

Causeway Coast and Glens Borough Council

Internal Audit Report Environmental Health Services

September 2017
Final

MOORE STEPHENS

INTERNAL AUDIT REPORT

Environmental Health Services

Executive Summary

This internal audit was completed in accordance with the approved annual Internal Audit Plan for 2017/18. This report summarises the findings arising from a review of Environmental Health Services (EHS) which was allocated 10 days.

Through our audit we found the following examples of good practice:

- Statutory targets for the Affordable Warmth scheme and Tobacco Control activities are consistently met or exceeded
- There are regular meetings between management and staff to ensure that, despite the re-organisation of staff and their responsibilities resulting from the transition from legacy Councils to Causeway Coast and Glens, EHS is functioning appropriately
- There is good communication and coordination with the Planning Department which ensures they are kept aware of planning consultation progress and that 'teething' problems in this new function of Council are promptly resolved.

Two (Priority 2) areas where controls could be enhanced was noted during our review:

- To ensure the safety of staff the management of EHS should review the use of the virtual whiteboard; identify ways to make the board more user friendly and flexible; and reinforce the need for staff to use the virtual whiteboard
- The management of EHS need to agree with Human Resources, and promptly action a process to ensure lone worker registration forms are completed, updated and are easily accessible in any emergency (even if it is out of hours).

The following table summarises the total number of findings/recommendations from our audit:

Risk	Number of recommendations & Priority rating		
	1	2	3
There may be inadequate policies and procedures within the area of EHS (i.e. not documented or available for review) leading to inconsistencies in how specific activities are dealt with.	-	1	-
Terms and conditions for staff working in EHS may not be consistently adhered to and there may be lack of oversight of these, leading to ineffective staff management and lack of integration with Council's operating processes and structures	-	2	-

Risk	Number of recommendations & Priority rating		
	1	2	3
The EHS may not carry out its statutory functions and deliver on statutory obligations leading to adverse external reports, and potential environmental and legal implications.	-	-	1
The work of EHS, including inspections, planning and investigative work may not be carried out and recorded accurately and promptly; leading to mis-information being returned to relevant agencies and potential poor decisions being made in future (such as the frequency of inspections).	-	-	1
The EHS may not carry out its statutory functions and deliver on statutory obligations leading to adverse external reports, and potential environmental and legal implications.	-	-	-
Total recommendations made	0	3	2

Based on our audit testing we are able to provide the following overall level of assurance:

Satisfactory

Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified this should not significantly impact on the achievement of system objectives.

Points for the attention of Management

We have identified one system enhancements during the course of the audit which does not form part of our formal findings, but may help enhance the existing controls. This is detailed at Appendix III.

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Distribution:	Audit Committee Chief Executive Director of Performance Director of Environmental Services
	September 2017

Audit progress	Date
Audit commenced	6 September 2017
Draft Report issued to senior management for response	11 October 2017
Responses Received	6 November 2017
Responses Agreed	13 November 2017
Report Issued	14 November 2017

All matters contained in this report came to our attention while conducting normal internal audit work. Whilst we are able to provide an overall level of assurance based on our audit work, unlike a special investigation, this work will not necessarily reveal every issue that may exist in the Council's internal control system.

1 Objective

The areas for inclusion in the scope of the audit were determined through discussion with management. The scope of this audit is to review the arrangements in place within the Council in relation to Environmental Health Services (EHS), focusing on the main risks associated with:

- EHS task planning and management
- Monitoring, review and reporting performance
- Meeting statutory EHS requirements

2 Background

Council's Environmental Health Services (EHS) are delivered within the service area of Health and Built Environment which is led by the Head of Health & Built Environment. This service area is within the Directorate of Environmental Services.

The Health and Built Environment service is responsible for providing a range of statutory and advisory services designed to protect and enhance public health and safety, and to contribute to the overall improvement in the health of the community and the quality of life for all living and working in the council area. The service is responsible for enforcing a wide range of legislation and any enforcement action taken by the service is taken in accordance with Council's Enforcement Policy, which was approved in March 2015.

An annual Business Plan is developed by the Service detailing the strategic objectives and performance measures for Health and Built Environment Service and this is approved by the Director of Environmental Services and presented to the Council via the Environmental Service Committee. The plan in turn informs the development of detailed delivery plans for each environmental health core function.

The service is delivered across four functional areas:

- Commercial Services
- Environmental Health & Housing
- Licensing and emergency Planning
- Building Control

Provision of and management of such a diversity of services raises the risk of inadequate prioritisation and planning of tasks resulting in Council's statutory duties not being met.

The areas of EHS which were reviewed as part of this audit are:

- Affordable Warmth
- Planning Consultations
- Environmental Health Complaints
- Tobacco Control

3 Risks

The risks identified by Internal Audit relating to risk management and agreed with management are as follows:

1. There may be inadequate policies and procedures within the area of EHS (i.e. not documented or available for review) leading to inconsistencies in how specific activities are dealt with
2. Terms and conditions for staff working in EHS may not be consistently adhered to and there may be lack of oversight of these, leading to ineffective staff management and lack of integration with Council's operating processes and structures
3. A balanced approach may be absent for distributing inspections and other EHS work, including queries from members of the public, within an agreed time limit, leading to unnecessary delays in inspections, planning applications and resolving environmental health issues.
4. The work of EHS, including inspections, planning and investigative work may not be carried out and recorded accurately and promptly; leading to misinformation being returned to relevant agencies and potential poor decisions being made in future (such as the frequency of inspections).
5. The EHS may not carry out its statutory functions and deliver on statutory obligations leading to adverse external reports, and potential environmental and legal implications.

4 Audit Approach

Our audit fieldwork comprised:

- Documenting the systems via discussions with key staff
- Consideration of the key risks within each audit area
- Examining relevant documentation
- Carrying out a preliminary evaluation of the arrangements and controls in operation generally within the Council
- Testing the key arrangements and controls
- Testing the completeness and accuracy of records.

The table below shows the staff consulted with and we would like to thank them for their assistance and co-operation.

Job title
Head of Health and Built Environment
Environmental Health and Housing Manager
Food, Health & Safety and Consumer Protection Manager
Senior Environmental Health Officers
Affordable Warmth Coordinator

 District Environmental Health Officer

 Tobacco Control Officer

 Business Support Officers

5 Findings and Recommendations

This section of the report sets out our findings in relation to control issues identified and recommendations. A summary of all the key controls that we considered is included in Appendix II to this report.

5.1 Risk 1 – Inadequate Policies and Procedures

ISSUE 1 – Comprehensive Central Repository of Policies and Procedures

a) Observation-

There are policies, procedures and other guidelines available for the areas reviewed during the audit. These are stored in various folders on the shared drive. These include procedures from many sources, some of which CCAG have not yet had an opportunity to brand as CCAG specific procedures. It was also noted that there is no evidence of recent review and update of the policies and procedures. Within the new structure EHS staff have increased responsibilities such as planning consultations and are required to be involved across a number of EHS areas. EH management are also striving to ensure common procedures evolve from legacy practices e.g. a review of the smoke free inspection proformas and standard letters is planned for 2017/18. Ensuring a complete centralised suite of up to date policies and procedures (including templates) is time consuming to set up and to update (to reflect changes in legislation and regulations) but essential.

b) Implication-

If EHS staff do not have easy access to agreed and regularly updated policies and procedures relating to all EHS activities there is an increased risk of inconsistencies in how specific activities are dealt with.

c) Priority Rating-

2

d) Recommendation-

Council should identify the most cost and time efficient way to ensure all EHS policies and procedures are easily accessible to all relevant staff and are reviewed and updated regularly. Council should consider the benefits of existing central repositories such as the RIAMS system which would allow CCAG EH to assimilate existing procedures with template procedures that RIAMS have already carefully considered and produced. Significant efficiencies can result from being able to reduce management and staff time spent creating and reviewing procedures.

e) Management Response- A review will be undertaken of the RIAMS system and any other available alternatives to consider the benefits of standard Northern Ireland specific operating procedures and guidance to ensure consistency and enhancement of service delivery. If appropriate a business case will be

prepared for consideration and recommendation to the Director of Environmental Services
f) Responsible Officer & Implementation Date- Head of Health & Built Environment. 31st January 2018

5.2 Risk 2 – Lack of Oversight of Staff Terms and Conditions

ISSUE 2 – Staff Location
<p>a) Observation- A traditional whiteboard is in place in each office where EHS staff are located. Due to the fact that teams are split over different locations this does not allow individual managers to be aware of the location of his/her team without having access to the physical whiteboards in each office. As a result a virtual whiteboard was introduced and installed on the PC of each of the EHS staff. This allows managers and the Head of Health and Built Environment to know the location of all staff they are responsible for. Discussions with the managers and staff revealed that there are some issues with the virtual whiteboard; it is only accessible from a person's desktop i.e. it is not mobile; staff do not find it user friendly and feel it is not flexible enough to allow them to record and update their location easily. Testing on two occasions during audit revealed 3 staff whose location details were not up to date.</p>
<p>b) Implication- A lack of a central and complete record of staff whereabouts at all times increases the risk that Council staff are not being properly protected</p>
<p>c) Priority Rating- 2</p>
<p>d) Recommendation- The management of EHS should review the use of the virtual whiteboard; identify ways to make the board more user friendly and flexible; and reinforce the need for staff to use the virtual whiteboard</p>
<p>e) Management Response- A review of the existing virtual in-out board will be undertaken to ensure that it is being used by all officers. It is not possible to access the current software remotely. A review of other providers will be undertaken and if appropriate a business case will be made to move to another provider will be tested and if available implemented. In the meantime, service area managers will remind users to access and update the current software each time they leave and return to the office. Regular monitoring will be undertaken and the findings reported at monthly team meetings.</p>
<p>f) Responsible Officer & Implementation Date- Head of Health & Built Environment & Service Area Managers Immediately, Review of other software providers by 1st February 2018</p>

ISSUE 3 – Lone Workers**a) Observation-**

Lone worker registration forms have been used in the past to record key details of lone workers including emergency contact details. There are lone worker registration forms on file from one legacy Council but the forms have not been updated within the new Council. There is currently a lack of clarity around the process for retaining lone worker registration forms. Per the Health & Safety (H&S) procedure they should be retained and a pro forma is included as an annex to the H&S Procedure. The management of EHS are unclear if they are permitted to retain staff details, being under the impression only Human Resources can do so. There is therefore an issue around accessing the lone worker details if there is an out of office hours emergency.

b) Implication-

Lack of clarity over the responsibilities to complete and retain lone worker registration forms increase the risk Council staff are not being properly protected

c) Priority Rating-

2

d) Recommendation-

The management of EHS need to agree (with HR) and action a process to ensure lone worker registration forms are completed, updated and are easily accessible in any emergency (even if it is out of hours).

e) Management Response- A review of Lone Worker Risk Assessment will be undertaken to ensure that each officer has completed and supplied "In Case of Emergency" details together with an appropriate contact number. Service Area Managers will hold details of ICE contacts for each officer allocated to that functional team which will be accessible both in and out of office hours. HR will continue to hold next of kin details for all HBE staff**f) Responsible Officer & Implementation Date- Head of Health & Built Environment 31st December 2017****5.3 Risk 3 – Distribution of EHS Activities and Response Times****ISSUE 4 – Tascomi Records****a) Observation-**

Discussions with management, review of team meeting minutes and review of procedures revealed that there is a balanced approach for distributing inspections and other EHS work, including queries from members of the public, which are to be dealt with within agreed response times.

Testing revealed that response times are generally very good with just over 9% of (243) complaints and enquires, for the period 2nd May to 25th July (2017) responded to outside the 3-day recommended time. However, during the testing it was noted that there was not always sufficient information on Tascomi to

<p>determine the reasons for any delays in response or in finalising an activity. Out of 8 incomplete cases tested:</p> <ul style="list-style-type: none"> ▪ 3 appeared to have been dealt with but this was just not noted on Tascomi ▪ For 2 it was not clear what the next planned action would be or why it was not complete ▪ 2 of those tested related to the same issue; this has been resolved; but the most recent documents from May/June/July 2017 had not been uploaded to Tascomi at the time of audit <p>Testing of 10 planning consultations revealed 3 had no checklist uploaded and that there was limited detail entered on the current situation on Tascomi.</p>
<p>b) Implication- Incomplete information in Tascomi means that Management do not have complete and up to date information readily available in relation to EHS activities. This increases the risk of inaccurate information being available should the relevant Environmental Health Officer (EHO) be suddenly unavailable for work; increasing the risk of delays in EHS activities.</p>
<p>c) Priority Rating- 3</p>
<p>d) Recommendation- Environmental Health and Built Environment management should remind staff of the need to record all relevant information e.g. actions undertaken, actions planned, close out dates etc. and also to upload all relevant checklists and documents to Tascomi in a timely manner.</p>
<p>e) Management Response- All staff are reminded at monthly team meetings of the need to complete full records and attached all relevant documentation to the web-based complaint management premise database system (Tascomi). The missing checklists were stored on the shared HBE drive and have since been uploaded. A written procedure for processing planning consultations has been prepared. An agreed percentage audit of all applications will be carried out on a monthly basis and the results discussed at monthly team meetings.</p>
<p>f) Responsible Officer & Implementation Date- Environmental Health & Housing Manager and Business Support Manager 31st November 2017</p>

5.4 Risk 4 – Mis-Information Leading to Poor Decision Making

ISSUE 5 – Tascomi Reports for Monitoring and Reporting

a) Observation-

Review of team meeting minutes revealed regular meetings are held with staff at which progress is discussed but Tascomi Reports are not used to inform discussions of ongoing activities at the meetings. Audit was advised that management's aim is to use Tascomi as the key source of work planning and task management. Testing also revealed that the progress of the Annual Service Plans is performed annually.

As mentioned in Issue 4 testing of complaints and enquires and of planning consultations revealed gaps in the information and detail recorded and uploaded on Tascomi.
b) Implication- Incomplete information in Tascomi means that Management do not have complete and up to date information readily available in relation to EHS activities. This increases the risk of inaccuracies in providing information for statutory returns or inaccuracies in responding to any queries should an EHO suddenly not be available for work.
c) Priority Rating- 3
d) Recommendation- Environmental Health and Built Environment management should run reports from Tascomi e.g. outstanding activities for use at team meetings. Management should also use reports from Tascomi and other relevant information to discuss progress against the Annual Service Plans at team meetings at least every 6 months. This use of Tascomi for monitoring would reinforce with staff the importance of entering timely and complete information and documents onto Tascomi in order to provide management with complete, accurate and up to date information at all times.
e) Management Response- Better use will be made of the complaint management software. Agreed reports will be prepared for each functional area to include planned, completed and outstanding actions. These reports will be considered monthly and be used to check progress against annual business plan targets.
f) Responsible Officer & Implementation Date- Head of Health & Built Environment and all Service Area Managers 31 st December 2017.

5.5 Statutory Function and Obligations

No issues were noted

Appendix I: Definition of Assurance Ratings and Hierarchy of Findings

Satisfactory Assurance

Evaluation opinion: Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified this should not significantly impact on the achievement of system objectives.

Limited Assurance

Evaluation opinion: There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.

Unacceptable Assurance

Evaluation opinion: The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

Hierarchy of Findings

This audit report records only the main findings. As a guide to management and to reflect current thinking on risk management we have categorised our recommendations according to the perceived level of risk. The categories are as follows:

Priority 1: Failure to implement the recommendation is likely to result in a major failure of a key organisational objective, significant damage to the reputation of the organisation or the misuse of public funds.

Priority 2: Failure to implement the recommendation could result in the failure of an important organisational objective or could have some impact on a key organisational objective.

Priority 3: Failure to implement the recommendation could lead to an increased risk exposure.

Appendix II: Summary of Key Controls Reviewed

Budgetary Control

Risk	Key Controls
<p>A balanced approach may be absent for distributing inspections and other EHS work, including queries from members of the public, within an agreed time limit, leading to unnecessary delays in inspections, planning applications and resolving environmental health issues.</p>	<ul style="list-style-type: none"> • EHS policy and procedure(s) are in place for function areas - subject to a recommendation • The policy and procedures have been communicated to all relevant staff - subject to a recommendation • Policies and procedures are reviewed and updated periodically - subject to a recommendation
<p>Terms and conditions for staff working in EHS may not be consistently adhered to and there may be lack of oversight of these, leading to ineffective staff management and lack of integration with Council's operating processes and structures</p>	<ul style="list-style-type: none"> • There is a clear policy covering travel and subsistence claims for all staff • Travel and subsistence expense claims are reasonable, appropriately submitted and authorised • There are adequate lone working policy and procedures to protect staff conducting site visits - subject to a recommendation • There is a system of recording staff locations when outside council premises - subject to a recommendation
<p>A balanced approach may be absent for distributing inspections and other EHS work, including queries from members of the public, within an agreed time limit, leading to unnecessary delays in inspections, planning applications and resolving environmental health issues.</p>	<ul style="list-style-type: none"> • Annual work plans are used to prioritise areas of work • Progress against annual work plans targets are reviewed periodically (quarterly or bi-annually) • A task management system/software is used to register, allocate and manage environmental health inspections, planning work, investigations and queries - subject to a recommendation • Risk assessment is used to assist in prioritising and planning inspection work • Agreed response times have been recorded for specific environmental health tasks and communicated to staff • Periodic reports on response times and other activities are run from the task management system and reviewed by management • Comments from management on review of the response time and activity reports are communicated to staff in a timely manner • Processes are put in place to manage workloads if they become excessive
<p>The work of EHS, including inspections, planning and investigative work may not be carried out and recorded accurately and promptly; leading to mis-information being returned to relevant</p>	<ul style="list-style-type: none"> • Staff are included in the annual work plan preparation and are aware of their responsibilities • There are templates/checklists available for each environmental health task for staff to complete when performing the task • Agreed time limits for completing specific tasks have been recorded and communicated to staff

Risk	Key Controls
<p>agencies and potential poor decisions being made in future (such as the frequency of inspections).</p>	<ul style="list-style-type: none"> • Periodic reports of open tasks are run from the task management system and reviewed by management – subject to a recommendation • Regular progress meetings are held between management and staff to discuss activity levels and departmental performance
<p>The EHS may not carry out its statutory functions and deliver on statutory obligations leading to adverse external reports, and potential environmental and legal implications.</p>	<ul style="list-style-type: none"> • There is continuous development and training of staff • A calendar of statutory returns due dates is maintained and available to relevant staff • All statutory returns are completed in a timely manner; allowing sufficient time for review and accuracy checking • All statutory returns are reviewed by management prior to submission to external agencies or departments • Staff are informed of any developments and/or statutory changes in the area of environmental health at regular progress meetings

Appendix II: Points for Management

Tobacco Control – Shared Responsibilities

Testing in relation to Tobacco Control activities revealed that EHS carries out its statutory functions and delivers on statutory obligations and targets in line with the Service Level Agreements (SLAs) in place.

It was however noted that there is no document of the agreement between Derry City & Strabane District Council (DC&SDC) and Causeway Coast and Glens (CCAG) where a Tobacco Control Officer (TCO) is provided by DC&SDC to CCAG to cover the Limavady area. The arrangement is referred to in the SLA between Fermanagh and Omagh District Council (FODC) and DC&SDC but the number of days the TCO should work in Limavady; and responsibilities for monitoring and reporting of Tobacco Control activities in Limavady is not clearly documented anywhere.

Council should consider if there is a need for a separate agreement relating to the responsibilities of DC&SDC and CCAG in using the DC&S TCO for TC activities in Limavady.

Management Response- A separate Service Level Agreement for Tobacco Control Officer activities has been sought from Derry City and Strabane District Council in line with that already in place with Mid and East Antrim Borough Council.