime of regular auditing and performance review of **premises, teams and processes**. The findings on success and failure are then fed back in to the system and should be acted upon to enable continuous improvement to be made.

5.0 AUDITS (TEAM, PREMISE & PROCESS AUDITS)

5.1 Team Audits:

Team audits are necessary to verify that appropriate safe systems of work are operating across the division. These audits focus in on staff training, team risk assessments and safe systems of work.

The categorisation of teams will be based on:

- **The activities of the team/service** – front facing staff interacting with the public are generally deemed to be at a higher risk to workplace aggression especially when working alone. Similarly, teams using dangerous equipment e.g. chainsaws, abrasive wheels or engaged in high risk activities such as working at height.
- **Where there is thought to be an absence of suitable team assessments and safe systems of work** the team will be targeted.
- **Any other significant hazards** that may be identified.

5.2 Premise Audits:

Premise audits are required to ensure compliance of buildings and assets. These audits focus on statutory requirements and industry good practice relating to aspects of Corporate Landlord. Every corporate building will be audited within an 18 month circle.

The categorisation of premises will be based on;

- **The physical location;**

The location category will be based on known untoward activity in the area of the premises, its remoteness and proximity to essential emergency services.

- **The use and occupiers of the premise/site,** Use of the building/premises will be based on a sliding scale from office use, being inherently safe, to

depots being dangerous because of transport movement. Sites made available to the public especially where there is no onsite supervision will similarly tend to present a higher risk due to factors like vandalism. The amount and variety of mechanical systems in the building will also need to be taken into account, that is water, sanitation, washing systems, air conditioning, (all potential legionella hazards), lifts (goods & passenger) will raise the risk profile on the basis that the more systems the more maintenance is required.

- **Sites where vulnerable persons reside** (i.e. Residential Care and Sheltered Housing Schemes) will need higher levels of oversight,
- **Any other significant hazards that may be identified.**

5.3 Process Audits:

Process audits enable us to identify systemic problems within managed processes and enable effective remediation of risk across boundaries.

The categorisation of processes will be based on;

- **Where there is reliance on contractors to fulfil essential aspects;** for example repair and maintenance contracts,
- **The overall success of the process is dependent on input from several teams;** for example the maintenance of play areas.

6.0 SELF-AUDITS AND SAFETY TOURS

The program of audits carried out by the Corporate Health and Safety team is supported with 'Self-audits' by Managers and 'Safety Tours' by Senior Managers.

The managers 'Self-audit' comprises of question sets and requires reference to sample inspection of documents and a physical inspection of the premises. The senior managers 'Safety tours' are a more general approach relying on observation and talking to staff.

Both audits aim to breach the gap and ensure that all areas of the Council are examined each year. Further information can be found under the Corporate Health and Safety Assure SHE system.

7.0 SERVICE DELIVERY

Corporate Health and Safety Team services will be delivered by fully trained, qualified, experienced competent persons with a detailed knowledge of legislative requirements, good practice and understanding of fire safety, Asbestos Management, Occupational Health Management, Employee Counselling and Health & Safety Law. The teams are able to provide support on wellbeing, health and safety issues that can be applied so not as to be onerous in its application to achieve service aims.

7.1 Health and Safety, Fire and Asbestos Services include:

- **Auditing** - Essential in the first instance to identify shortfalls and recommend course of action to ensure an effective safety management system. The Safety

Management System provides robust and comprehensive audits for Premises, Teams and Processes.

- **Policies and Arrangements** – Developed, updated and reviewed Council Corporate Policies, Processes, Guidance & Briefing Notes providing suitable and sufficient, arrangements, information for Managers and Premises controllers to follow for practical application.
- **Risk Assessments** - A comprehensive set of risk assessment processes (including DSE, work, Stress, Manual Handling, New and Expectant Mothers, etc) that are in line with HSE approved systems together with model assessments and advice on their use. The team will also support and assist managers with the production of specific risk assessments.
- **Fire Risk Assessments** - For Council Housing, experienced qualified fire risk assessor will undertake predominantly Type 1 Fire Risk Assessments over a cyclical programme. High priority buildings, Sheltered Housing Schemes, Community Halls and Converted Street Properties) being risk assessed annually whilst Medium/low priority (purpose built blocks are assessed over a two year cycle. Type 4 assessments in high rise void properties will be undertaken as and when suitable properties become available.
- **Advice/Professional support and guidance** - by expert officers for Health, Safety, Asbestos and Fire related issues.
- **Asbestos Management** – The council facilities management team will provide management policy and guidance, awareness training and offer help in the application of recommended and required management processes.
- **Asbestos register** - Access to an on-line asbestos management suite that holds records and surveys for properties surveyed by specialist asbestos surveyors, via facilities management, Council Housing employ an asbestos surveyor.
- **Asbestos Surveying service and Management Plan.** It is a requirement of the Control of Asbestos Regulations 2012 that premises set out in a detailed plan how asbestos is managed. The Council as the Duty holder has this work carried out by a licenced asbestos contractor.
- **Training** - Provision of health and safety and asbestos training from a range of courses by competent staff. Asbestos awareness training is a requirement of the Control of Asbestos Regulations 2012. This is provided to all those in control of premises and those who may be designated as carrying out any work with asbestos or with the planning or arrangement of that work.
- **Access to a Computer Based Training (CBT)** - A wide range of modules including asbestos management, fire safety, health and safety awareness etc. This is provided to reinforce knowledge and act as an easily accessible way to complete refresher training.

- **Accident/ Incident Reporting** - Provision of an on-line system for reporting and maintaining records (Assure SHE software). The reporting system acts as a tool to provide data, graphs and statistics that enables analysis of trends to aid with risk mitigation, defence in litigation and reduces insurance costs.
- **Accident/ Incident Investigation** - All accidents that may be deemed necessary for an officer to conduct a full accident/incident investigation can be advised and supported to ensure a professional approach and documentation.
- **Support, advice and liaison with enforcing authorities are provided.** Experience has shown that liaison with enforcing authorities using safety professionals has resulted in positive outcomes.
- **Site Inspection/ Visit** – A Health and Safety professional are available to attend sites to monitor and advice on specific issues.
- **Violence at work and Lone working systems** – The team will work alongside management in providing a suitable lone working solution.

7.2 Occupational Health Service

The Occupational Health Service provides:

- A Consultant-led team focus on early intervention, executing tried-and-tested approaches that will help to safeguard employees' health and get them back on their feet as quickly as possible.
- Strategies to assist with managing employees more decisively.
- Development of coordinated plans so staff can return to work as soon as possible.
- Employees can visit the Occupational Health providers clinics where required.

8.0 RESOURCE ALLOCATION

A key area of support of the Corporate Health & Safety Team is to undertake external monitoring of the implementation of departmental safety management arrangements. Each Directorate receives a level of professional support from the team of Safety Advisers. The amount of resource allocated to each Directorate is based on the level of risk associated with the undertakings of teams.

A significant amount of work is outsourced to contractors. This equally requires safety monitoring to ensure not only legislative compliance but avoidance of reputational damage. One particular area requiring significant monitoring across the Council concerns compliance with Client duty holder responsibilities under the Construction (Design and Management) Regulations 2015, which takes in construction, repair and maintenance work.

9.0 CORPORATE HEALTH AND SAFETY PLAN 2020/21

Corporate Health & Safety Management Plan 2020 – 2021

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Prepared by:	John Griffiths Corporate Health & Safety and Compliance Manager
Approved by:	Paul Walker Corporate Director of Community
Director's Signature	
Date	07 th July 2020

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
Safety Management								
Senior Managers Safety Tours (Linked to priorities and Aims (A,B,D,G,H,I))	(a) Conduct safety tours of premises/ sites within areas of responsibility, a minimum of four a year (quarterly), to ensure the safety and upkeep of the workplaces.	April 2020	Marc h 2021	Directors/HOS	100%			Directors and HOS can jointly carry out workplace inspections One safety tour to be conducted within another Directorate and share outcomes. <i>The mitigation control measure as agreed is the use of the Building Risk Assessment to substitute for safety tours. The Building Risk Assessment covers key areas required for compliance and is been monitored by the building owners, hence it can serve as a safety tour.</i>
	(b) Record the results of safety tours and submit quarterly returns on Pro-forma to Corporate Director. Each Director to discuss at their DMT's	April 2020	Marc h 2021	Directors/HOS	100%			To be discussed at Department Team Meetings at least quarterly and minuted

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<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
								<i>The actions from the building RA are covered on the tracker which is updated monthly</i>
Management Self Audits (Linked to priorities and Aims (A,B,D,G, H,I))	(a) First line or second line managers/supervisors to carry out one Management Self Audit per year on areas of responsibility.	<i>April 2020</i>	<i>March 2021</i>	<i>First/second Line managers to carry out audits, Directors to ensure audits take place.</i>	100%		<i>35 audits</i>	Directors to ensure process take place. Where H&S team have audited, these count in lieu of self-audits. <i>Community-13 out of 27 services completed a manager's self-audit Resources- 21 out of 29 services completed a manager's self-audit People- 1 out of 22 services completed a manager's self-audit</i>
	(b) Management of Self Audits; Managers to remediate actions and provide Directors with information. Directors to maintain record.	<i>April 2020</i>	<i>March 2021</i>	<i>First/Second Line managers to follow up and ensure actions completed.</i>	100%			Safety Circle Leads to maintain record that this has been carried out by their teams. Information to be sent quarterly to the Directors by team/line manager. <i>Safety circles have not held due to the Covid</i>

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
								<i>pandemic. These will need to be re-evaluated and plans put in place for integration into the current work climate</i>
General Health & Safety Control Systems								
Corporate H&S Audits by Department General Audits (Linked to priorities and Aims A,B,D,H,I)	Create and undertake a schedule of Internal Health, Safety and Fire Safety Audits on high risk services on identified teams and premises. Focus to be on processes as part of audit where applicable. Overall 24 audits. 12 Corporate and 12 audits in Environment and waste strategy	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Corporate Health and Safety</i>	<i>24 audits</i>		<i>15 Audits completed</i>	<i>Audits will be on high/medium risk as determined by previous audits, use, size and incidents over the last two years of historical data.</i> <i>High risk area will be Passenger Transport, waste and recycling, Parks, Depot, Schools and children services.</i> <i>The Covid pandemic and governments stay at home guidance led to low numbers of completed audits.</i> <i>CA Site -98.61</i> <i>Commercial Services-80.16</i> <i>Trade Waste-81.81</i> <i>Refuse-85</i>

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
								<i>Street Cleaning-95.95</i> <i>Parks and open spaces-90.43</i> <i>Operations coordinator-79.78</i> <i>Grounds Maintenance-79.27</i> <i>FM-Hard& Soft Services</i> <i>Transport</i> <i>Traffic & Highways</i> <i>Asset Mgt (THAM)</i> <i>Parking enforcement</i> <i>Community & Public protection</i> <i>Waste</i>
Schools & Children Centres General Audits (Linked to priorities and Aims (A,B,H))	To start new cycle of audits a minimum of 24 audits, schools and children centres to attend to actions as required.	April 2020	March 2021	<i>Head of Corporate Health and Safety</i>	24 audits	0	35	Audits will be on high/medium risk as determined by previous audits, use, size and incidents over the last two years of historical data. <i>Community Schools-Out of 33 community schools, 26 completed a health&safety audit</i> <i>Children Centres- 9 out of 9 children centres</i>

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
								<i>completed a health and safety audit</i>
Risk Assessments (Linked to priorities and Aims (A,B,F, H))	All first line managers/supervisors to review their RA to ensure that they are suitable and sufficient for safe operations for their staff All RA to be signed off by Head of Service and recorded.	April 2020	March 2021	<i>Line Managers/HOS</i>	100%			Heads of Service to sign off all risk assessments associated with their service. <i>All Building Covid RA have been uploaded on to SHE.</i> <i>All operational Risk Assessments have been carried out however, not all are uploaded on SHE which is a corporate requirement.</i> <i>Currently on SHE, we have Operational RA from Environment&Waste Strategy, Transport, Housing, Libraries, Sports and Leisure, Children's services, Network Management.</i>

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<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
<i>Corporate Policies/Committees</i>								
Corporate Policies (Linked to priorities and Aims (A,H,I))	Review Corporate Policies and Guidance documents in light of changing legislation, official guidance, good practice and Council priorities. Identifying where changes required, re-date/reorganise library of documentation on SHE software system. Target minimum of 12 policies.	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Corporate Health and Safety</i>	<i>12 fully revised or written policy/guidance documents</i>	2	8	<p>Policies will be reviewed on a risk-based basis. All new or revised policies must be consulted through the Corporate H&S committee members.</p> <ul style="list-style-type: none"> ▪ <i>Asbestos policy</i> ▪ <i>First aid code of practice</i> ▪ <i>Eye care procedure</i> ▪ <i>Lone working policy</i> ▪ <i>Health&Safety Policy</i> ▪ <i>Handbook</i> ▪ <i>Accident/Incident Investigation Policy-Under Review</i> ▪ <i>Accident reporting code of practice</i> <p><i>Due to the pandemic, resources have been prioritized in reviewing Covid RA</i></p>

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
Corporate Health and Safety Committees (Linked to priorities and Aims (A,B,C,F,H,I))	Plan, organise and attend minimum of 8 H&S Committee Meetings	<i>April 2020</i>	<i>March 2021</i>	<i>Community Director (Chair) Head of Corporate H&S, Directorate representative's senior managers, and Union/safety Representatives.</i>	8	6	6	<i>Chaired by Community Director</i>
Fire Control Systems								
Corporate Fire Safety Audits (Linked to priorities and Aims (A,B,H,I))	(a) Conduct a minimum of 10 audits of fire safety, identified as the top high risk corporate premises and managers actions within time scales	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Facilities Management</i>	10	5	62	Audits will be on high/medium risk as determined by previous audits, use, size and incidents over the last two years of historical data.

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<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
								<i>Interim contractor was appointed during Oct 2020 62 Fire Risk Assessments have been completed for corporate buildings</i>
	(b) Conduct a minimum of 20 audits of fire safety on identified schools premises in support of external audit of schools, Head Teachers to address actions within time	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Facilities Management</i>	20	0	13	<i>Audits will be on high/medium risk as determined by previous audits, use, size and incidents over the last two years of historical data. These are outstanding because FM relies on the schools to send in documentation after they have carried out their Fire Safety Audits. So far, only 13 schools have sent in their documentation.</i>
Council Housing Fire Risk Assessment	(a) Carryout Fire Risk Assessments in all High Risk Priority common areas (4 or more stories/house) vulnerable persons/community halls	<i>April 2020</i>	<i>March 2021</i>	<i>Director of Council Housing.</i>	435 FRAs	104	428	<i>Up to today 428 (out of 433 required) have been completed. Appointments for remaining 5 sites are scheduled for w/c</i>

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
(Linked to priorities and Aims (A,B,H,I))	and relevant team to attend to actions.							15/03/2021 and confirmed with the residents. Previously access letters were circulated and 2 further visits with no access.
	(b) Carryout Fire Risk Assessments in Low Risk Priority Common areas (Between 1 & 3 stories/purpose built and relevant team to attend to actions.	April 2020	Marc h 2021	Director of Council Housing	169 FRAs	169	350	Total number 350
Council Housing Fire Safety Audits	Carryout audits of fire safety at high priority sites:	April 2020	Marc h 2021	Director of Council Housing	30	30	30	Total number 30
(Linked to priorities and Aims (A,B,H,I))	(a) Audit Sheltered Housing Schemes and relevant team to attend to actions	April 2020	Marc h 2021	Director of Council Housing	21	21	21	Total number 21
	(b) Audit Community Halls and relevant team to attend to actions	April 2020	Marc h 2021	Director of Council Housing	9	9	9	Total number 9
Workplace Implementation								
Health & Safety Training (Linked to priorities and Aims (B,F,G,I))	(a) Identify suitable Health & Safety training opportunities as identified by department Directors/ Safety Rep's/HOS/safety circle leads.	April 2020	Marc h 2021	Directors and safety Circle leads	100 Trained staff		112	21 employees completed Level 3 Health & Safety (Highfield accredited – 3-day course) 35 employees completed Level 3 Risk

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
								<p>Assessment (Highfield accredited – 3-day course)</p> <p>12 employees completed E-Learning mandatory H&S training part of induction</p> <p>52 employees completed the SHE Assure software training</p>
	<p>Level 3 Award in Health and Safety</p> <p>(b) First Line Managers and Supervisors that has been nominated by a director or head of service to attend the one day course.</p>	April 2020	March 2021	Directors/HOS	100%			21 supervisors/first line managers completed Level 3 Health & Safety (Highfield accredited – 3-day course)
	<p>Introduction to Incident Investigation</p> <p>(c) Identify 12 First Line Managers to complete this one day qualification course, jointly developed by the National Examination Board for Occupational Safety and Health (NEBOSH) and the Health and safety Executive (HSE)</p>	April 2020	March 2021	Directors/HOS	12 managers to complete this qualification			<p>This will give managers the skills needed to conduct an incident investigation unaided, and then produce and implement an action plan to help prevent a recurrence.</p> <p><i>Due to the Covid pandemic and stay at</i></p>

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
								<i>home directive, these trainings could not go on as scheduled</i>
Learning POD Training and Development (Linked to priorities and Aims (D,E))	All employees have to complete the following Training. <ul style="list-style-type: none"> Using a Workstation 	<i>April 2020</i>	<i>March 2021</i>	<i>Directors / HOS/Head of Corporate H&S</i>	100%			Due to the government's guidelines requiring people to work from home where they can, a DSE risk assessment has been carried out and returned to the line manager for records
Asbestos Management								
Corporate Buildings Asbestos Surveys (Linked to priorities and Aims (A,B,C,H))	To carry out asbestos surveys in all corporate buildings.	<i>April 2020</i>	<i>March 2021</i>	<i>Head Facilities Management</i>	10			To meet employers statutory duties under Regulation 4 of CAR 2012. <i>No new asbestos survey commissioned as no new buildings provided</i>
	To carry out asbestos re-inspection survey to look at process and verify integrity of asbestos works by contractors, facilities Management to attend to any identified failings.	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Facilities Management</i>	10	49	51	This will ensure processes are working and that we are carrying out a due diligence check.
Community Schools and	(a) To review management plans and results from surveys and carry out actions identified.	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Faculties Management</i>	20 schools	3	10	To meet employers statutory duties under Regulation 4 of CAR

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
Schools with SLA Asbestos Surveys (Linked to priorities and Aims (A,C,H))	There will be a minimum of 20 schools surveyed with Management Plans. Schools to attend to actions.			/Head Teachers				2012 - Community Schools LBE as the Duty Holder <i>This information is requested from the schools and relies on schools to provide documentation for evidence of compliance</i>
Council Housing Asbestos Surveys 101 Linked to priorities and Aims (A,B,C,H)	(a) To carry out and manage a Surveys on Housing stock This will be risk based and client directed. Council Housing to attend to required actions.	April 2020	March 2021	Director of Housing	435 surveys	240	428	To meet employers' statutory duties under Regulation 4 of CAR 2012. <i>Up to today 428 (out of 433 required) have been completed. Appointments for remaining 5 sites are scheduled for w/c 15/03/2021 and confirmed with the residents. Previously access letters were circulated and 2 further visits with no access.</i>
Communications								

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
Occupational Health Service (Linked to priorities and Aims (E,F,G,H,))	<p>(a) To ensure the Occupational Health Service continues to provide adequate health surveillance, HEP B vaccination, return to work rehabilitation, health promotion and reduction of work-related sickness absence</p> <p>(b) To promote and provide guidance about Occupational Health Service which will include EAP service.</p>	<i>April 2020</i>	<i>March 2021</i>	<i>Directors/HOS</i>	<p>100% of staff identified by managers</p> <p><i>One article per month</i></p>			<p>Managers to identify staff and refer staff to OH either for Health Surveillance or HEPB or Both.</p> <p>Monthly communication promoting the Occupational Health Service and EAP</p> <p><i>Roll out of HEP B will - update on HEP B</i></p> <p><i>This was suspended due to the covid-19 pandemic.</i></p>
Communication Channels to promote key health and safety performance measures to employees.	<p>(c) Safety Circle leads to provide dates and key risks of safety circles. Corporate Health and Safety to provide feedback on key risks to these safety circles.</p>	<i>April 2020</i>	<i>March 2021</i>	<i>Safety circle Leads</i>	<i>At least one a quarter</i>	2		<p>This will be monitored on SHE Assure</p> <p><i>Safety Circle was suspended due to the Covid pandemic, however, there are plans to re-structure meetings using the video conferencing platforms.</i></p>

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
(Linked to priorities and Aims (F,G,H,I))								<i>Resources sent out newsletters- Available on SHE Commissioning and Commercial division - Minutes available on SHE</i>
	(d) Corporate Health and Safety to promote key health and safety initiatives via Communications each month by the corporate newsletters.	<i>April; 2020</i>	<i>March 2021</i>	<i>Head of Corporate Health and Safety</i>	<i>monthly</i>			<i>Communications sent out on Chief executive updates on Covid, Internal comms, seminars.</i>
	(e) Corporate Health and Safety Board provide a report on key risks.	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Corporate Health and Safety</i>	<i>Quarterly</i>			<i>The corporate Health and Safety Board will meet on a quarterly basis and will discuss areas of concerns/risks to the organisation and agree future agenda items and areas of concern for DMT's and Safety Circles. This is been managed Via accident statistics and RA Tracking. Significant risks are</i>

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
								<i>identified and presented monthly at CHSB</i>
Corporate Significant Risks								
Action plan detailing significant risks to the organisation. (Linked to priorities and Aims (A,F,G,H))	(a) Produce an action plan for Corporate Strategy Board (CSB) and Corporate Health and Safety Board identifying key risks to the organisation.	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Corporate Health and Safety</i>	<i>Quarterly</i>			<p>Significant risks to be brought to the attention of CEX and the CSB.</p> <p>The action plan is a living document that stays in place until the risk is addressed.</p> <p>Significant risks must tie in with insurance and also recognition that if the mitigation would cost more than benefit then this needs to be recognised and recorded.</p> <p><i>This is been managed Via accident statistics and RA Tracking. Significant risks are identified and presented monthly at CHSB</i></p>

<u>Section</u>	<u>Objective</u>	<u>Start Date</u>	<u>End Date</u>	<u>Lead</u>	<u>Target</u>	<u>Achieved</u>		<u>Remarks</u>
						<u>Six Months</u>	<u>End Period</u>	
Top 5 Significant Risk to the organisation (Linked to priorities and Aims (A,F,G,H))	(a) Update the CHSB and CSB quarterly on top 5 risks and provide improvement measures to reduce to low as reasonable practicable.	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Corporate Health and Safety</i>	<i>Quarterly</i>			Significant risks to be brought to the attention of CHSB and CSB. Significant risks must tie in with insurance and also recognition that if the mitigation would cost more than benefit then this needs to be recognised and recorded. <i>This is been managed Via accident statistics and RA Tracking. Significant risks are identified and presented monthly at CHSB</i>
Report Data Analysis on Accidents, Incidents and near misses. (Linked to priorities and Aims (A,F,G,H))	(a) Present monthly data analysis on all accident, incident and near misses at the CHSB.	<i>April 2020</i>	<i>March 2021</i>	<i>Head of Corporate Health and Safety</i>	<i>Monthly</i>			Trend Analysis on accident data to be brought to the attention of CHSB.

APPENDIX 4- OCCUPATIONAL HEALTH OVERVIEW 2020/2021

CSM Dashboard

Date

23/03/2020

24/03/2021

Select Client:

London Borough of Harrow



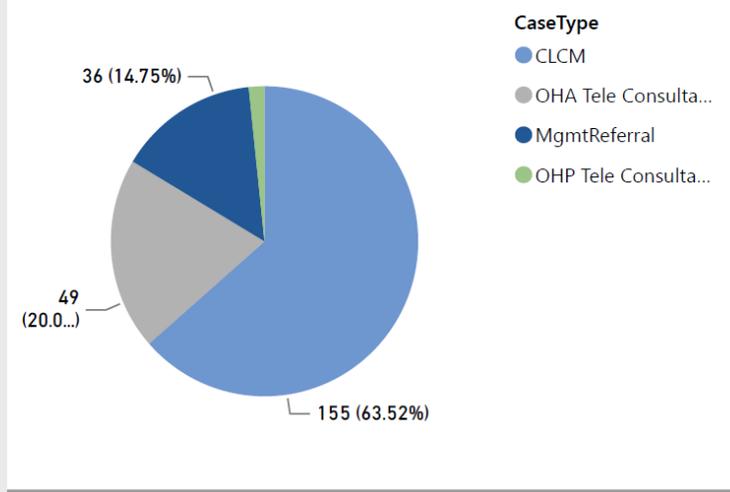
Total Referrals	Equality Act Volume	Equality Act %	Work Related Volume	Work Related%
244	112	50.91%	55	25.00%



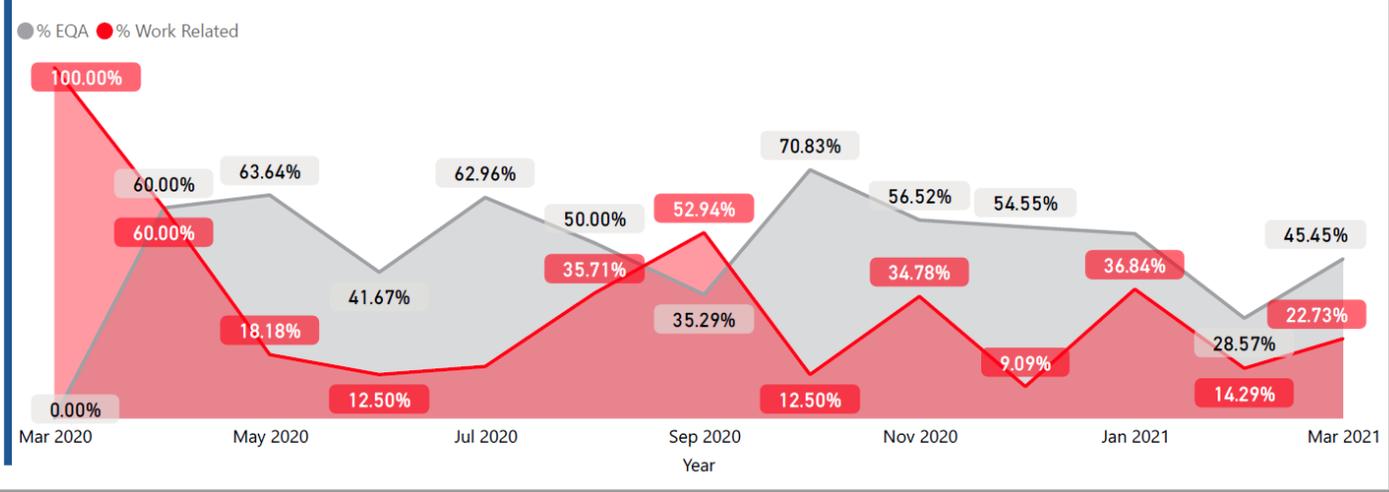
Referral Volume By Month



Case Type Breakdown



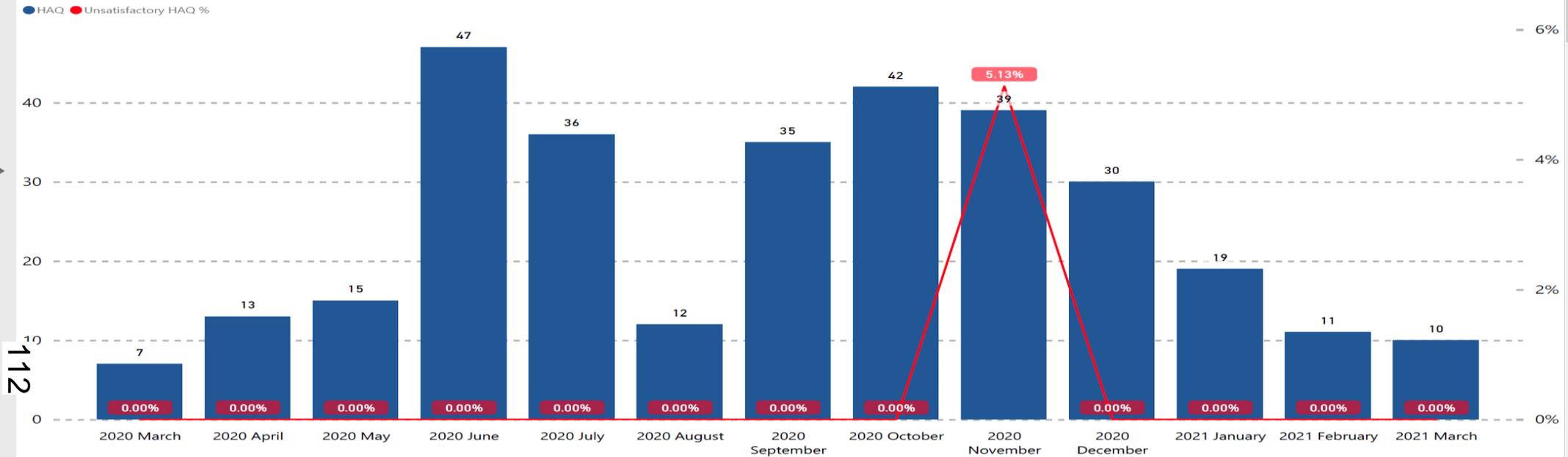
% EQA and % Work Related Over Time



Total HAQs	Satisfactory HAQs	Satisfactory %	Unsatisfactory HAQs	Unsatisfactory %
316	314	99.37%	2	0.63%



HAQ Volume by Month



Total Work Station Assessment	%Work Station Assessment
0	0.00%



Work Station Assessments Volumes by Month

Total Physiotherapy

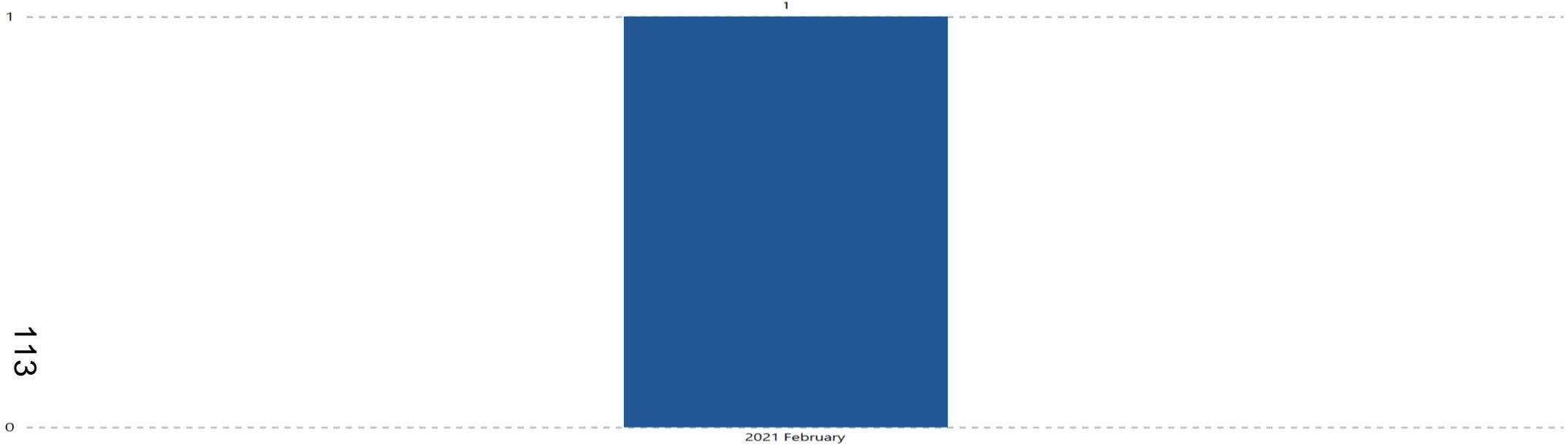
% Physiotherapy

1

0.17%



Physiotherapy Volumes by Month



Total IIR Health Retirement

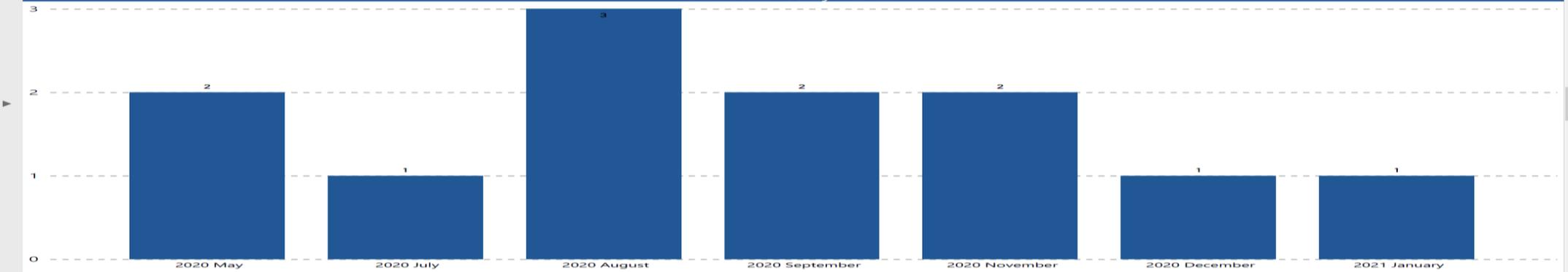
% IIR Health Retirement

12

2.09%



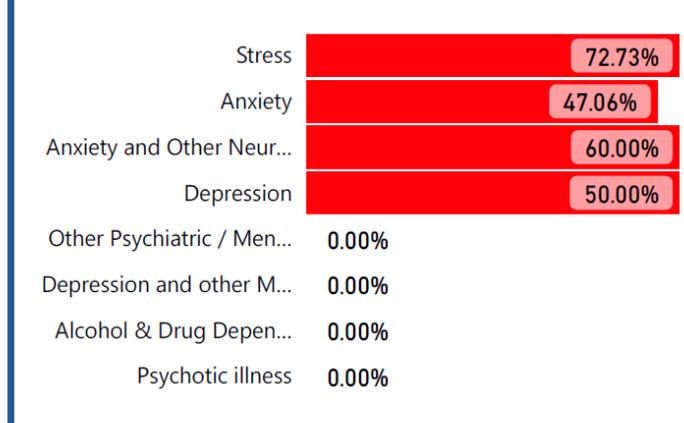
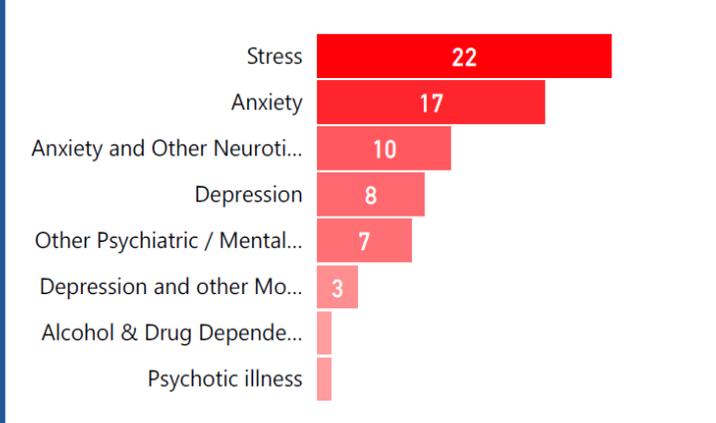
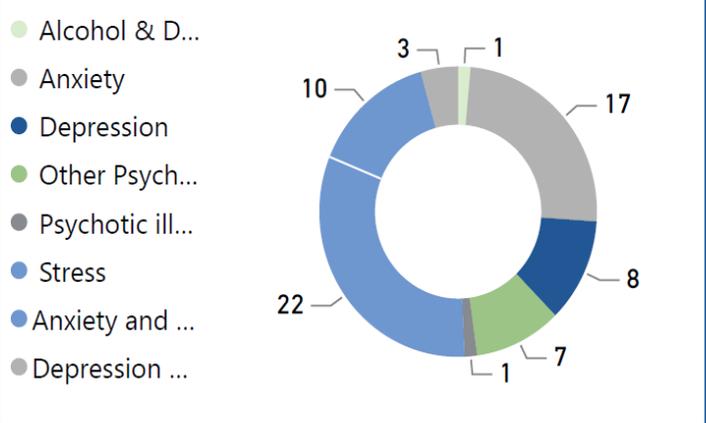
IHR Volumes by Month



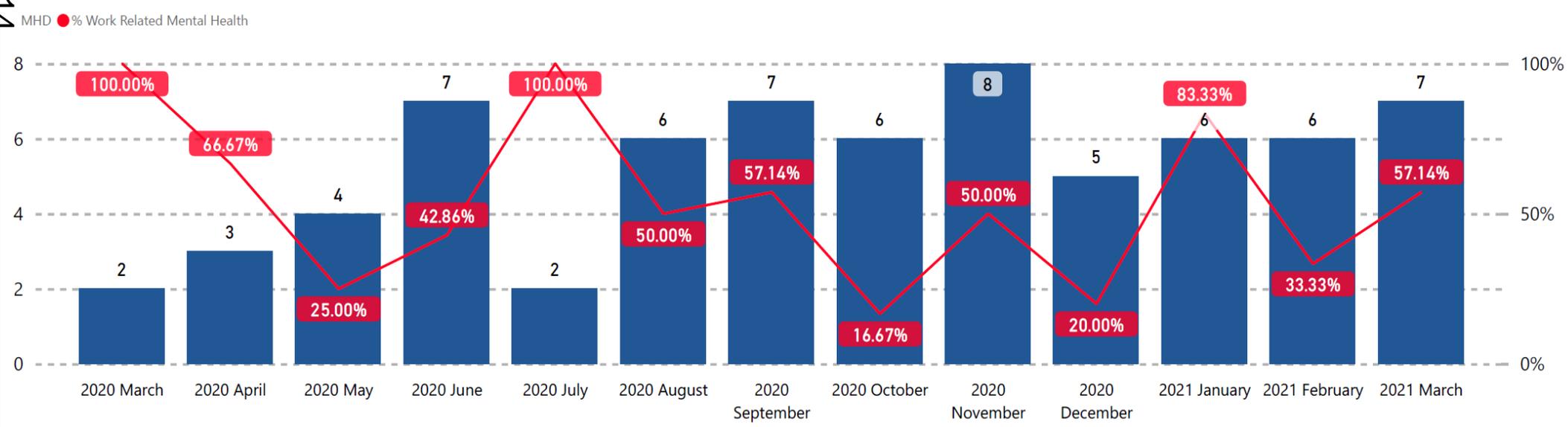
Mental Health Disorders	% MHD	MHD EQA	MHD EQA %	Work Related MHD	% MHD Work Related
69	26.85%	28	40.58%	34	49.28%



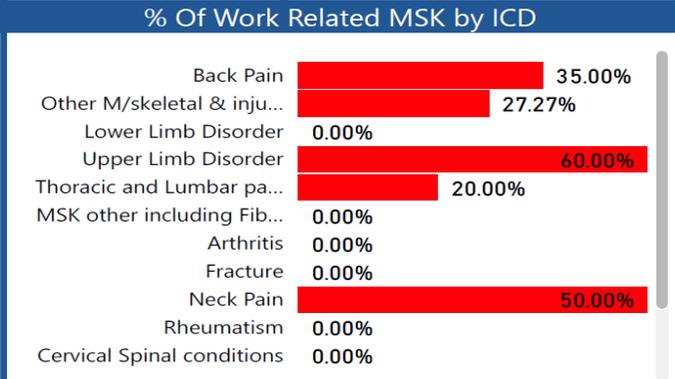
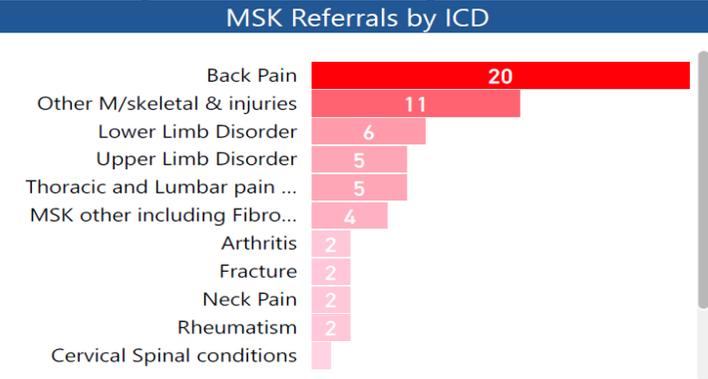
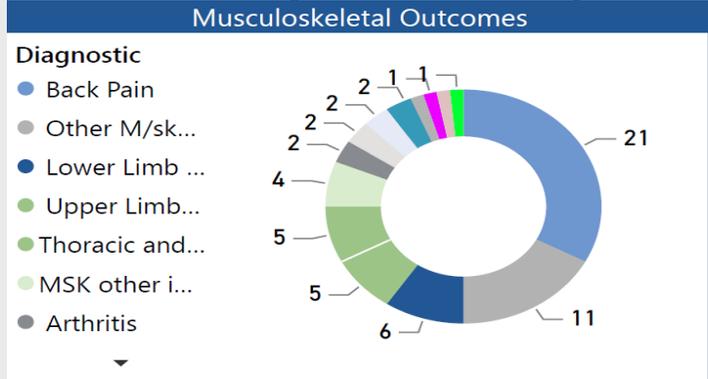
Mental Health Outcomes MHD Referrals By ICD % Work Related MHD by ICD



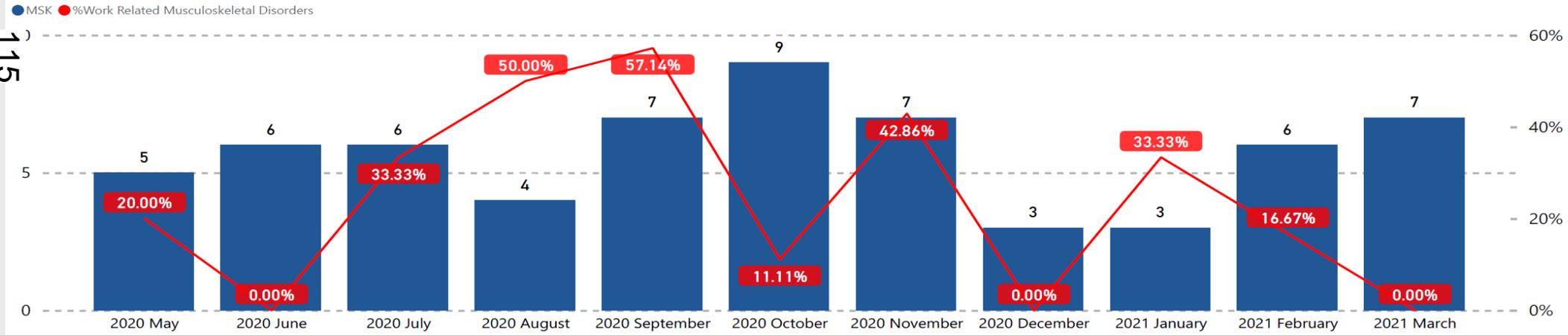
Mental Health Outcomes by Month



Musculoskeletal	% MSK	MSK EQA	MSK EQA %	Work Related MSK	% MSK Work Related
63	24.51%	25	39.68%	15	23.81%



Musculoskeletal Outcomes by Month



Other ICD Volumes

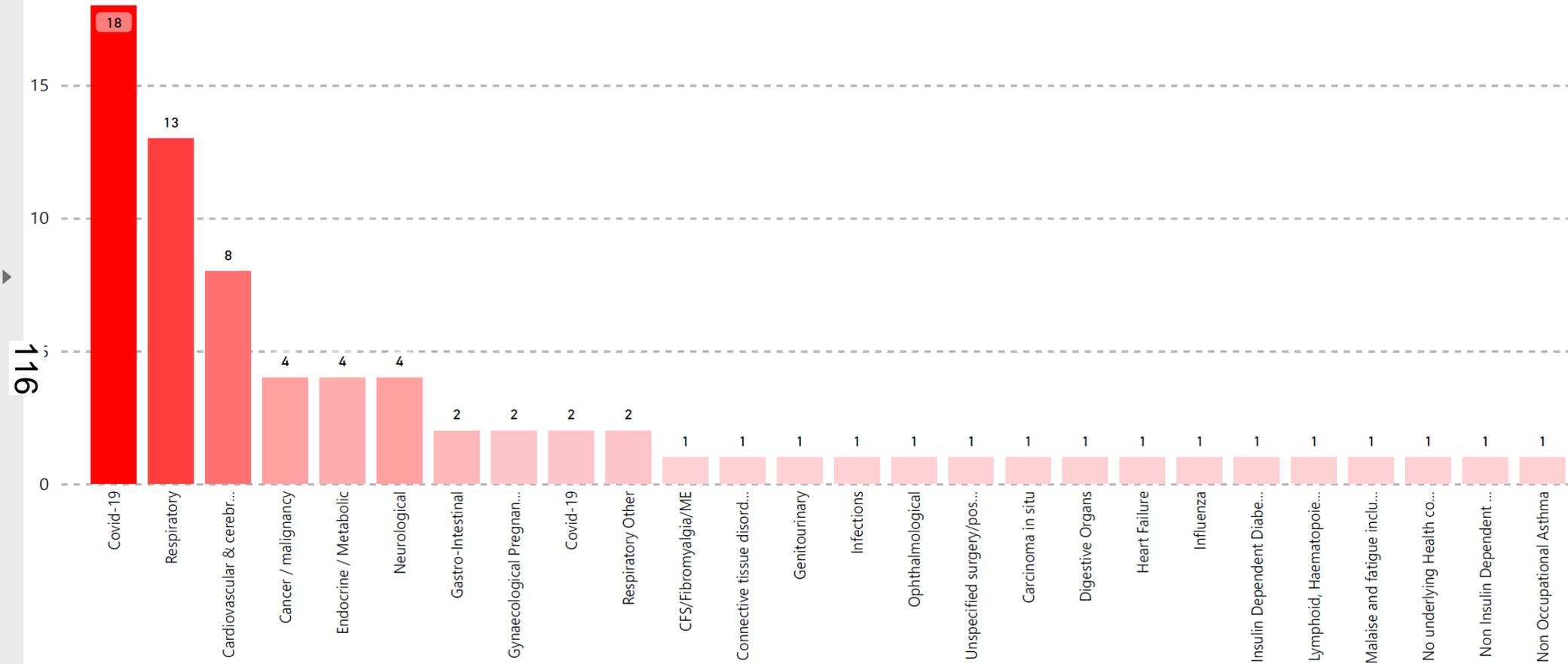
88

Other ICD %

34.24%



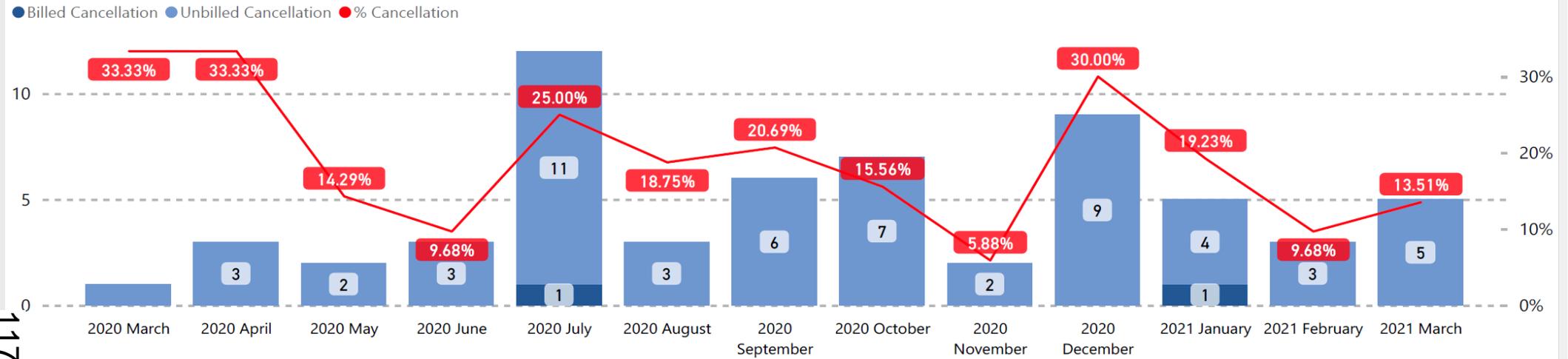
Other ICD Outcomes



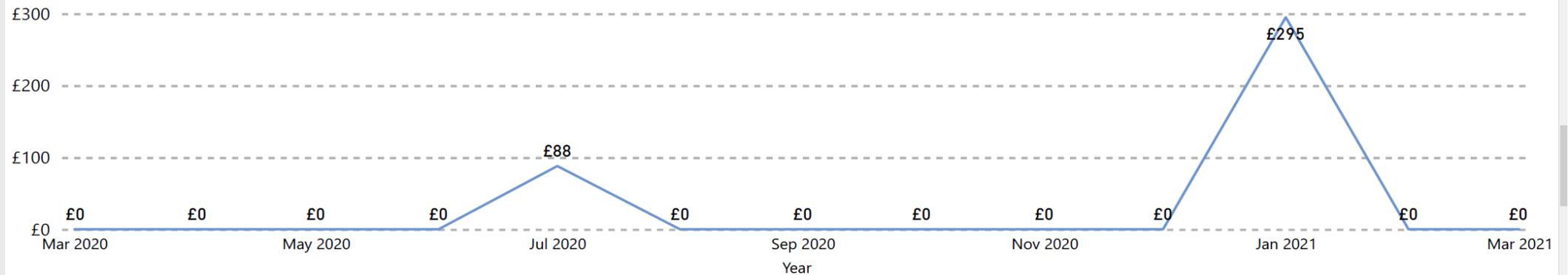
Cancellation Rate	Cancellation Volume	Billed Cancellations	Billed Cancellations
17.28%	61	2	£383



Cancellation Volumes by Month



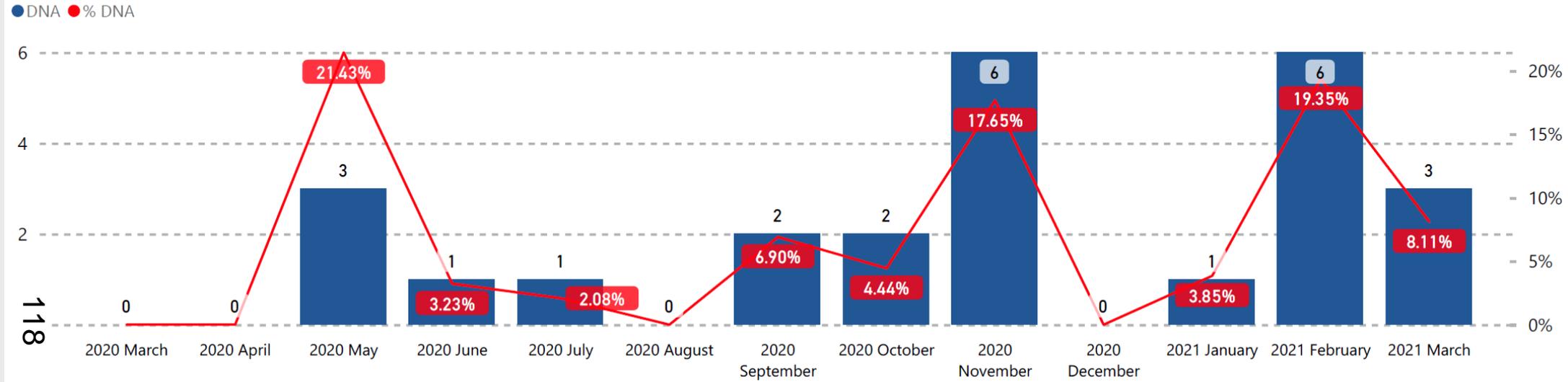
Billed Cancellations in £ over time



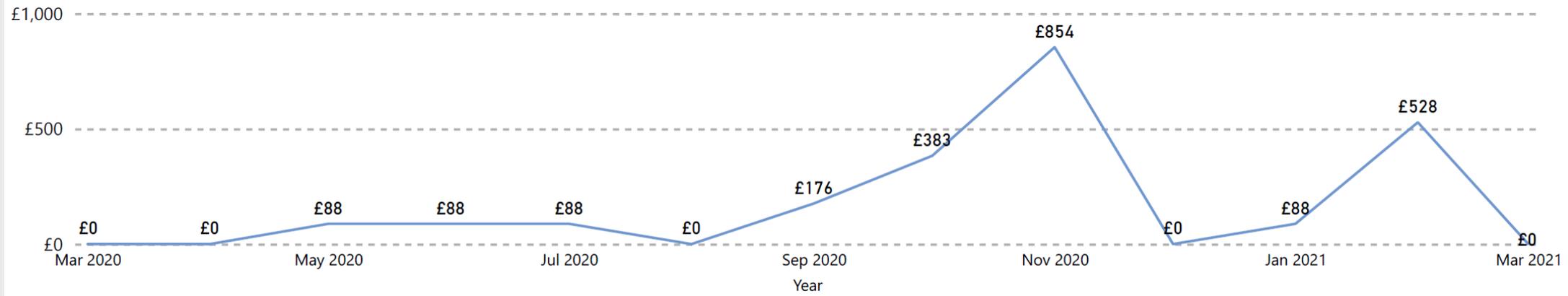
DNA Rate	DNA Volume	Billed DNA	Billed DNA
7.08%	25	19	£2,293



DNA Volumes by Month



Billed DNA in £ over time



APPENDIX 5- TERMS OF REFERENCE

Corporate Health and Safety Board

Terms of Reference

Aim

The Corporate Health and Safety Board will act on behalf of the Chief Executive as the strategic focus for Health and Safety across the corporate estate, using the Health and Safety Policy Statement as framework for decision making. The Board will ensure the implementation of the policy statement through agreed best practice and development of a Health and Safety management system.

Accountability

The Corporate Health and Safety Board will provide progress reports to the Corporate Strategic Board (CSB).

Objectives

The Corporate Health and Safety Board has the following objectives:

- To provide a forum in which officers and others with specific responsibilities for health and safety, as set out in the Health and Safety Policy, are held accountable for and supported in their actions. These actions are:
- To ensure compliance with the requirements of health and safety legislation and regulations. throughout the Council.
- To ensure arrangements for developing health and safety competencies among managers and staff are in place and are being followed.
- To review and approve Council-wide objectives for health and safety, policy and strategies and initiatives for their delivery, in consultation with the Governance, Audit and Risk Management Committee (GARMC).
- To promote engagement with, and the integration of, health and safety considerations into everyday working practices in Council services.
- To lead on Occupational Health initiatives to promote well-being and stress management as part of the wider health & wellbeing agenda.
- To develop and oversee the development, implementation and regular updating of the Council's strategic and operational health & safety risk register.
- To set and monitor performance indicators/standards for health and safety and monitor the Council's arrangements for monitoring
- To commission audits and reviews of health and safety management systems, policies and procedures.
- To receive reports and feedback from Directorate Health and Safety Meetings or other relevant forums, groups or committees, as well as provide direction and information back to them as relevant.
- To consider reports on accidents and/or incidents, complaints and work related ill health statistics in order to identify any emerging trends or patterns.
- To consider reports on visits, inspections or any enforcement action taken by the Health and Safety Executive, the London Fire & Emergency Planning Authority and other enforcing authorities.

Representatives

The Corporate Health and Safety Board will be chaired by the Corporate Director Community with responsibility for establishing and implementing a strategic framework for the Health and Safety committees in each Directorate to achieve the aims set out above.

The Board shall consist of a nominated Divisional Director representative from each Directorate, a nominated Senior HR representative, representatives from the Unions and supported by the Corporate Health and Safety Team.

All representatives on the Board will have a voice in decision making. The chair / vice chair shall have the casting vote if the matter cannot be resolved by unanimous agreement. In matters that cannot be resolved, they will be passed to the Corporate Strategic Board, as the most senior strategic forum chaired by the Chief Executive, or Employee Consultative Forum (ECF) should it not be feasible to make a decision. The Unions retain the right to escalate matters of concern to an ECF Sub-Group / ECF in line with the consultative framework of the Council and Trade Union Recognition Agreements.

When a representative cannot make the meeting, a nominated person of sufficient grade shall attend and represent them

Duties of the chair

- Schedule regular Board meetings.
- Develop written agendas for conducting meeting.
- Maintain and action plan and log of decisions
- Conduct the meeting.
- Approve Board correspondence and reports.
- Supervise the preparation of meeting minutes.

Duties of the vice-chair

- In the absence of the chair, assume the duties of the chair.
- Perform other duties as directed by the chair.

Conduct of the Board

The Chair is responsible for ensuring that the Board meets on a monthly basis to resolve issues and take forward the objectives and aims as set out in this document.

The Board should not be canceled or postponed except in exceptional circumstances. If any member of the Board cannot attend a deputy shall attend in their absence. If the meeting has to be postponed, a date for the next meeting should be agreed and announced as soon as possible by the Chair.

The minutes of each meeting will be supplied to every Board member once agreed by the Chair as soon as possible after the meeting, and be made available on the intranet once agreed.

A copy of the agenda and any accompanying papers should be sent to all members at least one week before each meeting.

Consultation

The Board actively supports and participates in the consultative arrangements in line with Safety Representatives and Safety Committee Regulations 1977 as amended by the Health and

Safety (Consultation with Employees) Regulation 1996 and the Management of Health and Safety at Work Regulations 1999

All Corporate Health and Safety Policies and Procedures shall be presented to the Corporate Board for consultation and agreement of any other party that needs be involved. Comments will be provided within a 4 week consultation period, will be collated by the Corporate Health and Safety Team, and discussed at the next Corporate Board for final sign off.

Directorate Health & Safety Board

The Corporate Health & Safety Board will feed into, and receive information and referrals from, the Directorate Health & Safety Boards, of which there will be three. The three Directorate Health & Safety Boards shall be chaired by Director (Environment & Culture) for Community Directorate, Head of Finance for Resources Directorate and Divisional Director (Educational Services) for People Directorate.

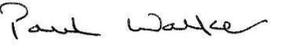
These Directorate Health & Safety Boards shall be held quarterly and minutes and actions fed back to the Corporate Health & Safety. Key themes / agenda items will be determined from the Corporate Health & Safety Board, as well as be influenced by the needs of the services. These Directorate Boards shall be run as per the principles of the Corporate Health & Safety Board Terms of Reference.

APPENDIX 6- HEALTH AND SAFETY POLICY 2021/2022

Corporate Health and Safety Policy 2021/22



Control Schedule

	Date	Signature
Prepared By John Griffiths, Corporate Health and Safety Compliance Manager	22/03/21	
Checked By Richard Lebrun, Head of Service for Public Protection	22/03/21	
Approved By Paul Walker, Corporate Director for Community	26/03/21	
Review Date 1st April 2022		

Version Control

Version	Date	Prepared By	Comment
11	01/04/2021	John Griffiths	This version supersedes all previous ones

Contents

Section		Page
2	Health and Safety Statement of intent	3
4	Responsibilities for Health and Safety	5
5	Health and Safety Arrangements	15
6	Assurance	17
7	Sign-off of policies and Procedures	17
Appendix 1	Corporate Structure	

1. Preface

Harrow Council, as an employer, recognises its legal responsibility to secure as far as is reasonably practicable the health, safety and welfare of its employees, service users, contractors, and visitors. The Council aspires to achieve excellence in this by implementing and effectively maintaining a robust safety management system that will permit safe work practices without compromising the health, safety and wellbeing of employees, the general public and the environment.

This Policy and in conjunction with local documents, Codes of Practice (CoP) and Guidance Notes (GNs) will highlight how health and safety is managed across the Council as well as define Senior Management roles and responsibilities.

2. Statement of Intent

Harrow Council is committed to ensuring the health and safety of our employees, our residents, and others who may be affected by our work activities and will take all reasonably practicable steps to minimize the incidence of all workplace risks.

This policy reflects our intent to comply with health and safety legislations in our work and behaviours thereby demonstrating an ongoing and determined promise to continuous improvement of health and safety.

Our employees, contractors and stakeholders will be made aware of and provided adequate resources to implement this policy even as we all share a personal responsibility in complying with the Councils policy and procedures. The health and safety policy will be implemented by the corporate health and safety performance plan.

The councils' approach to satisfying this commitment will be driven by;

- a. Implementing the HSG65 'Managing for Health and Safety' Management System to ensure compliance with health and safety legislations.
- b. Establishing active and open dialogue between all employees, residents, contractors, trade unions and other stakeholders. Health and safety will be integrated into our communications, wherever appropriate.
- c. Ensuring health and safety roles and responsibilities are defined as necessary within job descriptions.
- d. Provision and allocation of adequate resources to health and safety at all levels
- e. Provision of comprehensive and relevant information, instruction, training, and supervision to ensure employees have the knowledge and competence required to meet their individual and collective responsibilities
- f. Carrying out suitable and sufficient risk assessments for all work activities, ensuring appropriate control measures are established, communicated, and implemented.
- g. Monitoring of accident/incidents/near miss and other cases of work-related ill- health, prioritizing investigations, and taking corrective actions to prevent a reoccurrence.
- h. Demonstration of leadership in health and safety by senior management

ensuring systems are in place and people within their services are empowered to freely raise health and safety concerns with management.

- i. Provision and maintenance of plants and a place of work or (premises under council control) that is safe and without risks to health with safe access and egress and appropriate facilities to maintain welfare at work
- j. Ensuring Managers are proactive in managing sickness absence using the Occupational Health Service (OHS) and Health surveillance is conducted as appropriate
- k. Promoting Health and Wellbeing at Work by encouraging a work life balance and healthier lifestyles such as
 - walk or cycle to work
 - provision of healthy eating options
 - discounts for staff at local leisure centre
 - support to employees who want to quit smoking.

The Health and Safety Policy will be reviewed at least every year, or more frequently should there be a significant incident or any major changes to legislation, operations, or personnel.

The Chief Executive has overall responsibility for health, safety, and welfare. Their day-to-day management is the responsibility of management and supervisory personnel.

Employees share a responsibility to co-operate with management, and in accordance with the Health and Safety at Work etc. Act 1974, to ensure their own safety and the safety of those affected by their activities. This includes not intentionally or recklessly interfering with or misusing anything provided for their health or safety.



Sean Harris
Chief Executive
Date: 26th March 2021



Graham Henson
Council Leader
Date: 26th March 2021

3. Scope

Harrow Council's Health and Safety policy applies to all employees and premises under the Councils control. This is inclusive of school and agency staff. This policy also extends to third parties who interact with the council such as consultants, contractors, service users and volunteers.

4. Responsibilities for Health and Safety

The council will coordinate its health and safety arrangements around existing corporate structure with clearly defined roles and responsibilities for efficient health and safety management.

Harrow Council

Harrow council, as an employer has the overall statutory responsibility for occupational health and safety. Consequently, the council will

- Recognize significant health and safety risks faced by the Council
- Have oversight over strategic decisions and their implication on health and safety
- Establish appropriate communication and assurance systems to support this policy including its review and council uptake.

Elected Members

The Leader of the Council and Harrow Council Cabinet Members have overall responsibility for the control, direction and allocation of resources that are made available to manage health and safety. Where necessary, they will ensure that they take competent advice when considering matters relating to health and safety matters. Members are legally responsible for health and safety matters. Failure to comply with the requirements of current health and safety legislation will render them liable to prosecution under section 37 of the Health and Safety at Work etc. Act 1974.

Chief Executive

The Chief Executive has delegated authority from Harrow Council for the delivery, management and performance of this health and safety policy and ensuring that all health and safety matters are brought to the attention of the Elected Members.

Specifically, the Chief Executive shall.

- a. Implement and endorse this policy as a visible demonstration of ownership and ensure its values are communicated
- b. Appoint the Corporate Director-Community with responsibility for overseeing the day-to-day management of health and safety on behalf of the Council
- c. Allocate suitable resources for the management of health and safety
- d. Agree on how this policy will be measured, monitored, and reported through the setting of appropriate key performance indicators and to review such performance data, celebrating achievement and taking corrective action where targets are not being met
- e. Determine a health, safety and wellbeing risk profile for the Council and agree an appropriate internal auditing program to reflect this profile

- f. Ensure that the statutory requirement to monitor health and safety issues affecting all directorates are carried out through the Corporate Strategy Board(CSB) AND THE Corporate Health and Safety Board(CHSB) which should incorporate Trade Union representatives
- g. Continually review health and safety performances, make decisions where required and communicate results to staff

Corporate Director-Community

The Corporate Director-Community is responsible for leading the council's vision for a safe, secure, and healthy work environment.

Specifically, the Corporate Director-Community shall.

- a. Act as the person with responsibility for overseeing the delivery of the day-to-day management of health and safety on behalf of the Council
- b. Advise the Council on the preparation and revision of the its Policy Statement for Health and Safety; the appropriate organisation and arrangements necessary to meet the policy's aims and objectives
- c. Ensure that the Corporate Health and Safety Performance Plan is implemented and suitably disseminated
- d. Ensure that a safety management framework is in place, to enable the appropriate health and safety policies and procedures to be developed, maintained, monitored, and reviewed
- e. Encourage a practical approach to managing health and safety and imbue a positive health and safety culture among employees
- f. Ensure that all employees have access to competent health and safety advice
- g. Ensure that the required level of 'competent' persons are maintained within the directorate given the higher operational risk levels within certain areas of the directorate.
- h. Act as Chairperson for the Corporate Health and Safety Board (CHSB) and ensure that health and safety information is disseminated throughout the organisation and to escalate health and safety matters to the Corporate Strategic Board (CSB) and to the Employees Consultative Forum (ECF), if required
- i. Ensure that health and safety is promoted throughout all services and at all stages, including recruitment selection and training
- j. Regularly consult with employees through their Trade Union or other representatives with respect to changes that may affect their health, safety, and wellbeing.
- k. Coordinate the preparation of the Corporate Health and Safety Board (CHSB) meetings and management reports and ensure effective consultation with the ECF.

Corporate Directors

Corporate Directors are responsible for implementation and compliance with this Policy within their Directorates along with any specific health and safety Policies, Codes of Practice and Safe Systems of Work (SSoW) where required. Specifically, the Corporate Director shall,

- a. Act as the person with responsibility for overseeing the delivery of the day-to-day management of health and safety on behalf of the Council
- b. Have oversight of health and safety performance in their areas of responsibility and actively contribute to achieving the overall health and safety strategic aims, including the delivery of the Corporate Health and Safety Performance Plan
- c. Support the Corporate Director-Community with responsibility for the lead health and safety role and champion Directorate employees with health and safety remits, to ensure that the Health and Safety Management System is adequately monitored and is effective.
- d. Ensure that a Health and Safety Board for their Directorate is in place, which should have a chairperson appointed and comprise of relevant Trade Union representatives. The Board should also incorporate the Terms of Reference agreed by the CHSB.
- e. Agree with Divisional Directors and Heads of Service targets for health and safety performance, in support of the Council's overall strategy, the Corporate Health and Safety Performance Plan and Health and Safety Management System.
- f. Designate a named officer (Premises Manager) to be responsible for management of those buildings occupied by them or by more than one Directorate or agency and ensure that these responsible persons are adequately trained.
- g. Determine the health and safety responsibilities and safety critical roles of all employees in their Directorate are identified and incorporated within the employees' role profile or job descriptions.
- h. Ensure suitable and sufficient consultation with the appropriate employee representatives with regards to health and safety matters.
- i. Be responsible for ensuring that this Policy and the Directorate Policy are communicated and understood by all employees in their Directorate
- j. Ensure adequate resources are available for health and safety measures in order to meet corporate responsibilities.
- k. Ensure that the appointed Safety Champion attend the Corporate Health and Safety board committee.

Divisional Directors and Heads of Service

Divisional Directors and Heads of Service have responsibility for ensuring that health and safety risks are managed in such a way as to meet Council aims and to ensure legal compliance as the minimum standard.

Specifically, the Divisional Directors and Heads of Service shall.

- a. Prepare, implement, monitor, and periodically update their Divisional and Service Health and Safety Plans and ensure that the Council's Health and Safety Management System is maintained.
- b. Carry out suitable and sufficient risk assessments of the existing & new premises, plant, machinery etc. and appropriate action taken to effectively control the identified hazards.
- c. Deliver the agreed targets on health and safety performance, including the Divisional Health and Safety Performance Plan, in support of the Council's overall strategy, the Corporate Health and Safety Performance Plan and the Health and

Safety management system

- d. Ensure that all accidents involving or have the potential to cause injury or harm to persons or damage to property are reported and investigated and any corrective action is taken to prevent recurrence.
- e. Ensure all contracts are adequate in terms of health and safety provisions and that contractors are monitored to ensure they meet corporate standards.
- f. Ensure that the appropriate information, instruction and supervision are provided to enable all employees to avoid hazards and contribute positively to their own and others safety, health and welfare at work.
- g. Ensure liaison with other employers, including contractors and occupiers of shared premises to ensure effective cooperation for the exchange of “user” information to permit compliance with Corporate Policy.
- h. Ensure compliance with Site Fire and Security Plans and allocating sufficient resources to meet the requirements of those plans in their work area and ensuring that emergency arrangements are in place to protect employees and others against risk of imminent danger
- i. Ensure that employees are competent and capable of performing their duties to the required standard with the provision of adequate training to ensure that competency is assured and maintained.
- j. Make suitable arrangements for consulting with employees on health and safety matters and in accordance with legal standards i.e. through regular recorded team meetings and ensuring that health and safety is a standard item on the agenda at these meetings.
- k. Obtain advice and support from the Corporate Health and Safety Team and / or the Occupational Health Service as may be needed.

Corporate Health, Safety and Compliance Manager

The Corporate Health, Safety and Compliance Manager (CHSCM) is the council's appointed 'competent person' regarding health and safety management.

This role is to ensure that the health and safety of employees and those that engage with Council are not adversely affected by Council activities or processes, so far as is reasonably practicable, whilst promoting the highest quality of health and safety practice and continuous improvement across the Council's wide spectrum of activities; so meeting all its legal and moral obligations in this regard

Specifically, the Corporate Health, Safety and Compliance Manager shall.

- a. Define the content of this Policy, additional corporate health and safety related policies and guidance documents, which will be reviewed yearly or earlier, if required.
- b. Design, plan, and execute the Corporate Health and Safety Performance Plan (CHSPP)
- c. Provide adequate advisory support to ensure compliance throughout the Council
- d. Ensure that Senior Management are aware of their responsibilities in meeting

- health and safety objectives and targets
- e. Manage the corporate accident / incident database; preparing accident statistics; producing management reports and disseminating these as may be required
- f. Produce an action plan for Corporate Strategy Board (CSB) and Corporate Health and Safety Board identifying key risks to the organisation
- g. Set corporate performance standards and key performance indicators
- h. Be the primary point of contact with external health and safety regulatory bodies and agencies

Head of Property and Facilities Management

The Head of Property and Facilities Management has overall accountability for Corporate property related health and safety matters, except for properties managed by third party contractors on behalf of the Council, and leased properties, as appropriate.

Specifically, the Head of Property and Facilities Management shall.

- a. Be responsible for managing the design, construction, installation, security, maintenance (including cleaning), inspection, decommissioning, demolition and refurbishment, as appropriate, of the Council's non-domestic property portfolio, ensuring compliance with health and safety requirements including statutory obligations, i.e. asbestos management, fire safety compliance arrangements, control of legionella etc.;
- b. Conduct and compile a comprehensive suite of records of fire risk assessments/inspections, asbestos; registers/management/demolition/refurbishment surveys and plans, water quality control inspections and reports, etc. to be held both centrally and onsite for property and facilities management, duty holder and enforcing authority purposes.
- c. Ensure that suitable communication methods are established for liaison with all Premises Responsible Person who have been delegated with the day-to-day management of individual sites & properties and that these managers receive suitable information, support and assistance to effectively manage these buildings safely and in the decision making process when planning any changes to buildings
- d. Ensure that roles and responsibilities are set out and adhered to in lease and sub-lease agreements, including maintenance and repair obligations, fire safety, asbestos and legionella management, etc.
- e. Ensure adequate 'control of contractors' arrangements, including access to, permit to work and confined space working systems, etc. are in place to discharge (a) – (c) above; and,
- f. Act as temporary duty holders, ensuring that roles and responsibilities are set out for let agreements and out of hours access to Council premises to third parties.

For the purposes of the corporate estate, this role falls to the Facilities Management Team within Community.

Head of Human Resources

In terms of this Health and Safety Policy, the Head of Human Resources supports employee wellbeing and has responsibility for ensuring:

- a. The adequate provision of Occupational Health Services, including pre-employment health screening, medicals, vaccinations, health surveillance, etc. in consultation with Corporate Health and Safety.
- b. The adequate provision of Employee Assistance support
- c. Appropriate people policies and procedures are developed, maintained and monitored for work-related stress, driving at work and alcohol and drugs.
- d. The provision of health promotion initiatives within the Council to promote employee health and wellbeing.

Responsible Person/Site Health and Safety Duty Holder

In addition to normal managerial duties, employees who have control of premises or sites as part of their role (duty holders) shall undertake statutory health and safety related duties. Technical support for these duties will be provided by the property and facilities management team but the management of the duties are the responsibility of the Duty Holder.

In order to ensure that responsible person/site health and safety duty holders can fulfil their duties and responsibilities under the corporate health and safety policy, the tasks involved in managing these premises may be delegated to other persons e.g. head teachers in schools, members of staff, managing agents or other external organisation, provided that they have the necessary competence, resources and have Council approval to perform these roles.

Specifically, responsible person/site health and safety duty holders shall ensure that.

- a. All health, safety and welfare risks under their management are identified, assessed, and controlled, with specialist input from corporate health and safety advisers and others, where required.
- b. That the requirements in this Policy are communicated and followed by all employees and third parties, including service users.
- c. Health and safety training needs analysis is carried out, and suitable training is delivered within appropriate timescales, including induction training.
- d. That workplace inspections are carried out each quarter (termly in schools), and that these are documented and, where required, remedial action is acted upon and delivered within appropriate timescales, that workplace inspections are carried out each quarter (termly in schools), and that these are documented and, where required, remedial action is acted upon and delivered within appropriate timescales
- e. Ensure compliance with Site Fire and Security Plans and sufficient resources are allocated to meet the requirements of those plans in their area, ensuring emergency arrangements are in place to protect all employees and others against risk of imminent danger
- f. Report and primary investigation of adverse events or conditions – injuries, work-related ill health, diseases, dangerous occurrences ('near misses'); and any premises/plant/equipment hazards, damage or defects (corporate health and safety shall conduct significant adverse event investigations, as appropriate).

Governing Body

The governing body's responsibility is to approve the strategic vision for the school, working in partnership with the Headteacher and promoting continuous improvement in the performance of the school health and safety performance. The governing body has legal duty under the Health and Safety at Work etc. Act 1974.

Headteachers

In accordance with Health and Safety legislation, the Employer is accountable for the Health and Safety of school staff and pupils. The day to day running of the school is delegated to the Headteacher and the school management team. In most cases they are responsible for ensuring that Health and Safety risks are managed effectively.

Schools must seek competent advice and support to ensure they meet their health and safety duties. The provision of competent health and safety advice and support from qualified health and safety professionals is offered to schools through the Service Level Agreements (SLA's).

Specifically, Headteachers shall.

- a. Put in place suitable organisational arrangements for implementing, monitoring, and controlling the health, safety and welfare of staff and pupils.
- b. Undertake suitable and sufficient risk assessment on all school activities, where there is no relevant model risk assessment, obtain competent advice to undertake a suitable and sufficient risk assessment.
- c. Appoint an educational visit coordinator from their staff to advise and co-ordinate offsite educational visits and ensure that risks to pupil health and safety during off-site visits are adequately assessed and controlled.
- d. Appoint a designated person for fire safety to ensure there are adequate fire safety arrangements, including a written fire emergency plan.
- e. Make arrangements for the security, repair, and maintenance of the premises, including the proper selection and control of contractors, and ensure any defects are made safe without delay.
- f. Make arrangements for machinery, plant, and equipment to be maintained in a safe condition, including tests and inspections required by law, and keep records.
- g. Provide adequate information and instruction to employees, including the first aid provision and the fire evacuation procedure.
- h. Arrange for appropriate training in health and safety, and certification where required, and keep this up to date. Health and Safety must be a standard part of any new employee's induction.
- i. Make sure that staff that supervise hazardous activities are suitably qualified and experienced.
- j. Undertake regular inspections of the workplace and working practices and report the findings to the Governing Body.
- k. Keep a record of accidents and report all accidents to the Harrow Council corporate health and safety team using the online [SHE Assure](#) incident reporting system
- l. Undertake prompt investigation of major accidents and take immediate action to prevent a recurrence. Record your investigation using the online [SHE Assure](#) incident reporting system.

Managers and Supervisors

Employees that manage staff in any capacity are responsible for ensuring that activities carried out under their control are in accordance with Corporate Policies and procedures and in compliance with statutory provisions.

Specifically, managers and supervisors shall.

- a. Deliver targets on health and safety performance as agreed with their Divisional Director or Head of Service, including their Service's Health and Safety Performance Plan, and where required, their Directorate Health and Safety Performance Plan, the Corporate Health and Safety Performance Plan and Health and Safety Management System
- b. Managers and supervisors to develop, amend and review all their operational Risk Assessments and that managers communicate those risk assessments to their staff for understanding of those risks and what control measures are required to undertake their duties safely.
- c. Ensure all health and safety risk are identified, assessed, controlled/mitigated, and reviewed, as appropriate, with specialist input from corporate health and safety advisors and others including the Council occupational health provision, where required.
- d. Use and promote systems of communication to ensure all employees are involved in contributing to the safety of their work and workplace by giving feedback on existing safety rules and procedures
- e. Provide suitable and sufficient information, training, and supervision to ensure that all employees avoid injury / ill-health and contribute positively to their safety, health & welfare and that of others and monitor compliance
- f. Inspect the workplace at least quarterly; taking appropriate action to remedy the identified hazards; reporting those hazards that cannot be remedied to the line managers so that further action is carried out as may be required
- g. Ensure timely involvement of Occupational Health support to promote health at work and, where appropriate, to enhance the effective return to work of absent employees
- h. Ensure that Safe Systems of Work are devised and put in place and that staff have been suitably and sufficiently trained. Ensuring that the distinction between Safe Systems of Work (SSW) and Standard Operating Procedures (SOP) is fully understood.
- i. Ensure that Corporate Directors and Divisional Directors / Heads of Service are aware of any shortfalls in relation to a lack of resources, training requirements and support that may be required

Employees

All employees have a duty to take reasonable care whilst at work, ensuring not to endanger themselves or others that may be affected by their acts or omissions and to cooperate with management so as a high standard of health and safety throughout Harrow Council is achieved.

Specifically, employees shall.

- a. Ensure they are aware of, understand and follow those parts of the health and safety management system, Codes of Practice and Guidance Notes which relate to their area of work.
- b. Also ensure that they are familiar with and understand the following.
 - Any necessary action concerned with fire and fire drills at their place of work
 - The first-aid arrangements and facilities available at their place of work.
 - The corporate accident / incident / near-miss reporting procedures.
- c. Avoid conduct that would put themselves and others (including visitors, contractors, the public and persons on work experience) safety, health, and wellbeing at risk of injury
- d. Attend any training provided and putting into practice all instruction intended to ensure safety whilst at work
- e. Not miss-use safety equipment and protective clothing provided, utilizing these in accordance with instructions or training received and immediately reporting any defects to their supervisor / manager
- f. Operating only those items of plant / equipment for which they have received training and are authorized to use
- g. Following any control measures identified within the risk assessments relevant to their work
- h. Complying with disciplined work procedures as detailed either in writing or verbally by their manager or supervisors and to ensure such instructions and training that is given is fully understood before commencement of work
- i. If in doubt, to query any matters regarding health and safety by contacting corporate health and safety service
- j. Using the correct tools and equipment for the task/s and ensuring that these tools are maintained in good working order therefore reporting any defects immediately to their supervisor / manager
- k. Report all accidents, incidents and near misses, in accordance with the corporate accident / incident reporting procedure
- l. Cooperating with management in evaluating risks and suggesting ways to improve health and safety performance
- m. Refraining from 'horseplay', cutting corners, and taking unnecessary risks whilst undertaking their tasks
- n. Assisting management by ensuring that other employees, particularly new employees, are aware of the procedures, Safe Systems of Work and any

- potential hazards that are likely to be created during the work activity
- o. Ensuring that, where vehicles are used for work purposes, then these must be maintained in a safe and roadworthy condition and any materials and equipment carried in the vehicles should be appropriately secured thus in compliance with the related statutory regulations
 - p. Not consuming any alcohol, recreational drugs or any other substances that may impede their mental and physical state of mind

If you have any doubts about your health and safety responsibilities in your workplace, you must seek clarification from your supervisor or line manager. You may also seek guidance from your Trade Union Safety Representative or the Corporate Health and Safety Team.

Safety Representatives

Safety Representatives have legal recognition under the SRSC Regulations 1977. They are elected by Trade Union members recognised by the Council and have a duty to represent their members (employees). Functions of a Safety Representative include:

- a. Conducting investigations of potentially significant hazards and dangerous occurrences in the workplace and to examine the cause/s of an accident
- b. Investigating complaints raised by any employee they represent relating to the employee's health, safety or welfare.
- c. Making representations to management on matters arising from the two above duties or any other legitimate health and safety concerns
- d. Carrying out inspections of the workplace at agreed intervals, having given reasonable notice to the responsible manager
- e. Reviewing information from Health and Safety Inspectors and others on behalf of employees whose health and safety they represent
- f. Attending health and safety meetings and where necessary, ensuring that their members are adequately represented.

Third Parties

This policy also relates to third parties who interact with the council such as consultants, contractors, service users and volunteers.

Specifically, they are to.

- a. Act in accordance with the council's guidance on third parties with respect to the management of their health and safety

5. Arrangements for the Management of Health and Safety

Training

Health and safety training will be provided for all staff as part of their induction and subsequently, repeated periodically as part of their mandatory training through Training Academy and E- Learning Pool. Other specialist training necessary for staff with specific health and safety responsibilities in each workplace will be identified through the risk assessment process and staff appraisals. This includes e.g. Fire Warden, First Aider, Legionella and Asbestos Awareness.

The Health and Safety training matrix can be referred to as an aid to help identify mandatory and recommended health and safety training for your staff. This can be found on SharePoint

<http://our.harrow.gov.uk/worksites/corporateHS/Lists/training/AllItems.aspx>

Risk assessment

Risk assessment is the key to effective and sensible health and safety management. The findings from risk assessments will be used to identify, prioritise and control risks at all levels in the company.

Managers will ensure that all significant hazards in their workplace / work activities under their control have been suitably risk assessed and that any subsequent risks are adequately controlled. Risk assessments will be reviewed at least every year, or more frequently should there be a significant incident or any major changes to legislation, operations, or personnel.

Risk assessments should be uploaded or carried out using the councils health and safety management software, [SHE Assure](#)

Risk Register

If a risk has been identified as being high or may have a major impact and/or be detrimental to service users, staff and the organisation, the Corporate Risk Register must be updated. All high risks that have been placed on the risk register should be reviewed regularly until resolved.

The risk register is managed by the Corporate Risk Management team they update it quarterly for the Corporate Strategic Board (CSB). The Corporate Health and Safety Compliance manager updates the Risk Register on health and safety risks quarterly.

Accident / incident reporting and investigation

All accidents / incidents and 'near-misses' should be recorded, reported, and investigated in accordance with the company's Incident Reporting Policy.

Reporting of accident/incidents/near misses is carried out using the council's health and safety management software [SHEASSURE](#)

All RIDDOR reportable incidents will be reported to the HSE by the Corporate Health and Safety team. However, as RIDDOR Reportable incidents are time bound, the corporate health and safety team must be notified of such incidents the same day they occur.

First Aid at work

Harrow Council will prioritize adequate first aid provision to ensure employees get immediate medical attention when required.

The level of provision provided will be appropriate to the risks identified in each workplace risk assessment.

All First Aiders will be competent in either First Aid at Work (FAW), Emergency First Aid at Work (EFAW), or Mental Health First Aid course (MHFA) and hold a valid certificate of training and their names and locations will be prominently displayed in each workplace. First aiders will also be responsible for first aid kits.

More specific details are contained in the first aid at work code of practice HSCOP 12-00

Occupational Health Service

Harrow Council is committed to promoting physical and psychological wellbeing of all its employees thereby undertaking appropriate measures to prevent ill-health and injury that may arise from any work activities.

The Occupational Health Service (OHS) and Employment Assistance Programme (EAP) are services provided by the Health Management Limited (HML), providing expert advice, specialist counselling and support to all Harrow Council employees when required.

Employees can access the EAP service 24 hours a day, 7 days a week, either online or by the telephone. The range of topics covered by EAP include legal, bereavement, bullying and harassment advice etc.

Employees requiring the Occupational Health Service can receive this following initial referral by their line manager

Further advice / information can be obtained from Human Resources Department, email - AskHR AskHR@harrow.gov.uk as these services sit separate to the Corporate Health & Safety function, but will liaise with, and contribute to, any corporate health & safety plan for the purpose of ensuring the welfare of all.

Supporting Documentation

The council has several supporting documents which provide employees with more detailed practical arrangements regarding health and safety issues. These are available on SharePoint - [Corporate Health and Safety Documents](#)

Communicating Health and Safety Information

The council uses a variety of methods to ensure suitable and sufficient health and safety information is disseminated to all staff; these are:

- Health and safety law poster and local contact notices e.g. first aiders, fire marshals.
- [SharePoint](#)
- Health and safety policies, guidance documents and handbook which can be found on [Share point](#) or on [SHE ASSURE](#) document Library

- Safety Circles
- COMMS
- Team briefings which may contain occasional health and safety information.

All other arrangements for health and safety can be found in the councils' health and safety staff handbook. This will be given to staff during induction, can be requested from your manager or accessed using either [Share Point](#) or [SHE Assure](#) document library Reference 133

6. Assurance

In order for this policy to be effectively implemented there needs to be an assurance process. Assurance will be established by.

- Documentation - Divisional Health and Safety Plans including copies of risk assessments and safe working methods will be in writing and kept either electronically or as hard copy. It is essential that working documents such as risk assessments are readily available to all employees
- Reporting – Ensure key indicators are in place to monitor performance and include data to identify trends that will be fed back to Senior Management
- Independent Review - The Corporate Health and Safety Team will undertake assurance work of all Directorates. Directors and Heads of Service will ensure that active monitoring is carried out in their areas, based on the Corporate Health and Safety Performance Plan. In addition, Inspectors of the enforcing authorities and health and safety representatives appointed by recognized Trade Unions will / may conduct independent inspections and audits.

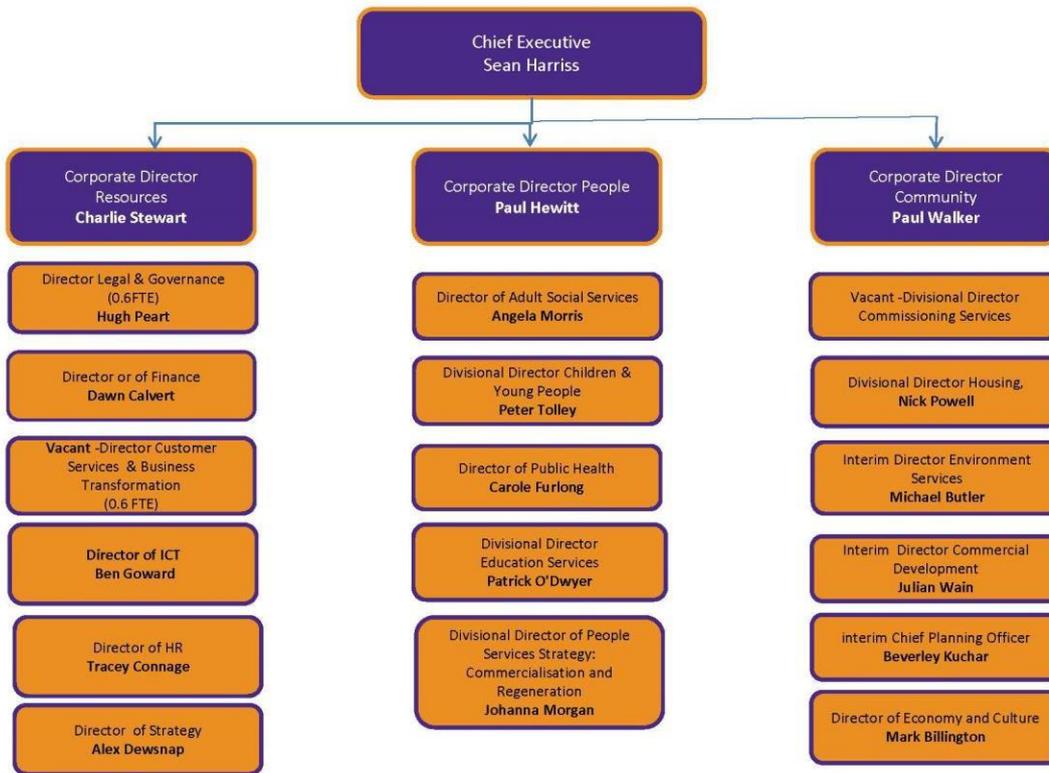
7. Sign off of Policies and Procedures

The responsibility for producing, updating, and communicating corporate policies and procedures rests with the corporate health & safety team under the Corporate Health, Safety Compliance Manager.

All Policies are presented at the Corporate Health and Safety Board where the board committee is represented by Corporate Director, Divisional Directors, Human Resources, Corporate Health Safety and Compliance Manager and Trade Unions. All members of this board have responsibility to review and encourage feedback before final sign-off

Health & Safety requires the proactive, timely production of relevant and required policies and procedures to ensure the safety of those in the organisation. To this end, such policies and procedures final sign off rests with the Corporate Director-Community and will be reported to the Corporate Health & Safety Board for information and cascading as necessary.

Senior Management Structure





**Report for: GOVERNANCE, AUDIT
AND RISK
MANAGEMENT AND
STANDARDS
COMMITTEE**

Date of Meeting:	13 th July 2021
Subject:	INFORMATION REPORT – Internal Audit Year-End Report 2020/21
Responsible Officer:	Dawn Calvert, Director of Finance & Assurance
Exempt:	No
Wards affected:	All
Enclosures:	Appendix 1 – Internal Audit Year-end Report 2020/21

Section 1 – Summary and Recommendations

This report sets out the 2020/21 year end report for Internal Audit and includes the Head of Internal Audit's draft overall audit opinion on the control environment.

The report is presented to enable the Committee to fulfil the requirements of its Terms of Reference to:

- To consider reports from the Head of Internal Audit on internal audit's performance at mid-year and year-end, including the performance of external providers of internal audit services.

FOR INFORMATION

Section 2 – Report

Background

- 2.1. Annually the GARMS Committee considers a mid and full year reports from Internal Audit covering progress against the agreed annual plan to help fulfil it's purpose in accordance with the Committees Terms of Reference.

Internal Audit Year-End Report (Appendix 1)

- 2.2. Overall the Internal Audit Team has achieved 92% of the 2020/21 annual internal audit plan exceeding the 90% target. This included 100% achievement of the core financial systems reviews. A total of 92 recommendations were made to management to improve internal controls of which 100% were agreed for implementation exceeding the 95% target.
- 2.3 Appendix 1 details the Head of Internal Audit's draft Opinion, provides a summary of all the work undertaken during the year, covers the direction of assurance travel and the performance of Internal Audit against the agreed key performance indicators.

Legal Implications

Accounts & Audit Regulations 2015

Internal audit

5.(1) A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.

Financial Implications

There are no financial implications to this report, the Internal Audit service was delivered within budget for 2020/21.

Risk Management Implications

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below. **n/a**

The main risk relating to the performance of the internal audit service is as follows:

Risk Description	Mitigations	RAG Status
Insufficient work is undertaken during the year to enable an overall audit opinion to be produced by the Head of Internal Audit	<ul style="list-style-type: none"> • Production of an annual plan to guide the work of the team • Performance management of the team • Performance management reporting to GARMS Committee • An adequately resourced IA team and/or appropriate working methods to ensure adequate coverage 	

Equalities implications / Public Sector Equality Duty

N/A

Council Priorities

1. **Improving the environment and addressing climate change**
2. **Tackling poverty and inequality**
3. **Building homes and infrastructure**
4. **Addressing health and social care inequality**
5. **Thriving economy**

The work of the Internal Audit service supports the delivery of the Council's priorities by providing assurance on the effectiveness of risk management, control and governance processes, and making recommendations to improve these processes, increasing the likelihood of the achievement of the priorities.

Section 3 - Statutory Officer Clearance

As this is an information report legal / finance / Corporate Director clearances are not necessary.

Mandatory Checks

Ward Councillors notified: ~~YES~~*/ ~~NO~~*, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Susan Dixon, Head of Internal Audit & Corporate Anti-Fraud, 02084241420

Background Papers: None.

If appropriate, does the report include the following considerations?

- | | |
|-----------------|--------------------------------|
| 1. Consultation | YES / NO |
| 2. Priorities | YES / NO |

Internal Audit Year-End Report

2020/21

CONTENTS:

Introduction

Head of Internal Audit Opinion

Summary of Outputs

Direction of Assurance Travel

Performance of Internal Audit

Appendices:

1. Opinion Types/Limitations and Responsibilities
2. Audit Report Assurance Levels

Introduction

This report outlines the internal audit work carried out for the year ended 31/03/21. The Public Sector Internal Audit Standards require the Head of Internal Audit to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management (Corporate Strategic Board) and approved by the Governance, Audit, Risk Management & Standards Committee (Harrow Council's Audit Committee), designed to provide a reasonable level of assurance, subject to the inherent limitations described below and set out in Appendix 1. The opinion does not imply that Internal Audit has reviewed all risks relating to the organisation.

2020/21 has been a year like no other for the Council and Internal Audit with work being disrupted at the beginning of the year due to the requirement for all staff to work from home initially without appropriate IT equipment for all staff i.e. lap tops, keyboards, mouse and screens, with staff being required to find suitable space to work within their own homes. New ways of working needed to be developed to enable audit reviews to be undertaken remotely requiring the adaptation of audit programs/approaches and the use of new and unfamiliar IT software. The Governance, Audit, Risk Management & Standards Committee did not meet in April 2020 or July 2020 as a result of the disruption and thus the Internal Audit Plan for 2020/21, which would usually have been presented to the Committee in the April, was not presented until the October meeting. This was a revised plan that took into account the disruption and the change in Internal Audit resources.

The Internal Audit Plan 2020/21 was based on a level of internal audit input of 564 days, of which 603 days were delivered. This reflects additional work undertaken in various areas of the plan including Families First, Business Grants and Professional Advice as reflected in the report below.

Internal audit work was performed in conformance with the Public Sector Internal Audit Standards.

Head of Internal Draft Audit Opinion

Good with improvements required in a few areas: The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is generally good with 98% of reports issued being amber, amber/green or green assurance. One red assurance report has been issued identifying significant weakness and/or non-compliance in the framework which could potentially put the achievement of objectives in this area at risk and no significant governance gaps have been identified so far as part of the annual review of governance process. The direction of assurance travel over the past three years is positive with fewer red and red/amber assurance reports issued each year. Improvements have been recommended in areas where weaknesses were identified of which 98% have been agreed by management. See Summary of Findings section.

Framework for the Opinion

The opinion is based on:

- All audits undertaken as part of the 2020/21 Internal Audit Plan (except Core Financial Systems audits);
- Audits of Core Financial Systems undertaken in Q1/Q2 of 2021/22 (part of the 2021/22 plan);

- Recommendations made accepted/not accepted by management;
- Recommendations implemented by management at follow-up;
- Re-assessed assurance ratings at follow-up in respect of audits from previous periods.
- The annual review of governance process.

Key Factors for the 2020/21 Draft Opinion

The opinion is currently in draft only as work on the Council's core financial systems is currently incomplete. This is due to reduced Internal Audit resources due to vacancies and maternity leave and reduced resources in some of the core financial system areas due to vacancies and the work on the introduction of the replacement ERP system. The key factors that contributed to the draft opinion are summarised as follows:

- 98% of assurance reviews undertaken during 2020/21 were given an amber, an amber/green or a green assurance (2% higher than 2019/20);
- 100% of overall recommendations made during 2020/21 were agreed by management for implementation (2% higher than 2019/20);
- 87% of recommendations were implemented/substantially implemented (19% higher than 2019/20), 8% were in progress (13% lower than 2019) and 5% (6% lower than 2019/20) were planned at time of follow-up thus it is expected that in due course 100% will be implemented (the same as 2019/20);
- 100% of follow-up reviews attained an amber, amber/green or green assurance rating (the same as 2018/19), all, bar one resulted in an improved assurance rating with;
- The annual review of governance has not identified any significant governance gap so far.

Summary of Outputs

The year-end internal audit report is timed to inform Harrow's Annual Governance Statement. A summary of key outputs/findings from the programme of internal audit work for the year is recorded in the table below:

Key Outputs	
Description	Detail
<p>Audit reports</p> <p>29 internal audit reviews were undertaken resulting in an audit report.</p>	<ul style="list-style-type: none"> • 11 green, 13 amber/green, 4 amber and 1 red assurance reports were issued; • 19 high risk, 46 medium risk and 19 low risk recommendations were made to improve weaknesses identified in governance, risk management or control.
<p>Significant weaknesses</p> <p>1 red assurance report was issued during 2020/21 identifying significant weakness and/or potentially putting the achievement of objectives in this area at risk.</p>	<p>Red assurance report:</p> <ul style="list-style-type: none"> • Major Projects - Depot Redevelopment Additional Works
<p>Other audit work</p> <p>A number of other pieces of audit work have been undertaken as part of the 2020/21 Internal Audit Plan that did not result in a traditional audit report but none the less added value to the Council's governance, risk management and control framework.</p>	<ul style="list-style-type: none"> • Corporate Governance, annual review of governance 2019/20 outputs = the annual review of governance evidence table, management assurance statements, share service/partnership evidence-based governance self-assessments and the 2019/20 Annual Governance Statement; • Risk Management, outputs = Corporate Risk register for Q1/ Q2, Q3 and Q4 of 2020/21; • Families First (Troubled Families Grant), outputs = validation of the Q1-Q4 grant claims; • Professional Advice, outputs = the provision of independent professional internal audit advice on a range of topics

<p>Annual review of governance</p> <p>The annual review of governance is primarily undertaken to provide evidence to support the production of the Annual Governance Statement and consists of a review of governance arrangements against the CIPFA Good Governance Framework and the Council's own governance structure.</p>	<ul style="list-style-type: none"> • A significant governance gap identified during 2019/20 in relation to the Depot Redevelopment Project was investigated by Internal Audit and a report on the full extent of the governance issues, recommendations to improve the governance weaknesses and agreed management action was presented to the GARMS Committee meeting in October 2020. • Follow-up work on the implementation of the report's recommendations began in 2020/21.
<p>Follow up</p> <p>During the year we have undertaken follow up work on the implementation of previously agreed actions.</p>	<ul style="list-style-type: none"> • 12 follow-ups have been completed during 2020/21. All, bar one, follow-up resulted in an improved assurance rating with 100% attaining an amber, amber/green or green assurance rating.
<p>Good practice</p> <p>We also identified a number of areas where few weaknesses were identified.</p>	<ul style="list-style-type: none"> • Work on the Council's core financial systems undertaken during 2020/21 (based on controls in place during 2019/20) continue to be well controlled. • Overall schools also continue to demonstrate a strong level of control over their finances and budgets along with good governance procedures.

Internal Audit Work Conducted: Results of Individual Assignments (resulting in an audit report)

Review	Assurance Rating		Number of Recommendations		
	H	M	L		
Corporate Compliance Checks					
Contract Procedure Rules (Annual Assurance)	AMBER	GREEN	0	1	0
Financial Regulations (Annual Assurance)	AMBER	GREEN	0	2	1
Adults Financial Assessments (Residential + non-residential)	AMBER	GREEN	0	2	3
Adult Social Care - Personal Budgets Monitoring	AMBER		1	4	0
Invoice Payments - adherence to Fin Regs VAT invoice requirements	AMBER		2	3	1
Purchase Card expenditure during Covid-19	AMBER		3	5	0
Fees & Charges (Annual Assurance)	GREEN		0	0	0
Corporate Risk Based Reviews					
Income Collection	AMBER	GREEN	0	1	0
Resources Directorate & Core Financial Systems					
Housing Benefit	GREEN		0	0	0
Treasury Management	GREEN		0	1	1
Housing Rents	AMBER	GREEN	1	4	0
Business Rates	AMBER	GREEN	1	0	0
Capital expenditure	GREEN		0	0	0
Corporate Accounts Receivable	GREEN		0	0	0
Corporate Accounts Payable	GREEN		0	0	0
Payroll	GREEN		0	0	1
Council Tax	AMBER	GREEN	1	0	0
Covid-19 Business Grants	AMBER	GREEN	0	4	3
Directorate Risk Based Reviews					
Community					
Major Projects - Depot Redevelopment Additional Works	RED		5	3	0
Major Projects - Grange Farm	AMBER	GREEN	1	2	0
Empty Property Grant (VFM)	AMBER	GREEN	0	4	0

Discretionary Grants Fund	AMBER	GREEN	0	6	2
People					
Woodlands Investigation	AMBER		2	3	0
Whitmore School Finance Review	GREEN		0	1	3
Elmgrove School Budgetary Control & Management	GREEN		0	0	1
West Lodge School Budgetary Control & Management	GREEN		0	1	1
Kenmore Park Junior School Budgetary Control & Management	AMBER	GREEN	1	1	1
Cedars Manor School Budgetary Control & Management	GREEN		0	1	1
Stanburn Primary School Budgetary Control & Management	AMBER	GREEN	0	3	3
TOTAL			18	52	22

Final red and red/amber assurance reports are presented to the GARMS Committee individually for review and comment with relevant managers attending the meetings. The red assurance report in the above table was presented to the GARMS Committee in October 2020.

Results of Other Audit Work on the 2020/21 Plan

Work Undertaken	Results/Output
Corporate Governance	Each year the Council undertakes a review of its governance arrangements to meet the requirements of the CIPFA/SOLACE Framework <i>Delivering Good Governance in Local Government</i> and to fulfil its statutory duty as outlined in the Accounts and Audit Regulations 2015. The review annual review process undertaken as part of the 2020/21 plan covering the 2019/20 financial year consisted of an evidenced based self-assessment undertaken by members of the Corporate Governance Working Group co-ordinated and reviewed by Internal Audit, a management assurance exercise completed by each Directorate, and a review of the governance of shared service and partnership arrangements. The result of this work was fed into the production of the Annual Governance Statement for 2019/20.
Risk Management	<p>The update of the Corporate Risk Register for Quarter 1 of 2020/21 was delayed due to the disruption caused by the pandemic and focus of the Council's senior management team quite rightly being on managing the day to day risks of dealing with the pandemic. However a Quarter1/Quarter 2 update was undertaken in July/August 2020 and was further updated in November for Quarter 3 and February 2021 for Quarter 4. Each update was presented and agreed with CSB and presented to the GARMS Committee.</p> <p>A review of Risk Management in Decision Making was included in the 2020/21 Internal Audit Plan with the intention of undertaken a retrospective review of decision reports presented to Cabinet to assess quality of risk management information contained in the reports. However the review on the Depot Redevelopment Additional Works highlighted weaknesses in the reporting of risk management implications in decision reports and a recommendation was made that the Risk Management Implications of Cabinet reports should be 'formally cleared' to improve the robustness of the information provided to support decision making. This was accepted by Management and the sign-off task allocated to the Head of Internal Audit. This essentially turned the planned retrospective review into a pro-active real-time review of the Risk Management Implications section of Cabinet reports.</p> <p>This task was first undertaken for the reports being presented to Cabinet in December 2020 and it quickly became apparent that to improve the robustness and consistency of the risk management implications in the reports that the report template and the guidance for report authors needed to be reviewed and improved. This task was completed in time for reports being presented to the January meeting.</p> <p>Twenty-eight reports were reviewed and signed-off for Cabinet meetings December – March as follows: December:</p>

	<ul style="list-style-type: none"> • Approval for consultation for the Edgware Town Centre Supplementary Planning Document being jointly prepared with the London Borough of Barnet (2019-2021) • Grant Support to Local Businesses - Additional Restrictions Grant • Draft Revenue Budget 2021/22 and draft Medium-Term Financial Strategy 2021/22 to 2023/24 • Draft Capital Programme 2020/21 to 2023/24 • Revenue and Capital Monitoring 2020/21 - as at Quarter 2 (30th September 2020) • Calculation of Council Tax Base for 2021 – 2022 • Estimated Surplus / (Deficit) on the Collection Fund 2020-21 • Arrangements for the Supply of Temporary Staff Services and Permanent Recruitment Services • Byron Hall Covid-19 Vaccination Site <p>January</p> <ul style="list-style-type: none"> • Borough Wide Public Spaces Protection Order to address environmental issues • Consolidation of Fixed Penalty Notices for Environmental Crime Enforcement • Renewal of Selective Licensing of private rented accommodation in the Edgware Ward • Review of Housing and Homelessness Strategies (Part 2): Housing Allocation Scheme and Tenancy Strategy & Policy • Green Homes Grant Scheme – request to utilise grant funding awarded via lead Borough Ealing • DWP Contract – Kick Start Scheme Gateway • Fees and Charges 2021/22 • Calculation of Business Rates Tax Base for 2021-2022 • Draft Housing Revenue Account Budget 2021-22 & Medium-Term Financial Strategy 2022-23 to 2023-24 <p>February</p> <ul style="list-style-type: none"> • Final Capital Programme 2020/21 to 2023/24 • Final Revenue Budget 2021/22 and final Medium-Term Financial Strategy 2021/22 to 2023/24 • Housing Revenue Account Budget 2021-22 & Medium-Term Financial Strategy 2022-23 to 2023-24 • Annual Treasury Management Strategy Statement including Prudential Indicators, Minimum Revenue Provision Policy Statement, Annual Investment Strategy and Annual Capital Strategy for 2021/22 • Commissioning of Harrow Community Paediatric Services • Revenue and Capital Monitoring 2020/21 - as at Quarter 3 (31 December 2020) <p>March</p> <ul style="list-style-type: none"> • Additional Restrictions Grant Policy Revision • Essential heating upgrade works for Sheltered schemes: Cornell, Meadfield and Alma Court • Property Disposal Programme 2021-2022 • Department for Education (DfE) funded Holiday Activities and Food Programme <p>Only one report was not reviewed and signed off as it was an information report.</p> <p>The new template, guidance, review and sign-off has been well received by report authors and senior management and the template and guidance was extended to the decision reports of all other committees from April 2021.</p>
Families First (Troubled Families Grant)	<p>Five claims were submitted during the year in April 2020, September 2020, December 2020, February 2020 and March 2020. This is three more than during 2019/20. For each Grant Submission, a 10% and one 20% sample of the cases were reviewed by Internal Audit to ensure that:</p> <ul style="list-style-type: none"> • the cases are eligible for claim; • the criteria and the outcomes are accurately identified and evidenced where applicable; • the case has not been re-opened for further work; • the closure report on the Mosaic system clearly identifies the outcomes achieved; and • the spreadsheet has been checked for duplicates.

Professional Advice	A range of professional advice has been provided to managers during 2020/210 including: Authorisations during Covid-19 Pandemic; development of the Business Grants process, HSDP governance arrangements.
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To be noted: an allocation of time was included in the 2020/21 Internal Audit Plan for work on SFVS Assurance Statement and the Information Governance Board however the DfE suspended the requirement for data to be submitted on the School Financial Value Standards for 2020 and the IGB did not meet during 2020/21.

Follow Up Work Conducted

Introduction

In order for the Council to derive maximum benefit from internal audit, agreed actions should be implemented. Whilst management is responsible for implementing recommendations, in accordance with the internal audit plan, follow-ups of recommendations are undertaken for all reports on the Council's core financial systems and all but Green assurance reports of other systems. The table below summarises the follow up work performed during 2020/21.

Review	Original Assurance Rating		Re-Assessed Assurance Rating ¹		No. of agreed recs	Status of agreed actions				
						I	SI	PI	PL	NI
Parking Whistleblowing	RED		AMBER	GREEN	16	11	2	3	-	-
Pinner Park School – Governance & Financial Controls	AMBER	GREEN	GREEN		10	6	-	2	2	-
Council Tax KC	AMBER	GREEN	AMBER	GREEN	6	2		2	2	
Harrow Arts Centre	AMBER		GREEN		16	16	-	-	-	-
Kenmore Park Infants Pay Policy	AMBER	GREEN	GREEN		8	8	-	-	-	-
Grange School – Governance & Financial Controls	AMBER		GREEN		11	11	-	-	-	-
Fostering	AMBER		GREEN		7	6	1	-	-	-
Payroll KC	GREEN		GREEN		4	3	1	-	-	-
Personal Budgets Sample Testing	AMBER		GREEN		21	18	2	1	-	-
Roxbourne Primary School Governance & Financial Controls	AMBER		AMBER	GREEN	16	11	2	3	-	-
IT Systems Security – EMS	AMBER		GREEN		21	20	-	1	-	-
Cashiering	AMBER		AMBER	GREEN	6	3	-	-	3	-
TOTALS					142	115	8	12	7	-
PERCENTAGES						81%	6%	8%	5%	-

¹ The impact of recommendations implemented, substantially or partially implemented at follow-up on the expected controls are assessed to provide the re-assessed assurance rating and assumes that previous controls that were operating and still operating. It should be noted the correlation between control weaknesses and recommendations is not 1:1 i.e. one weakness identified may result in a number of recommendations being made and alternatively a number of weaknesses identified may result in only one recommendation being made.

Summary

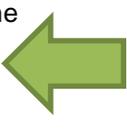
87% of recommendations were implemented/substantially implemented at the time of follow-up, with a further 8% in progress and 5% planned. All of the recommendations were still considered appropriate by management and thus it is expected that in due course 100% will be implemented.

All, bar one, follow-ups undertaken resulted in an improved assurance rating with 100% attaining an amber, amber/green or green assurance rating.² The one follow-up that did not result in an improved assurance rating was the Council Tax Key Control review this was because the one high risk recommendation had not been implemented at the time of follow-up.

Direction of Assurance Travel

Introduction

Whilst the audit days in the Internal Audit Plan have remained broadly consistent over the last 3 years the number of pieces of audit work contained in the plan varies year on year depending on the estimated audit days required to complete individual assignments. Direction of travel is therefore based on percentages rather than number of assignments.

Assurance Ratings (including follow-ups)	Direction of Assurance Travel between 2020/21 & 2019/20 (based on %)	Number/% of Reports + Follow-Ups		
		2020/21	2019/20	2018/19
GREEN	Up 	19 (41%)	19 (40%)	14 (33%)
AMBER GREEN	Up 	17 (41%)	17 (35%)	9 (22%)
AMBER	Down 	4 (10%)	10 (21%)	14 (33%)
RED AMBER	Down 	0	0	2 (5%)
RED	Same 	1(2%)	1(2%)	3 (7%)
% of Amber, Amber/Green or Green	Up 	40 (98%)	46 (96%)	37 (88%)

Summary

One of the key factors used in the Head of internal Audit Opinion is the percentage of assurance reviews undertaken during the year that were given an amber, an amber/green or a green assurance. The direction of travel for this factor between 2019/20 and 2020/21 is positive showing a 2% increase.

Performance of Internal Audit

Introduction

A number of Key Performance Indicators (KPIs) were agreed as part of the 2020/21 Internal Audit Plan and performance against these is set out in the table below:

	Internal Audit Performance Indicator	Target	Mid-Year	Year-End	Comments
1	Recommendations agreed for implementation	95%	100%	100%	Exceeded All recommendation made were agreed
2	Follow up undertaken – Red & Red/Amber Assurance Reports	100%	100%	50%	Not Met 2 Red assurance reports where due to be followed up during 2020/21 – 1 is still in progress.
3	Follow up undertaken – Amber, Amber/Green & Green Assurance Reports	70%	35%	79%	Exceeded 11 of 14 follow ups were completed.
4	Plan achieved for key control reviews	100%	100%	100%	Met 3 full reviews and 6 evidence based self- assessments undertaken
5	Plan achieved overall (key indicator)	90%	46%	92%	Exceeded
Corporate Performance Indicator					
1	Implementation of recommendations	90%	79%	87% (higher at this stage than previous 2 years)	Exceeded (in due course) 87% of recommendations were implemented/substantially implemented, 8% were in progress and 5% were planned at time of follow-up thus it is expected that in due course 100% will be implemented.

Summary

Of the 5 internal audit performance indicators 3 were exceeded and 1 was met and 1 was not met.

The target not met relates to the follow-up of one red assurance report which is ongoing.

Excellent: The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is good and that there are adequate and effective governance, risk management and control processes to enable the related risks to be managed and objectives to be met. No areas of significant weakness (red or red/amber assurance reports) were identified. See Summary of Findings in section.

Good with improvements required in a few areas: The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is generally good. Some red and red /amber assurance reports have been issued identifying significant weakness and/or non-compliance in the framework which could potentially put the achievement of objectives in these areas at risk. Improvements have been recommended in these areas of which over 95% have been agreed by management. See Summary of Findings in section.

Major improvement required: The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control require major improvement. A large number of red and red/amber assurance reports have been issued identifying significant and endemic weaknesses and/or non-compliance in the framework of governance, risk management and control which put the achievement of organisational objectives at risk. Improvements have been recommended in these areas of which less than 95% have been agreed by management. See Summary of Findings in section.

Unsatisfactory: The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is unsatisfactory. The majority of assurance reports issued are red or red/amber identifying significant weaknesses and/or non-compliance in the framework of governance, risk management and control indicating the achievement of corporate objectives is unlikely and control is poor [and/or] there is significant non-compliance with controls. Because of this, systems have failed or there is a real and substantial risk that systems will fail and management's objectives will not be achieved. Immediate action is required to improve the adequacy [and/or] effectiveness of governance, risk management and control. See Summary of Findings in section.

Limitations and Responsibilities

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibility for the design and operation of these systems.

The Head of Internal Audit's opinion is based solely on the work undertaken as part of the agreed internal audit plan. There may be weaknesses in systems of internal control that did not form part of agreed programme of work, in elements of systems that were not included in the scope of individual internal audit assignments or that were not brought to internal audit's attention. The risk of this is mitigated by implementing a risk-based approach to the development of the internal audit plan and to individual audit assignments.

Internal audit reports are given a **red**, **red/amber**, **amber**, **amber/green** or **green** assurance rating.

Red reports will indicate systems/functions/establishments with a low overall percentage of controls in place that represent a high risk to the authority needing immediate attention to improve the control environment;

Red/amber reports will indicate systems/functions/establishments that represent a high to medium risk to the authority needing immediate attention to improve the control environment;

Amber reports will indicate a fair level of controls operating that represent a medium risk in need of attention to prevent them becoming high risk;

Amber/green reports will indicate medium to low risk in need of attention to prevent them becoming high risk and

Green reports will indicate a high level of controls operating, including all critical controls, that represent low risk areas

A formula for converting audit findings into a **red**, **red/amber**, **amber**, **amber/green** or **green** rating has been developed as follows:

Red reports will essentially be those where there is **one or more** of the following:

- A low overall percentage of controls in place (0-50%)
- An absence of critical controls (reflected as high risk recommendations)
- A significant deterioration in control systems
- Poor progress with implementation of previous recommendations

Red/Amber reports will be those that have 51-60% of controls operating and no more than 40% of controls absent are critical (40% of recommendations made).

Amber reports will be those that have 61-70% of controls operating and no more than 25% of controls absent are critical (25% of recommendations made).

Amber/Green reports will be those that have 71-80% of controls operating and no more than 10% of controls absent are critical (10% of recommendations made).

Green reports will be those having 81-100% of controls operating including all critical controls and no absence of critical controls (no high risk recommendations).

Controls operating and substantially operating will be combined to give the overall assurance rating.

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**Report for: GOVERNANCE, AUDIT,
RISK MANAGEMENT
and STANDARDS
COMMITTEE**

Date of Meeting:	13 th July 2021
Subject:	Draft Annual Governance Statement 2020/21
Responsible Officer:	Dawn Calvert, Director of Finance & Assurance
Exempt:	No
Wards affected:	All
Enclosures:	Appendix 1 – Draft Annual Governance Statement 2020/21

Section 1 – Summary and Recommendations

This report sets out the annual governance process and the Draft Annual Governance Statement (AGS) 2020/21 for information.

Section 2 – Report

Introduction

- 2.1 Harrow Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Council also has a duty under section 3 of the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 2.2 In discharging this overall responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.
- 2.3 Regulation 6(1)(a) of the Accounts and Audit Regulations 2015 requires *‘an authority to conduct a review at least once in a year of the effectiveness of its system of internal control and include a statement reporting on the review with any published Statement of Accounts (England)’*.
- 2.4 Regulation 6(1)(b) of the Accounts and Audit Regulations 2015, requires that *“for a local authority in England, the statement is an Annual Governance Statement”*.
- 2.5 The CIPFA/SOLACE Framework *Delivering Good Governance in Local Government* was updated in 2016 and this Framework applies to annual governance statements prepared for the financial year 2016/17 onwards. The overall aim of the Framework *‘is to ensure that resources are directed in accordance with agreed policy and according to priorities, that there is sound and inclusive decision making and that there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities’*.
- 2.6 In England the Accounts and Audit Regulations 2015 stipulate that the Annual Governance Statement must be *“prepared in accordance with proper practices in relation to accounts”* and must be *“approved in advance of the relevant authority approving the statement of accounts. Therefore a local authority in England shall provide this statement in accordance with Delivering Good Governance in Local Government: Framework (2016) and this section of the Code”*.
- 2.7 The preparation and publication of an Annual Governance Statement in accordance with Delivering Good Governance in Local Government: Framework (2016) would fulfil the statutory requirements across the United Kingdom for a local authority to conduct a review at least once in each financial year of the effectiveness of its system of internal control and to include a statement reporting on the review with its Statement of Accounts.

2.8 The Annual Governance Statement explains how the Council has complied with the framework and meets the requirements of regulation 6 of the Accounts and Audit Regulations 2015 in relation to the publication of a statement of internal control (Annual Governance Statement).

Annual Governance Statement

2.9 Since 2005/06 the Council has undertaken an annual review of its governance arrangements to meet the requirements of the Framework. In the early years this approach helped us to identify a number of significant governance gaps, however in more recent years the majority of significant gaps have been identified by Internal Audit work and/or senior management input, with the framework only helping to identify minor governance gaps, many of which are ongoing. Essentially the framework provides a very granular approach to the review of governance and is useful in confirming that the basic building blocks of governance are in place.

2.10 Bearing this in mind, and taking into account the ongoing impact of the pandemic on resources the approach to the annual review process has been revised with a higher level approach being taken generally with some deep dives into a few specific known risk areas, utilising work already undertaken or planned wherever possible. The table below outlines the approach taken in previous recent years and the 2020/21 approach with an explanation and details of the impact of the changes.

Previous Approach	2020/21 Approach	Explanation/Impact
<p>A detailed review and update of governance processes in place during the year against the CIPFA Delivering Good Governance in Local Government Framework with significant input from the Corporate Governance Working Group, mainly Legal, Performance and HR.</p>	<p>A light-touch review of governance processes in place during 2020/21 with the Corporate Governance Working Group being asked to identify only significant changes to governance processes and/or governance gaps.</p> <p>Details usually fed into the Annual Governance Statement from this review will be checked and updated before inclusion in the 2020/21 AGS including Covid-19 arrangements and the impact on governance.</p> <p>Follow up on minor governance gaps identified from last year's process as part of the 2020/21 IA Plan and the results of this exercise will be fed into the annual review of governance.</p>	<p>This will provide an overview of the governance framework that has been in place for years without the detail – the majority of which is not included in the Annual Governance Statement. It will free up officer time in the Resources Directorate to enable work on supporting the Council's response to the Covid-19 Pandemic and the introduction of Dynamics (the new ERP system to replace SAP) to continue unhindered.</p>

<p>Management Assurance completed by Corporate Directors and their management teams including the provision of external assurance reports received during the year.</p>	<p>Management Assurance to specifically cover risk management arrangements and external assurance reports received during the year.</p>	<p>This is an important element of the review ensuring input across the Council at a senior level and is key to identifying external assurance received during the year and significant governance gaps.</p>
<p>Joint Working/Council Trading Companies evidence based self-assessments of governance arrangements reviewed and updated for all but Concilium Assets LLP.</p>	<p>Concilium Assets LLP evidence based self-assessment to be undertaken</p>	<p>These evidence based self-assessments were reviewed and updated last year for all but Concilium Assets LLP covering core governance requirements – these are unlikely to have changed. However a minor governance gap was identified last year in relation to the publication of board minutes and this will be picked up as part of the afore mentioned follow-up exercise.</p>
<p>Internal Audit review of 2/3 core financial systems – 2/3 system reviews each year on a cyclical risk basis supplemented by evidence based self-assessments of the others undertaken by management. Follow-up of recommendations made the previous year.</p>	<p>All core financial systems: Evidence based self-assessments to be completed by management supplemented by testing undertaken by Internal Audit of authorisations during 2020/21 across all core financial systems and follow-up of recommendations made in 2020/21.</p>	<p>This work feeds into the Head of Internal Audit's Overall Opinion which is included in the AGS and has been undertaken in the same way for a number of years as part of the Internal Audit Plan. As with the overall annual governance review in the early years some significant control issues were identified however in more recent years only more minor control issues have been identified in the core financial systems. Therefore, not undertaking the system reviews this year is low risk.</p> <p>Throughout 2020/21 Internal Audit have provided advice on providing authorisations, that are</p>

		not automated, whilst working remotely. As some compromises have had to be made this is an area of risk and therefore testing will be undertaken to obtain assurance that appropriate authorisations have been obtained as advised and that there has been no loss to the Council as a result.
	Deep Dive: Croydon Public Interest Report – an evidence based self-assessment led by Internal Audit against the recommendations made in this report covering overspends in Childrens and Adults, lack of adequate member scrutiny/challenge (based on the review of meeting minutes), overall weak governance in the budget setting and decision making process, increased borrowing used to purchase investment properties.	This assessment has already been completed with the Director of Finance & Assurance and Head of Strategic & Technical Finance and will be fed into the annual review of governance and the final AGS.
	Deep Dive: CIPFA Financial Management Code – Financial Standards compliance – an evidence based compliance check led by Internal Audit with input from across the Council.	The revised Financial Management Code was launched in October 2019 and came into effect April 2020 however the first full compliance year for the Code is 2021/22. It is the responsibility of the Authority to assess compliance against the Code which is not mandatory but represents good practice.
	Deep Dive: MHCLG Addressing cultural and governance failings in local authorities: lessons from recent interventions – an evidenced based self-assessment led by Internal Audit.	This report was issued in June 2020 and covers lessons learnt from interventions since 2010 (Doncaster, Tower Hamlets, Rotherham and Northamptonshire. This assessment is currently in the planning stage and will

		need to be undertaken with the Leadership Team (CSB + Cabinet)
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- 2.11 Internal Audit co-ordinates and reviews the evidence/assurance provided as part of the process and this is used as a basis for the preparation of the AGS.
- 2.12 The 2019/20 Annual Governance Statement included two new significant areas: the Chartered Institute of Public Finance (CIPFA) issued a briefing note requiring Council's to include details of the impact of the Covid 19 pandemic on governance within their 2019/20 statements and the Committee on Standards in Public Life published its report on local government ethical standards stating that it is best practice to report on separate bodies they have set up or which they own as part of their annual governance statement, and give a full picture of their relationship with those bodies. Both of these elements have again been included in the 2020/21 statement.
- 2.13 The draft Annual Governance Statement (Appendix 1) is written on behalf of the Leader of the Council and the Chief Executive and was prepared for inclusion in the 2020/21 draft accounts published on 5th July 2021 as included on the agenda of this meeting. The draft AGS outlines the key findings of the annual review of governance so far. This review is ongoing and once completed will be reflected in the final AGS which will be brought back to the GARMS Committee for review in September prior to being signed off by the Leader and the Chief Executive and included with the final annual accounts. This meets the statutory requirement of Regulation 6 of the Accounts and Audit Regulations 2015 which requires authorities to "conduct a review at least once in a year of the effectiveness of its system of internal control"

Legal Implications

As covered in the main body of the report.

Financial Implications

There are no financial implications to this report.

Risk Management Implications

Risks included on corporate or directorate risk register? **Yes/No**

Separate risk register in place? **Yes/No**

The relevant risks contained in the register are attached/summarised below. **Yes/No/n/a**

This is an information report therefore there are no key risks to be taken into account as there are no recommendations in this report however the risk of not preparing an AGS is outlined below:

Risk Description	Mitigations	RAG Status
Non compliance with Regulation 6 of the Accounts and Audit Regulations 2015	<ul style="list-style-type: none"> • The annual review of governance • Preparation and publication of the AGS with the accounts 	Green

Equalities implications / Public Sector Equality Duty

n/a

Council Priorities

The annual review of governance reviews arrangements in place to ensure that the intended positive outcomes for residents as outlined by the Council's priorities are achieved.

1. **Improving the environment and addressing climate change**
2. **Tackling poverty and inequality**
3. **Building homes and infrastructure**
4. **Addressing health and social care inequality**
5. **Thriving economy**

Section 3 - Statutory Officer Clearance

As this is an information report no clearances are necessary however it should be noted that the draft Annual Governance Statement has been reviewed by the Director of Finance & Assurance, the Chief Executive and the Leader of the Council.

Mandatory Checks

Ward Councillors notified: YES*/ NO*, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Susan Dixson, Head of Internal Audit & Corporate Anti-Fraud,
02084241420

Background Papers: None.

If appropriate, does the report include the following considerations?

- | | |
|-----------------|---------------------|
| 1. Consultation | YES / NO |
| 2. Priorities | YES / NO |

1. Introduction

Members and staff working for Harrow Council strive to achieve the Council's vision, priorities and outcomes as outlined in the Harrow Borough Plan 2030.

Arrangements are in place to ensure that the intended positive outcomes for residents are achieved. To ensure good governance these arrangements are agreed and documented and together form the authority's governance structure.

2. Responsibility

Elected Members are collectively responsible for the governance of the council. The full council's responsibilities include:

- agreeing the council's constitution, comprising the key governance documents including the executive arrangements and making major changes to reflect best practice
- agreeing the policy framework including key strategies and agreeing the budget
- appointing the chief officers
- appointing committees responsible for overview and scrutiny functions, audit and regulatory matters and also for appointing Members to them.

Under the *Local Government Act 2000* Harrow Council has adopted a leader and cabinet model and has established an overview and scrutiny function for Members outside the cabinet through which they can question and challenge policy and the performance of the executive and promote public debate.

The authority's governance structure is comprised of a number of key documents that aim to ensure that resources are directed in accordance with agreed policy and according to priorities as set out in the Harrow Borough Plan 2030, that there is sound and inclusive decision making and that there is clear accountability for the use of resources in order to achieve the desired outcomes for Harrow service users and local communities.

Covid-19 Impact on Governance

As a result of the COVID 19 (Coronavirus) crisis, the Government instituted 'lockdown' on Monday 23 March 2020. All Member level meetings including Cabinet were either postponed or cancelled and the Civic Centre was closed to all staff, with the exception of those delivering priority services. The Council implemented its emergency planning arrangements which included daily key Member briefings, a gold, silver and bronze command structure, and telephone briefings to staff.

Decision Making

Due to the COVID 19 crisis and the instructions and directions of the Government, the Council's usual governance arrangements were suspended and no Member meetings took place between 23 March 2020 and 21 May 2020 due to the 'lockdown' and the requirement to maintain social distancing. One Cabinet meeting was cancelled during this time and officers therefore took a number of operational

decisions to deal with the local consequences of the crisis. and Members were asked to ratify these at the first Cabinet meeting since the lockdown on 21 May 2020.

Whilst it was not possible to follow the Council's agreed decision making process the risk that decisions made by Chief Offices during this time would not be supported has been mitigated by these briefings to Members and by the Cabinet report to ratify these decisions.

Normal decision-making arrangements were back in place from 21 May 2020 and throughout the rest of 2020/21 via virtual (computer generated) meetings of the Cabinet and other committees. This was allowed under the *Coronavirus Act 2020* regulations *The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020* that came into force in April 2020.

Risk Management

Risks relating to COVID 19 were included in the Corporate Risk Register since Quarter 4 2019/20 and throughout 2020/21. These risks changed throughout the year in response to the progress of the pandemic and covered the impact on the provision of services, the impact on the recovery of the Council's operations post pandemic, the impact on the Harrow Community and the financial impact on the Council.

Given the nature of the crisis, decisions needed to be made as a matter of urgency with risks being assessed on a daily basis by Chief Officers meeting via a gold, silver and bronze command structure with daily key Member briefings, weekly Cabinet briefings and a range of additional briefings with other Members.

Capacity & Capability

As the crisis developed, Harrow moved to ensure the resilience of its priority services to support vulnerable residents and to look after its staff. This response was influenced by concern about the impact of staff absences, the limitations of Harrow's IT system to allow staff to work remotely and its lean organisational capacity.

Managing the crisis, establishing the new services required by Government and ensuring priority service resilience absorbed considerable organisational capacity. Accordingly, non-priority activities or projects were halted or postponed and a 'Talent Hub' established to facilitate the voluntary redeployment of staff into priority areas. This strategy was successful and priority services were maintained throughout the pandemic to date.

Residents and Members were advised that responses to service queries and complaints might be delayed.

Financial Impact

The Covid-19 emergency is having a significant financial impact on the Council's financial position both for 2020/21 and the subsequent financial years. Given the

size and scale of the potential impact on the Council's finances this will remain a key focus for the organisation going forward as without adequate short and medium term financial support from the Government the impact on the Council's ability to deliver services in an ongoing way will be severely compromised. Prior to the Covid-19 crisis the Council was already facing substantial financial challenges as a result of ongoing annual reductions in funding received from Central Government as well as additional spending pressures caused by the increase in the cost of living and an increased demand for services in Adult Social care as a result of having an ageing population. The Council responded to these pre-Covid-19 challenges by identifying efficiencies and looking at ways to innovate service delivery in accordance with a savings programme agreed by Full Council in February 2020 for the Financial Years 2020-21 to 2022-23. Over this period, further savings of £12.2m have been included in the Medium-Term Financial Strategy (MTFS).

Covid-19 has been shown to disproportionately affect older people and people from BME communities. Both these groups are more likely to become ill from Covid-19, require admission to hospital and subsequent support, and both these groups are more highly represented in Harrow than many other London Boroughs. The high number of 57 residential and care homes in Harrow, and outbreaks within them have certainly contributed to the high number of cases of Covid-19 in Harrow.

The disproportionate impact felt by Harrow has not been matched by a proportionate share of funding. Analysis shows that, over the four tranches of Emergency Funding received, Harrow ranked in 108th position nationally (out of 339) and across London in 26th position (out of 33, which is 8th lowest).

Full Council approved the Medium Term Financial Strategy (2021/22 to 2023/24) in February 2021 which achieved a balanced budget position for 2021/22 and budget gaps of £24.651m and £5.098m for 2022/23 and 2023/24 respectively.

The monitoring of financial performance during 2020/21 was separated between business as usual and Covid-19. This was to ensure the impact of the pandemic is fully understood on the current and future years and business as usual budget is robustly managed to ensure no unfunded pressures.

3. Effectiveness of Key Elements of the Governance Framework

Each year the Council undertakes a review of its governance arrangements to ensure the delivery of good governance in accordance with the requirements of the Accounts and Audit Regulations 2015 and in accordance with *Delivering Good Governance in Local Government: Framework 2016* published by the Chartered Institute of Public Finance & Accountancy (CIPFA) and the Society of Local Authority Chief Executives and Senior Managers (Solace).

The effectiveness of key elements during 2020/21 is covered below:

3.1 Behaviour of Members and Staff

Codes of Conduct that define standards of behaviour for Members and staff have been developed and are included in the Council's Constitution. Mechanisms are in place to deal with Member and staff transgressions from these codes and policies are also in place for dealing with whistleblowing and conflicts of interest.

The Council values are incorporated into the staff induction programme as well as the performance appraisal process and the staff are measured against these values annually.

3.2 Compliance with Laws and Regulations

Responsibility to comply with relevant laws and regulations and internal policies and procedures rests with the Council's managers some of whom have specific statutory obligations e.g. the Head of Paid Service, Director of Children's Services, Director of Adult Social Services, the Chief Finance Officer (Section 151 Officer), the Monitoring Officer and the Director of Public Health which are outlined in Article 12 of the Council's constitution. The Statutory Monitoring Officer functions to report on likely contravention of any enactment or rule of law and the Chief Finance Officer is responsible for identifying any proposal, decision or course of action that will involve incurring unlawful expenditure.

A major new piece of legislation, the Coronavirus Act 2020, came into force on 25 March 2020.

Amongst other things the Act:

- allowed council meetings and court hearings to be held virtually;
- removed the requirement to hold an Annual Council meeting – where one is not held all appointments made in May 2019 'roll over' until an annual meeting is held;
- provides that in the event that a councillor vacancy arises, no by election can be held until 6th May 2021 (to coincide with the postponed Greater London Authority (GLA elections));
- made provision to speed up hospital discharges into care;
- allowed registration of deaths by telephone; and
- allowed ministers to close schools and other premises.

In response to this the Council has:

- held all council meetings virtually from 21 May 2020 to date;
- postponed its Annual Council Meeting due on 14 May 2020 and subsequently did not hold an Annual Council Meeting for 2020/21;
- held the 2021/22 Annual Council Meeting virtually on 05 May 2021;
- not had any councillor vacancy arise during 2020/21;

- successfully dealt with hospital discharges into care;
- successfully introduced a system to deal with the registration of deaths by telephone;
- complied with the requirement to close schools in accordance with government instructions.

3.3 Acting in the Public Interest

During 2020/21 the Council can demonstrate a commitment to openness and acting in the public interest. This has been achieved via the implementation of a governance structure which includes codes of conduct, a Standards Committee, registers of interests, gifts and hospitality, a whistleblowing policy, a corporate complaints process, a Corporate Anti-fraud & Corruption Strategy, Financial Regulations and Contract Procedure Rules and a Scrutiny Function.

3.4 Communication and Consultation

The Council's Communications Team worked with all parts of the Council and a wide range of partner organisations and external stakeholders on media relations, marketing, campaigns, consultations, events, publications and social media in order to assist the Council in improving its relationship with its public. This includes keeping residents informed of Council activities, engaging them in dialogue around service delivery and soliciting their views to drive change.

3.5 The Harrow Borough Plan 2020-2030

The Borough Plan 2020-2030 was developed during 2019/20 using feedback from the 2019 resident's survey and consultation with Cabinet Members (individually and collectively) and key partners. It replaced the Harrow Ambition Plan. The Borough Plan provides a longer-term vision and clarity around the top priorities or actions to be undertaken over this longer term. The intention was that the Borough Plan would be supported by a Corporate Plan Delivery Plan setting out the Council's shorter-term contribution to the delivery of the Borough Plan and the initial performance measures against which progress would be measured. The Borough Plan 2020-2030 was approved by Cabinet in February 2020 for consultation with the Council with the intention of Cabinet approving the Corporate Plan Delivery Plan by June 2020. Along with an overarching priority to address socio-economic inequality and disadvantage in order to continue to make Harrow a better place for all residents and businesses, 8 key priorities have been identified. These have been structured as 3 foundation areas where we wish to continue with current good performance whilst making incremental improvements and 5 areas where there are significant challenges and we are seeking, with partners, to make a step change improvement over the decade. This is illustrated below: -



Following the death of George Floyd and the inequalities that it highlighted and the reports that people from Black, Asian and Multi Ethnic groups have been disproportionately impacted by Covid-19 it was felt appropriate for the Borough Plan, our blueprint for how we want Harrow to move forwards over the next 10 years, to be amended to explicitly take account of both these issues. Accordingly, an additional new overarching priority on tackling racial disproportionality was added to the Plan in November 2020.

3.6 Putting the Vision into Practice

It had originally been planned to use 2020 as the year of engagement however this was not possible due to the pandemic, the lockdown and the practical implications of social distancing rules. The development of a Corporate Plan Delivery Plan (as mentioned above) was also delayed as organisational capacity was re-prioritised and re-directed towards dealing with the emergency, setting up new services and restarting services that had been stopped. Despite this, work on actually delivering against the Brough Plan priorities continued throughout 2020/21 and progress was made in all areas. A report detailing the progress was presented to Cabinet in November 2020.

3.7 Decision-making

The Council’s decision-making framework, including delegation arrangements, is outlined in the Constitution. Report templates are in use to ensure appropriate information is provided to decision makers including options considered, why a change is needed, implications of recommendations as well as risk management, legal, finance, and equalities implications. Decision reports are cleared by, or on behalf of, the Council’s Monitoring Officer (legal) and the Chief Financial Officer and also by the relevant Corporate Director before they are presented to the decision makers (Council, Cabinet, Committees). From December 2020 a sign-off of the Risk Management Implications section of Cabinet reports by the Head of Internal Audit

was introduced to strengthen the risk management element of the decision-making process (see section 3.15).

3.8 Measuring Performance and External Assurance

Corporate performance reporting was put on hold during the pandemic and remains so. Performance monitoring has continued at service level e.g. social care, education, housing, environment to ensure that service standards and quality were maintained. All services were affected by Covid so part of this monitoring was to understand changes in demand, pressures, areas of capacity that could be redeployed. Additional Covid related monitoring was put in place e.g. Gold reporting, a wide range of Public Health data - testing, vaccination, building occupancy, school attendance for children in need and key workers and much more.

Capital and revenue financial performance was however reported quarterly to the Corporate Strategic Board, Cabinet and all Members with the Treasury Management outturn 2019/20 and the mid-year Review 2020/21 being reported to Cabinet together in January 2021 and annual Treasury Management report being reported in February 2021.

The Council has taken on board the implications and the significance of the murder of George Floyd and resurgence of Black Lives Matter in the UK in the context of its workforce and as a service provider and commissioned an independent review to explore the issue of structural racism. The review took place between September 2020 and March 2021 and consisted of face to face structured interview and focus group sessions along with a staff survey to which 573 staff responded. Key findings included that the majority of staff surveyed do not believe that the Council is institutionally or structurally racist; whilst the majority reported that they had not experienced racism nearly half reported witnessing racial discrimination against colleagues; the majority of staff believe that there are inconsistencies in practice in relation to racial discrimination, bullying and harassment and believe that the Council should have a specific policy on this; and nearly half of staff surveyed felt there should be a specific network for protected equalities groups.

Thirty one recommendations were made in the review's report covering: acknowledging and recognising the journey of 'righting the wrongs'; recruitment and retention of staff; changing the organisation's culture and behaviour through leadership, training and development; creation of safe spaces for dialogues and understanding and governance and accountability.

The Council has welcomed the findings of the report and is developing an action plan for the implementation of the recommendations which will be taken to Cabinet in due course putting the organisation on a journey towards becoming an anti-racist council.

3.9 External Audit

During 2020/21 the authority provided timely support, information and responses to the Council's external auditors, Mazars. However the external auditors have yet to complete their audit and sign-off the accounts for 2019/20 meaning that the deadline for publishing the final accounts of 30 November 2020 has not been met. This is an issue across many local authorities and not unique to Harrow Council.

3.10 Roles and Responsibilities

The roles and responsibilities of Members, the most senior managers and statutory officers have been defined and documented in the constitution. After the local elections in May 2018 the new Leader of the Council made a number of changes to the roles and responsibilities of the Portfolio Holders and these were updated and included in the Constitution in May 2018. The roles and responsibilities of other managers and staff are defined and documented in Role Profiles attached to each post.

3.11 Financial Management

The Council's financial management arrangements during 2020/21 conformed with the governance requirements of the *CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2015)*. During 2020/21 the Council delivered its services within the approved budget of £175m, contained the pressures arising from the challenging financial environment and managed the risks around demand pressures. The final outturn on the revenue budget for 2020/21, after the planned use of reserves which are largely applied to fund one-off projects and cross divisional adjustments including one-off income, is a balanced position after transfers to reserves.

An assessment of the organisation's compliance with the principles of the CIPFA Financial Management Code is in progress and will be reported on in the Final Annual Governance Statement.

3.12 Monitoring Officer Function

The Statutory Monitoring Officer functions to report on likely contravention of any enactment or rule of law. The duties of the Monitoring Officer are outlined in Article 12 of the Council's constitution and are undertaken by the Council's Director of Legal and Governance Services. Effective arrangements were in place during 2020/21 to discharge these duties.

3.13 Head of Paid Service Function

The requirements of the Head of Paid Service function are also outlined in Article 12 of the Council's constitution and effective arrangements were in place for the discharge of these duties by the Chief Executive throughout 2020/21.

3.14 Development Needs

Following the local government elections in May 2018, new Members received a Members Induction pack and a welcome evening was arranged for all elected Members on 8 May, to cover Council values, conduct and Member interests plus a Members Marketplace was held on the 15 May to explain key Council services together with a programme of Member training in May/June 2018. During 2019/20 member training was also conducted on how to use social media, homelessness and rough sleeping and EU settled status.

3.15 Managing Risks

The framework for identifying and managing risks consists of a series of Directorate Risk Registers that feed into an overarching Corporate Register that clearly identifies the owner of each risk. The Corporate Risk Register was reviewed and updated three times during 2020/21 for Q1/Q2 in July/September 2020, for Q3 in November 2020 and for Q4 in February 2021. Each update was presented to the Corporate Strategic Board (CSB) for review and challenge and were presented to the Governance, Audit, Risk Management & Standards (GARMS) Committee to assist the Committee in monitoring progress on risk management in accordance with their Terms of Reference. As a result of an Internal Audit recommendation in December 2020 the risk management implications section of Cabinet reports was reviewed and made more robust by requiring risks to decisions to be identified along with mitigations and red, amber, green (RAG) assurance ratings to be included in all Cabinet reports from January 2021 onwards. This was further strengthened and supported by updated guidance for report authors and a requirement for this section of the reports to be reviewed and signed-off by the Head of Internal Audit who is operationally responsible for the Corporate Risk Management function. In April 2021 the template of decision reports for all other Committees was changed to the updated risk management implications section to provide consistency of approach to all decisions made by Members.

3.16 Counter Fraud and Anti-corruption Arrangements

The Council has a Corporate Anti-Fraud Strategy 2016-19 outlining its approach to tackling fraud that is reviewed annually. The refreshed Local Government Fighting Fraud & Corruption Locally Strategy (FFCL) was published online on 26th March 2020 and during 2020-21 the intention was for the authorities' own strategy to be

reviewed and updated to reflect any changes and best practice that the new FFCL Strategy recommended. However this was not achieved and will be rolled forward to 2021/22 along with an assessment against the checklist contained within the strategy outlining best practice for dealing with fraud and corruption in local authorities. An action plan will be developed for any improvements required.

3.17 Scrutiny

The scrutiny function comprises an Overview and Scrutiny Committee (O&S), a Performance and Finance Scrutiny Sub-Committee (P&F), a Health and Social Care (H&SC) Scrutiny Sub-Committee and lead scrutiny councillors for:

- Health
- Community
- People
- Resources

The function is driven by the need to hold the Council and our partners to account for their performance and the establishment of the performance and finance sub-committee as the driver of scrutiny is a key component in ensuring that the function is focused on the issues of the greatest importance to the Council. The lead Members ensure that expertise to tackle particular areas of service delivery is maintained.

The structure is subject to regular review and is supported by meetings of the scrutiny leadership group, comprising the leads and the chairs and vice chairs of the committees, which considers agenda and review programmes, provides strategic direction for the function and overall co-ordination between the leads and committees.

During 2020/21 O&S met 6 times, P&F 3 times and H&SC 3 times, overall 3 times less than in 2019/20 owing to the pandemic.

3.18 Internal Audit

A new Statement on the Role of the Head of Internal Audit was issued by CIPFA in 2019. It states that ‘ *The head of internal audit (HIA) occupies a critical position in any organisation, helping it to achieve its objectives by evaluating the effectiveness of governance, risk management and internal control arrangements and playing a key role in promoting good corporate governance. The aim of this Statement is to set out the role of the HIA in public service organisations and to help ensure organisations engage with and support the role effectively.*’ The Statement contains 5 principles with organisational and HIA responsibilities attached to each one. Overall throughout 2020/21 these principles were complied with however the need to clarify and strengthen a small number of the organisational responsibilities identified

in 2019/20 have yet to be addressed. The Internal Audit Service is also required to comply with the Public Sector Internal Audit Standards and to be reviewed externally against these standards every five years and internally on a regular basis. An external peer review in June 2017 confirmed that the service ‘generally complies’ with the Public Sector Internal Audit Standards and the 2019 internal review against these standards confirmed this assessment. An updated review against the standards will be undertaken and reported on in the final AGS 2020/21.

3.19 Audit Committee

The duties of the audit committee are undertaken by the Governance, Audit, Risk Management & Standards Committee and an Internal Audit review undertaken during 2018/19 has established it generally operates in-line with the core functions of an audit committee as identified in *Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2017)*. Two key actions coming out of the review was the update the Committee’s Terms of Reference which were approved by Council and included in the constitution in February 2019 and the introduction of an Annual Report describing the work of the Committee throughout the year and demonstrating that the Committee has undertaken its role effectively. The GARMS Committee’s Annual Report 2019/20 was presented to Council in February 2020 confirming that the committee had successfully fulfilled its purpose/role and responsibilities as outlined in its agreed Terms of Reference.

3.20 Joint Working/Council Trading Companies

Joint working, working in partnership with other local authorities and other bodies, and the use of alternative delivery vehicles has increased over recent years as local government generally, and Harrow Council specifically, has coped with less resources.

Throughout 2020/21 the Council’s trading structure consisted of five separate legal entities as shown in the table below:

Harrow Council trading Structure		
Name	Legal Structure	Date Started Trading
Concilium Group Limited (Holding Company)	UK Limited Company	November 2015
Concilium Business Services Limited	UK Limited Company	November 2015
Sancroft Community Care Limited	UK Limited Company	January 2018
Concilium Assets LLP	Limited Liability Partnership	January 2019
HB Public Law Limited	UK Limited Company	April 2015 (dissolved January 21)

These entities have been set up to provide a financial or other benefit to the council whilst enabling it to undertake specific commercial activities. Harrow Council therefore either directly or indirectly holds a 100% controlling interest in each of the trading entities.

Concilium Group Ltd. is a wholly owned commercial subsidiary of the council, set up with the dual purpose of consolidating the financials of its subsidiaries and to act as the minority partner in a council controlled Limited Liability partnership (Concilium Assets LLP). In effect, Concilium Group is a council owned holding vehicle.

Concilium Business Services Ltd (CBS - previously trading as Smart Lettings) is a wholly owned subsidiary of Concilium Group Ltd. with the principal aim of providing private lettings, property management, property administration and a tenant referencing service. Until February 2019 its principal source of revenue came from the property management of 100 homes, managed on behalf of Harrow Council. During 2019/20 CBS Ltd has undergone a strategic change of direction and as a result, CBS Ltd. is now only responsible for the legal ownership of 6 homes. CBS Ltd. shall retain 5% of the income collected from these tenants, distributing the remaining 95% back to the council.

Sancroft Community Care Ltd. Is another wholly owned subsidiary of Concilium Group Ltd. and was set up to take over the operation of the now 62 bed residential care home for the elderly. 45 of these beds are block contracted with the London Borough of Harrow under a five-year contract.

Concilium Assets LLP (The LLP) is a Limited Liability Partnership owned 95% by Harrow and 5% by Concilium Group Ltd. and was set up to enable direct private rental sector (PRS) property investment activities. 53 PRS units on Gayton Road were transferred to the LLP in July 2019 on a 10-year lease for rent to the private market.

The formation of HB Public Law Ltd. was formally approved by Cabinet on 13th November 2014 (began trading in 2015) and is set up as a council owned company which has been granted an Alternative Business Structure (ABS) licence from the Solicitor's Regulatory Authority. This was in order to be able to carry out legal work which the Legal shared service, as a local authority, is prevented from undertaking by professional conduct rules. There was however minimal work going through the ABS in 2019/20, hence there were no board meetings, policies etc. and therefore the decision was taken to wind it up as the volumes of work did not justify the additional costs that running the ABS entailed. No work was undertaken through the ABS during 2020/21 and it formally ceased to exist on 12th January 2021.

The Council also runs a shared legal services (HBPL) for which it is the lead authority.

The importance of good governance within these arrangements is recognised and as part of the 2019/20 annual review of governance the governance arrangements for the shared legal service (HBPL), Concilium Business Services and Sancroft Community Care Ltd were reviewed and updated and assurance obtained that reasonable governance arrangements are in place. Governance arrangements have

not been reviewed for Concilium Group Limited as it is merely a holding company and the governance arrangements for Concilium Assets LLP were reviewed in 2020/21 and again it was confirmed that reasonable governance arrangements are in place.

In January 2019 the Committee on Standards in Public Life published its report on local government ethical standards and made a number of best practice recommendations. **Best practice recommendation 14 states that:** Councils should report on separate bodies they have set up or which they own as part of their annual governance statement and give a full picture of their relationship with those bodies. Separate bodies created by local authorities should abide by the Nolan principle of openness and publish their board agendas and minutes and annual reports in an accessible place.

The paragraphs above outline the separate bodies set up by the Council and their relationship with the Council however the annual review of governance 2019/20 highlighted that these bodies are not yet publishing their board agenda, minutes and annual reports. The intention was to address this during 2020/21 however this was not achieved and will be rolled over to 2021/22 to implement.

4. Level of Assurance

The analysis of assurances from the annual review of governance 2020/21 indicates that **a reasonable level of governance is in place across the Council** despite the challenges presented by the Covid 19 pandemic. A number of minor governance gaps that should have been closed in 2020/21 were not closed and will be rolled forward to 2021/22. Whilst it could be argued that the lack of corporate performance monitoring and reporting is a significant gap in governance this is compensated for by financial performance monitoring, the monitoring and reporting of progress against the Corporate Plan and performance monitoring in service areas being in place throughout 2020/21. Other areas such as risk management arrangements to support decision making have been strengthened during 2020/21 and financial management remains robust.

The Head of Internal Audit's overall opinion on the adequacy and effectiveness of the organisation's framework of governance, risk management and control based on the annual review of governance and the assurance work of Internal Audit throughout 2020/21 has yet to be fully determined due to a delay in obtaining assurance from testing of a number of the Council's core financial systems and for the annual review of governance. However based on assurance obtained so far the opinion is likely to be: **Good with improvements required in a few areas:** The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is generally good with 97% of reports issued being amber, green/amber or green assurance. One red assurance report has been issued identifying significant weakness and/or non-compliance in the framework which could potentially put the achievement of objectives in this area at risk and no significant governance gaps have been identified so far as part of the annual review of governance process.

5. Previous Significant Governance Issues

5.1 Depot Redevelopment Project

A significant governance gap was identified during 2019/20 in relation to the Depot Redevelopment Project as a significant overspend has been projected along with the identification of several breaches of the Council's Financial Regulations and Contract Procedure Rules. Poor governance contributed to the overspend and the delay in reporting it corporately. Initial action was taken by management and Finance to identify the extent of the overspend and it was established that it can be contained within the approved Capital Programme funding. An Internal Audit review was undertaken and a red assurance report on the full extent of the governance issues was issued and presented to the GARMS Committee in October 2020. Eight recommendations (5 high risk and 3 medium risk) were made to improve the governance weaknesses and were agreed by management.

A follow-up of the implementation of the recommendations is in progress. Further details will be included in the final AGS once the follow-up has been completed.

6. Significant Governance Issue 2020/21

No new significant governance gaps have been identified for 2020/21 so far.

7. Conclusion

The annual review of governance is currently incomplete however the assurances obtained so far are generally positive on the governance arrangements in place for 2020/21.

8. Declaration

The Leader and the Chief Executive are signing the Annual Governance Statement on behalf of the authority having gained assurance from the annual review of the authority's governance arrangements supported by evidence provided by management including the Chief Finance Officer, the Monitoring Officer, from Corporate Directors and independent assurance provided by the Head of Internal Audit.

Graham Henson
Leader
Date:

Sean Harriss
Chief Executive
Date:

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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