



Health and Safety City of York Council Internal Audit Report

Business Unit: Corporate Services
Responsible Officer: Head of Human Resources
Service Manager: Head of Health and Safety
Date Issued: 29 August 2023
Status: Final
Reference: A1800/001

	P1	P2	P3
Actions	0	6	0
Overall Audit Opinion	Reasonable Assurance		

Summary and Overall Conclusions

Introduction

Under the Health and Safety at Work Act 1974, and associated legislation, the council has responsibility for the health, safety and welfare of all its employees, clients and customers accessing services. The council engages in a broad range of activities resulting in diverse areas of risk.

Essential to the management and reduction of health and safety risks is an effective risk assessment process. The council's Safety Management System (SMS) includes guidance and requirements for staff when conducting health and safety risk assessments for premises, work activities and individuals. Risks should be assessed by council managers or supervisory staff for their area of responsibility. Each directorate should maintain a log of its risk assessments, with information on their location, review dates, and the results of observational monitoring.

To improve the management of health and safety risks, incidents, accidents and near-misses must be reported on the council's B-Safe system at the earliest opportunity. Incidents should be investigated to determine root causes and to define actions to take to improve safety management. In some cases, specific work-related incidents are legally required to be reported under RIDDOR to the Health & Safety Executive.

Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system ensure that:

- Suitable premises risk assessments, safe systems of work and individual risk assessments are in place, are up to date and follow council guidance.
- Control measures identified in risk assessments have been implemented and are operating effectively.
- Incidents are reported promptly and correctly on B-Safe, investigations are conducted and actions arising from incidents are implemented.

The audit reviewed risk assessments and incident reporting arrangements at a sample of council premises:

Directorate	Premises
Adult Social Care and Integration	Marjorie Waite Court
Adult Social Care and Integration	The Beehive
Customer and Communities	Hob Moor Children's Centre
Customer and Communities	Mansion House
Place	James House Hostel

Key Findings

The council's risk assessment process is guided by the health and safety policy and risk assessment compliance note within the council's Safety Management System. The compliance note includes a comprehensive procedure for completing risk assessments. For each of the five sites visited, a sample of risk assessments were evaluated against the risk assessment process outlined in the compliance note. Site visits were conducted and interviews held with the officers responsible for managing health and safety at each site.

The compliance note requires directorates to use Risk Assessment Log F3B (either directorate-wide or locally, eg at department level) to record the name and location of the risk assessment, when it was carried out, when it is to be next reviewed, and details of any observational monitoring conducted. The purpose of the log is to assist managers in maintaining oversight of the risk assessments held by sites for which they are responsible. Whilst a log of activity-related risk assessments was observed at the Beehive, neither premises nor activity-related logs were held at the other sites included in the sample. Logs were also not held at department or directorate level for any site visited. Correspondence with officers during the audit suggested that there is a lack of clarity within the organisation regarding the level of management at which these logs should be held.

The compliance note also requires officers to review risk assessments and record how they have communicated the results of the risk assessments. We found that some risk assessments had no evidence of planned review dates. Conversations with officers established that some risk assessments are reviewed on an 'as and when' basis. Officers stated that the results of risk assessments were communicated to staff in different ways, such as by sharing information at team meetings and via emails. However, evidence of communication was available for only two sites and the risk assessments reviewed during the audit did not routinely record how the results had been communicated. Risk assessments were stored electronically at the sites visited. However, at two sites, they were not readily accessible to site users and employees unless requested.

We found inconsistencies in the way that the five sites managed their risk assessment process. One site had a single premises risk assessment, whilst others had risk assessments for individual rooms and activities. One had risk assessments for specific hazards, for example lone working, slips, trips and falls, and working at height. It appears that officers are unclear on the best way to approach risk assessments. The risk assessments sampled all identified some hazards and controls, but not all of them had been conducted in line with the compliance note. Examples of non-compliance observed included: missed identification of hazards and therefore no corresponding controls; risk matrices not being used to evaluate risk; and action plans not being completed.

Our site visits confirmed that a range of controls identified in the risk assessments were in place and sites use a number of strategies to monitor control measures. For example, fire alarm checks, fire drills, and water flushes were consistently undertaken across the premises visited. We also saw evidence of window restrictor checks at Marjorie Waite Court, flat checks at James house and the use of daily premises checklists at Mansion House. However, our visits also identified instances where controls recorded on risk assessments had not been implemented. For example, at Marjorie Waite Court, controls for supervising contractors and controlling access were not operating effectively. At the Beehive, the medical room risk assessment stated that monthly checks are undertaken by management. However, when queried during our visit, neither the manager nor head of service were aware of this control in the risk assessment.

A range of health and safety courses are available on MyLO, the council's online learning platform. However, there was a wide variation in course attendance for officers responsible for health and safety at the five sites visited. For example, only three of the five officers responsible for health and safety at the sampled sites had completed the 'CYC essential training: Introduction to Health and Safety' course and two of those officers had also attended the IOSH Managing Safely course (one in October 2017 and the other in January 2022). The policy states that it is the role of the shared health and safety service to advise on health and safety training for staff at all levels and the responsibility of heads of service to arrange for shortcomings in training and instruction to be rectified. However, interviews conducted with officers indicated that they had not received guidance and advice on the training they should attend, and none could recall any recent and formal training on how to conduct the risk assessment process robustly.

Guidance on the use of B-Safe is available for staff on the intranet. There are a series of instructional videos, as well as a compliance note that outlines how B-safe should be used. None of the officers spoken to were aware of the B-Safe videos links provided on the CYC intranet. However, of the officers spoken to during the audit, three had used B-safe and two had been involved conducting health and safety investigations. These officers reported confidence in their use of B-safe, but identified some issues with the system such as it being 'unsmooth' and time consuming to use. All officers spoken to reported that the health and safety team were accessible and helpful, and that they had felt supported during investigations and with any ongoing health and safety issues.

We reviewed incidents reported on B-Safe between April 2022 and May 2023. Four of the five sites reported incidents and/or near-misses. In total, 91 incidents were reported, with the Beehive reporting 80 of those. The Beehive has the B-Safe App installed on iPads, which means that staff can access and update the system promptly. Incidents are generally reported promptly, with the majority of incidents across sites (69, 76%) reported within two days of occurrence and all except one within nine days of occurrence.

Overall Conclusions

There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. Our overall opinion of the controls within the system at the time of the audit was that they provided Reasonable Assurance.

1. Oversight and review of risk assessments

Issue/Control Weakness

F3B risk assessment logs were not available for the sites visited at the department or directorate level.

Not all risk assessments sampled had scheduled review dates or records of any changes made following reviews.

Risk

Service areas fail to ensure that risk assessments are kept up to date and that observational monitoring is undertaken, leading to an increased risk of incidents occurring.

Findings

The risk assessment compliance note stipulates that 'Directorates must ensure that a log (either Directorate-wide or local eg service/department) is available that records the existence of all their risk assessments, log number, where they are held, when they were carried out, when they are next to be reviewed and observational monitoring has taken place (and what action, if any, was taken).' The purpose of the log is to assist managers in maintaining oversight of the risk assessments held by sites for which they are responsible. Risk assessments should be reviewed annually or where a need is identified.

We could not identify logs of risk assessments for four of the five premises visited. We enquired with site managers, relevant heads of service and health and safety champions regarding the F3B logs. The Beehive had created its own log for activities-related risk assessments, but not for premises risk assessments. However, the activities-related risk assessment log was held at the site, not at the departmental or directorate level. While officers observed that they discussed health and safety matters with their line managers in 121s, there does not appear to be a formal record of oversight and active monitoring of risk assessments as per the requirements of the risk assessment compliance note. There also appears a lack of clarity within the organisation regarding the level of management at which the logs should be held.

Risk assessment review dates were observed and scheduled on some individual risk assessments, but this was not the case for all risk assessments. In addition, where reviews had been conducted, a minimal record of this was maintained. For example, one risk assessment, reviewed in January 2023, only provided the review date but gave no indication of whether or not any changes had been made as a result.

Agreed Action 1.1

Council Management Team will define corporate expectations for risks assessments that should be held at council premises. It will also define training requirements for managers with health and safety responsibilities at sites, and requirements for health and safety inductions for new staff / those take up site management responsibilities. The aim is to ensure clarity on what good health and safety practice looks like corporately.

Priority

2

Responsible Officer

Corporate Director of Place

Timescale

31 March 2024

Agreed Action 1.2

Directorate Management Teams and DCNCs will continue to have health and safety as a standing agenda item for discussion and take appropriate actions, including those relating to risk assessments.

Both groups will ensure that F3B risk assessment logs are in place for premises and activities within their area of responsibility. In addition, they will review and seek assurances that observational monitoring is undertaken to ensure risk assessments comply with the risk assessment compliance note and that controls are implemented (see Finding 3 for more detail).

Priority

2

Responsible Officer

Council Management Team

Timescale

31 March 2024

2. Health and safety training for responsible officers at sites

Issue/Control Weakness

Health and safety training requirements are unclear and there is variation in provision for officers with responsibility for health and safety at sites.

Risk

Officers do not receive suitable health and safety training, leading to an increased risk of incidents at sites.

Findings

While a range of health and safety courses are available on MyLO, the council's online learning platform, there is a wide variation in course attendance for officers responsible for health and safety at the five sites visited. For example, only three of the five officers had completed the 'CYC essential training: Introduction to Health and Safety' course and two of those officers had also attended the IOSH Managing Safely course (one in October 2017 and the other in January 2022). One officer had completed 13 courses, while another had only completed two (one in 2015 and the other in 2017). We also found that officers were unaware of the guidance and instructional videos on how to use B-Safe that are available on the intranet. Three officers had used B-Safe and had received support and advice from the health and safety team when doing so.

The health and safety policy states that it is the role of the shared health and safety service to advise on health and safety training for staff at all levels. It is the responsibility of heads of service to 'arrange for shortcomings in training and instruction to be rectified' and of directors to ensure that arrangements 'secure the competence and capability on health and safety matters of all employees'. However, interviews conducted with officers indicated that they had not received guidance and advice on the training they should attend. Two officers stated they had received informal advice from the health and safety team on completing risk assessments, but none could recall any recent, formal training on how to conduct the risk assessment process robustly.

Agreed Action 2.1

Linked to action 1.1, officers with responsibility for health and safety at council premises will be provided with clarity on the health and safety training available to them and their staff and what they are required to complete, including training on preparing risk assessments and IOSH Managing Safely. Relevant officers will undertake this training.

Priority

2

Responsible Officer

Corporate Director of Place / Head of Human Resources

Timescale

31 March 2024

Agreed Action 2.2

The shared Health and Safety team will deliver a one-hour micro masterclasses on risk assessments to officers with responsibility for health and safety at council premises.

Priority

2

Responsible

Head of Health and

Officer

Safety

Timescale

31 March 2024

3. Non-compliance with the health and safety risk assessment compliance note

Issue/Control Weakness

Discrepancies were identified between the risk assessments at the sites visited and the risk assessment compliance note.

Risk

Risk assessments are not created following council guidance, meaning that hazards are not identified and adequately mitigated and there is an increased risk of an incident occurring.

Findings

There were disparities between the health and safety policy and risk assessment compliance note and actual practice observed at sites. From our site visits, and review of a sample of risk assessments at each site against the risk assessment compliance note, we identified issues within the following areas:

- The compliance note states that risk assessments are to be carried out by managers or relevant staff in consultation with employees who are familiar with the work activity. However, we found that only some risk assessments recorded evidence of consultation with employees.
- The compliance note outlines a number of strategies to undertake in the process of identifying hazards in the workplace, but we found some risk assessments did not identify certain hazards relevant to those risk assessments.
- Risk assessments should state the level of risk after control measures are implemented, but not all risks had been evaluated to provide a risk rating
- Controls identified in risk assessments were not always in place or were not specific about the control requirements.
- The compliance notes states that the action plan should be used to record who is responsible for additional control implementation, but action plans had not always been used to identify who was responsible.
- The compliance note states that risks and control measures should be communicated to appropriate people who may be affected by the hazard. However, there was a lack of evidence that the results of risk assessments had been communicated to employees and some were not available to employees, contractors and service users.

An appendix has been prepared providing details of the specific issues identified in each of the above areas.

Agreed Action 3.1

Site-specific issues identified in Appendix 1 have been provided to the relevant premises managers to address. They will:

- Ensure that hazards are identified that are relevant to the risk assessment created.
- Evaluate risks on an ongoing basis, including recording the level of risk, and ensure that any changes, additions, or amendments are recorded on the risk

Priority

2

Responsible Officer

Head of Human Resources

Timescale

31 March 2024



assessment.

- Ensure that risk assessments are written in collaboration with teams and ensure that final documents and actions are communicated.
- Ensure that responsibilities for additional controls are documented in action plans, assigned to responsible officers, and implemented.
- Ensure that risk assessments are accessible for employees, contractors, and others, to refer to and are a 'live' document.

Agreed Action 3.2

Procedures will be established to ensure that risk assessments are completed by trained and competent people in consultation with (or by representatives of) those people undertaking the activities. Service managers/supervisors will address the risks identified or escalate any concerns where risk controls are not able to be controlled locally. Health & Safety team inspections will continue to sample risk assessments for appropriateness.

Priority	2
Responsible Officer	Head of Human Resources
Timescale	31 March 2024

Annex 1

Audit Opinions and Priorities for Actions

Audit Opinions

Our work is based on using a variety of audit techniques to test the operation of systems. This may include sampling and data analysis of wider populations. It cannot guarantee the elimination of fraud or error. Our opinion relates only to the objectives set out in the audit scope and is based on risks related to those objectives that we identify at the time of the audit.

Our overall audit opinion is based on 4 grades of opinion, as set out below.

Opinion Assessment of internal control

Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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