

Live Argyll
Internal Audit Report
November 2019
FINAL

Normal Operating Procedures and
Emergency Action Plans

Audit Opinion: Substantial

	High	Medium	Low
Number of Findings	0	1	2

Contents

1. Executive Summary	3
Introduction.....	3
Background.....	3
Scope.....	3
Risks	4
Audit Opinion	4
Recommendations	4
2. Objectives and Summary Assessment.....	4
3. Detailed Findings.....	5
Appendix 1 – Action Plan	9
Appendix 2 – Audit Opinion.....	12

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1. Executive Summary

Introduction

1. As part of the 2019/20 internal audit plan, approved by the Audit & Scrutiny Committee in March 2019, we have undertaken an audit of Live Argyll's system of internal control and governance in relation to their Normal Operating Procedures (NOPs) and Emergency Action Plans (EAPs).
2. The audit was conducted in accordance with the Public Sector Internal Audit Standards (PSIAS) with our conclusions based on discussions with relevant officers and the information available at the time the fieldwork was performed. The findings outlined in this report are only those which have come to our attention during the course of our normal audit work and are not necessarily all the issues which may exist. Appendix 1 to this report includes agreed actions to strengthen internal control however it is the responsibility of management to determine the extent of the internal control system appropriate to LiveArgyll.
3. The contents of this report have been agreed with the appropriate council officers to confirm factual accuracy and appreciation is due for the cooperation and assistance received from all officers over the course of the audit.

Background

4. LiveArgyll was established by Argyll and Bute Council (the Council) and commenced trading on 2 October 2017. It is a charitable company limited by guarantee and governed by its articles of association. LiveArgyll is responsible for services including libraries, leisure facilities, Active Schools, archives, museum, sport development, halls, community centres and community lets. The Council provide internal audit services to LiveArgyll to support their governance framework.
5. There are no specific swimming pool health and safety laws however pool operators are responsible for the health and safety (H&S) of employees, pool users and other people on the premises. The Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations place general obligations on pool operators. The H&S Executive provide guidance – Managing Health and Safety in Swimming Pools (HSG179). This provides guidance for those who operate and manage H&S in swimming pools and also provides practical advice on how to comply with the law relating to the management of H&S in swimming pools.
6. Pool safe operating procedures are commonly used in the swimming pool industry as part of management arrangements. A Pool Safe Operating Plan consists of the NOP and the EAP for the pool, changing facilities and associated plant and equipment. The NOP sets out the way a pool operates, including details of the layout, equipment, manner of use, user group characteristics etc. The EAP provides specific instructions on the action to be taken, by all staff, in the event of an emergency.

Scope

7. The scope of the audit was to review the key control documentation in place to manage the operation of LiveArgyll swimming pools as outlined in the Terms of Reference agreed with the General Manager, LiveArgyll on 17 September 2019.

8. The audit was restricted to field testing in LiveArgyll swimming pools in Helensburgh, Aqualibrium (Campbeltown) and Riverside (Dunoon).

Risks

9. The risks considered throughout the audit were:
 - **Audit Risk 1:** LiveArgyll does not meet its legal responsibilities under Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations
 - **Audit Risk 2:** Roles and responsibilities have not been clearly defined
 - **Audit Risk 3:** Normal Operating Procedures and Emergency Action Plans are not reviewed, tested and updated regularly

Audit Opinion

10. We provide an overall audit opinion for all the audits we conduct. This is based on our judgement on the level of assurance which we can take over the established internal controls, governance and management of risk as evidenced by our audit work. Full details of the five possible categories of audit opinion is provided in Appendix 2 to this report.
11. Our overall audit opinion for this audit is that we can take a substantial level of assurance. This means that internal control, governance and the management of risk is sound. However, there are minor areas of weakness which put some system objectives at risk and specific elements of residual risk that are slightly above an acceptable level and need to be addressed within a reasonable timescale.

Recommendations

12. We have highlighted one medium priority and two low priority recommendations where we believe there is scope to strengthen the control and governance environment. These are summarised below:
 - if evac chairs are to be utilised then a maintenance schedule and staff training programme should be implemented
 - a protocol should be agreed with the Council for property inspection documentation to be uploaded to Concerto in a timely manner
 - senior duty officers should ensure all staff sign and date to evidence their acceptance of the NOPs and EAPs.
13. Full details of the audit findings, recommendations and management responses can be found in Section 3 of this report and in the action plan at Appendix 1.

2. Objectives and Summary Assessment

14. Exhibit 1 sets out the control objectives identified during the planning phase of the audit and our assessment against each objective.

Exhibit 1 – Summary Assessment of Control Objectives

	Control Objective	Link to Risk	Assessment	Summary Conclusion
1	Procedures are in place which are consistent with relevant health and safety regulations	Audit Risk 1 Audit Risk 3	Substantial	Existing procedures and third party support facilitates compliance with relevant legislation and regulation. A robust programme of H&S inspections is carried out however there can be delays uploading inspection documentation onto the property management system. Evac chairs are in use however there is no programme of maintenance and no staff training in support of their use.
2	Roles and responsibilities for the operational management of swimming pools are clearly defined	Audit Risk 2	High	Roles and responsibilities are clearly defined in the H&S Policy, with specific responsibilities for tasks defined in the NOPs and EAPs.
3	Normal Operating Procedures are readily available, subject to review and are being complied with	Audit Risk 3	Substantial	NOPs are in place in all pools and are subject to regular review. Staff sign to evidence that they are aware of the NOPs and will comply with them however they are not expected to evidence the date they have provided this sign off. Records of NOP compliance checks were found to be in good order.
4	Emergency Action Plans are readily available, subject to review and displayed for staff to follow	Audit Risk 3	Substantial	EAPs are in place in all pools and are subject to regular review. Staff are expected to sign to evidence that they are aware of the EAP and will comply with them however, at one pool, this hadn't been done by all staff. Staff are not expected to evidence the date they have provided this sign off. Training records confirmed staff are routinely provided with emergency scenario training.

15. Further details of our conclusions against each control objective can be found in Section 3 of this report.

3. Detailed Findings

Procedures are in place which are consistent with relevant health and safety regulations

16. The Council's H&S team provide support to LiveArgyll through the support service level agreement (SLA) in place between the Council and LiveArgyll. In addition H&S support is provided by a private contractor with specialist knowledge of H&S within swimming pools (Right Directions). The support provided by the Council and Right Directions includes undertaking H&S audits, advising on updates to legislation and providing other H&S updates including bulletins.

17. LiveArgyll have implemented a H&S Improvement Plan to strengthen their commitment to improving corporate H&S procedures. The plan covers risk assessments, audits, inspections, training, fire safety, performance management and communication. It also identifies actions, outcomes and completion dates.
18. There are H&S operating procedures which provide guidance on statutory and good practice inspections. Not all inspections are applicable at every pool as the need for them depends on local circumstances however, where they are required, the procedures detail what they are and their suggested frequency.
19. Each LiveArgyll swimming pool has local procedures in place to support compliance with relevant H&S legislation, regulation and the H&S Operating Procedures. During the audit we reviewed H&S documentation to provide assurance that appropriate checks were being carried out and records are maintained. Exhibit 2 sets out a number of the key inspections which are required and confirms our conclusion that all three pools visited can evidence they are performing the inspections at the required frequency.

Exhibit 2 – Health and Safety Inspections Records

Inspection Required	Carried Out at Appropriate Frequency?		
	Helensburgh	Aqualibrium	Riverside
H&S Risk Assessments	✓	✓	✓
Daily maintenance checks of facilities	✓	✓	✓
Gas boilers and flues	✓	✓	✓
Portable appliances	✓	✓	✓
Fixed electrical	✓	✓	✓
Lifting equipment pool hoist	✓	✓	✓
Lifting equipment lifts	N/A	✓	✓
Inspection of emergency lighting	✓	✓	✓
Control of asbestos	✓	N/A	✓
Fire detection/prevention/evacuation	✓	✓	✓
Control of legionella bacteria in water	✓	✓ *	✓
Bacteriological testing of water	✓	✓	✓

*Aqualibrium have altered its facilities and therefore require an updated legionella risk assessment. Aqualibrium are aware of this and property services have been notified.

20. As part of the SLA, property compliance checks are managed and administered by the Council's property department with records maintained on the Council's property management system (Concerto). Staff at all pools have access to Concerto to record property maintenance issues. Inspection certificates and reports relating to property checks undertaken can also be accessed.
21. Evac chairs are in use across leisure sites, however there is no programme of maintenance and no staff training schedule to support their use.

Action Plan 1

22. Through discussions with relevant officers we identified there is often a delay between the completion of an inspection and the uploading of documentation to Concerto. This results in periods of time where officers are unable to obtain relevant documentation.

Action Plan 2

Roles and responsibilities for the operational management of swimming pools are clearly defined

23. Roles and responsibilities are clearly defined in the H&S Policy. Specific staff responsibilities for the operational management of the facility are outlined in the NOPs and EAPs.
24. The senior duty officer and duty officer are responsible for the operational management and H&S within the pool and for ensuring compliance with the NOP and EAP. As the facility responsible person they must ensure that safety inspections are undertaken and that any issues are recorded and addressed as soon as possible.

Normal Operating Procedures are readily available, subject to review and are being complied with

25. It is the responsibility of pool staff to ensure pool activities are controlled to provide a safe, and enjoyable service. The NOPs identify the processes to control pool supervision, admission and club/private hire use. They are used in conjunction with the other operational procedures to satisfy the requirements of Managing H&S in Swimming Pools guidance.
26. NOPs are in place and were available for staff to view at all three pools visited. All staff sign that they have read and understood and will comply with the contents of the NOP. Whilst the senior duty officer/duty officer signed to confirm staff signatures, it was unclear what date the staff had signed these documents.

Action Plan 3

27. NOPs are subject to regular review and updated to reflect any changes in legislation, regulation or any agreed changes to working practices. Any changes to NOPs are highlighted and detailed at the top of the NOP document. The date and issue number are recorded.
28. Compliance checks that are required monthly, weekly and daily are recorded and signed as being complete. Where issues are identified these are recorded with records held at the pool and/or recorded on Concerto. Our audit did not identify any concerns relating to the recording of compliance checks.

Emergency Action Plans are readily available, subject to review and displayed for staff to follow

29. It is the responsibility of pool staff to ensure that emergency situations are dealt with in a manner which minimises the risk to customers and staff. The EAPs identify the action in the event of various emergency situations, i.e. first aid, lack of water clarity, bomb threat, lighting and structural failure, emission of toxic gas, pool rescue and severe water pollution.
30. EAPs are in place and are available for staff to view at all three pools visited. All staff are supposed to sign that they have read, understood and will comply with the contents of the EAP however at one pool (Riverside) not all staff had signed the updated EAP. Whilst the senior duty officer/duty officer signed to confirm staff signatures, it was unclear what date the staff had signed these documents.

Action Plan 3

31. The EAP details the actions to be taken and staff responsibilities in the event of an emergency. As EAPs are only enacted in the event of an emergency, audit assurance has been obtained by ensuring staff receive adequate training. We confirmed that monthly staff training includes scenario training based on the EAP.

32. EAP's are subject to regular review and updated to reflect any changes in legislation, regulation or any agreed changes to working practices. Any changes to EAP's are highlighted and detailed at the top of the EAP document. The date and issue number are recorded.

Appendix 1 – Action Plan

	No	Finding	Risk	Agreed Action	Responsibility / Due Date
Medium	1	<p>Evac Chairs</p> <p>Evac chairs are in use across leisure sites, however there is no programme of maintenance and no staff training to support their use.</p>	Evac chairs may not be fit for purpose and staff inadequately trained in their use.	<p>There is no statutory inspection requirement for the evac chairs. Pools will commit to undertake a weekly visual inspection of the evac chairs, in line with their other weekly H&S checks (the relevant NOP and SSOW will be updated). The Area Operations Manager (Kintyre) will contact the Council's Fire Safety Officer to enquire about training requirements regarding use of the evac chairs.</p>	<p>Duty Officers 31 December 2019</p>

Low	2	<p>Filing Inspection Records</p> <p>There is often a delay between the completion of a property inspection and the uploading of documentation to Concerto. This results in periods of time where officers are unable to obtain relevant documentation.</p>	<p>Documents may not be readily available to view any remedial action that requires to be taken.</p>	<p>Argyll and Bute Council's Property Services are responsible for updating the inspection reports on Concerto. The Business Operations Manager will contact the Council's Property Services Manager to request that all inspection documentation is uploaded to Concerto in a timely manner.</p>	<p>Property Services Manager, Argyll and Bute Council 31 December 2019</p>
Low	3	<p>Signing Normal Operating Procedures and Emergency Action Plans</p> <p>Staff are supposed to sign to evidence they are aware of, and will comply, with NOPs and EAPs. At one pool (Riverside) not all staff had signed the EAP. Furthermore staff are not asked to document the date they have provided this confirmation.</p>	<p>Staff may have signed to evidence compliance with an older version of an NOP or EAP and may not have been sighted on any subsequent amendments.</p>	<p>Pools to check that all staff have read, signed and dated the current EAPs and relevant NOPs.</p>	<p>Duty Officers 31 December 2019</p>

In order to assist management in using our reports a system of grading audit findings has been adopted to allow the significance of findings to be ascertained. The definitions of each classification are as follows:

Grading	Definition
High	A major observation on high level controls and other important internal controls or a significant matter relating to the critical success of the objectives of the system. The weakness may therefore give rise to loss or error.
Medium	Observations on less significant internal controls and/or improvements to the efficiency and effectiveness of controls which will assist in meeting the objectives of the system. The weakness is not necessarily substantial however the risk of error would be significantly reduced if corrective action was taken.
Low	Minor recommendations to improve the efficiency and effectiveness of controls or an isolated issue subsequently corrected. The weakness does not appear to significantly affect the ability of the system to meet its objectives.

Appendix 2 – Audit Opinion

Level of Assurance	Definition
High	Internal control, governance and the management of risk are at a high standard. Only marginal elements of residual risk have been identified with these either being accepted or dealt with. A sound system of control designed to achieve the system objectives is in place and being applied consistently.
Substantial	Internal control, governance and the management of risk is sound. However, there are minor areas of weakness which put some system objectives at risk and specific elements of residual risk that are slightly above an acceptable level and need to be addressed within a reasonable timescale.
Reasonable	Internal control, governance and the management of risk are broadly reliable. However, whilst not displaying a general trend, there are areas of concern which have been identified where elements of residual risk or weakness may put some of the system objectives at risk.
Limited	Internal control, governance and the management of risk are displaying a general trend of unacceptable residual risk above an acceptable level and placing system objectives are at risk. Weakness must be addressed with a reasonable timescale with management allocating appropriate resources to the issues raised.
No Assurance	Internal control, governance and the management of risk is poor. Significant residual risk and/or significant non-compliance with basic controls exists leaving the system open to error, loss or abuse. Residual risk must be addressed immediately with management allocating appropriate resources to the issues.