



Health & Safety 2014/15

City of York Council

Internal Audit Report

Business Unit: Customer & Business Support Services
Responsible Officer: Assistant Director: Customers and Employees
Service Manager: Health and Safety Manager
Date Issued: 01/07/2015
Status: Final
Reference: 19519/006

	P1	P2	P3
Actions	0	3	9
Overall Audit Opinion	Reasonable Assurance		

Summary and Overall Conclusions

Introduction

Under the Health and Safety at Work etc Act 1974 and associated legislation the council has a responsibility for the health, safety and welfare of all its employees as well as customers accessing services. In addition to these statutory duties the council also has a duty of care to the people who are affected by its activities. The council engages in a broad range of activities and as such it has risks across diverse areas from waste management to education.

The health and safety team are appointed, under the Management of Health and Safety at Work Regulations 1999 to advise the council in relation to its responsibilities regarding health and safety and also assists in the development of the Safety Management System (SMS), by advising on health and safety matters. The team does this by working with managers who are responsible for health and safety within their area of control, and the Workforce Development Unit who coordinate health and safety training across the council.

The former health and safety manager left the council in summer 2014. The decision was taken to appoint a new health and safety manager to be shared with North Yorkshire County Council. This sharing arrangement is a formal agreement with the manager splitting their time between the two authorities, with at least two days a week to be spent at City of York Council; the manager also being available on other days depending upon the nature of the work.

Objectives and Scope of the Audit

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

- The council proactively monitors health and safety throughout the organisation through a series of audits of sites and activities and follows up actions identified in these audits,
- incidents are reported as required either internally or to the Health and Safety Executive and these incidents are investigated and followed up,
- the council fulfils its statutory obligations with regards to fire risk assessments, management of asbestos and legionella risk assessments,
- the council receives assurance that it is compliant with other requirements of health and safety legislation including those relating to occupational health, fixed wiring, gas safety testing and hand-arm vibration through appropriate monitoring.

The responsibility for managing health and safety risks lies with managers across the council however this audit focussed on what assurance is provided by the above areas of work within the health and safety team.

Key Findings

The health and safety team cover a large number of areas including operational work, compliance and the provision of some training. Health and safety training is co-ordinated by the Workforce Development Unit who now hold the training budgets centrally; the quality and quantity of this training was outside the scope of this audit. The audit did not identify any areas where action is not being taken to ensure compliance or of health and safety risks that are simply not being managed.

A lot of work is being done in the health and safety team with limited resources. However, the systems currently in place are limited in the amount of assurance they provide for senior managers and the organisation. There are a number of issues with the systems in place that may result in inefficiencies through duplication of effort, lack of coordination, large volumes of manual data entry and processing and scattered data making it difficult to evidence the work done and find information to provide assurance to senior managers. A report was commissioned last year by ICT to review all the IT systems. This has led to funding being agreed for development and implementation of the first module of a new health and safety management system which is currently in progress.

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For the areas reviewed during the audit it was found that limited management information is produced with the exception of occupational health. The systems that are in place at the moment do not lend themselves to the production of this information. Improved health and safety reporting may be valuable to the council and assist in defining ownership of health and safety risks amongst managers.

Overall Conclusions

This audit did not examine the processes for managing health and safety risk at an operational level so no conclusions have been drawn in this respect. However the audit examined the systems and processes in place within the health and safety team to provide assurance to managers that these health and safety risks are being managed and will continue to be so. There are a number of improvements that need to be made to ensure that the health and safety team can effectively fulfil their role.

It was found that the arrangements for managing risk were satisfactory with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made. Our overall opinion of the controls within the system at the time of the audit was that they provided Reasonable Assurance.

1 Coverage of Health and Safety services for council properties

Issue/Control Weakness

There is no single premises register in place, identifying the health and safety obligations the council has for each property

Risk

Services may not be provided to properties that require it.

Findings

Information on council properties is kept separately for different health and safety areas including asbestos, legionella, fire and audits. As a result different site lists are kept for each area.

A fire risk assessment log was in place which provides the ability to track when the next assessment is due. The health and safety team does not currently have an up to date asbestos register that lists all properties and the most recent survey review. As mentioned in finding 7 of this report, work is being undertaken to bring all asbestos surveys up to date. However a list of what properties will be included in this work has not been drawn up. The contracted provider for legionella water monitoring has a list of properties. However, as discussed in finding 9, monitoring information is not held by health and safety. There is also a separate list of properties and services for audit work.

The audit found that it was difficult to match up all of these lists to each other or to an external source. All of the lists in place appear to be out of date, containing properties that are no longer owned or used by the council; some of the lists contain notes regarding property closures however it is not always clear how this impacts on the health and safety service provided. The way in which the information is stored means that it is not possible to provide assurance that the council is fulfilling its health and safety obligations at all sites.

The way in which information is stored means that it cannot be easily cross referenced and information is not easily shared. This may result in inefficiencies in time and duplication of effort as multiple lists have to be brought up to date rather than one.

In addition it was identified that there is a lack of clarity over what services should be provided to what properties; work is ongoing to determine this. A single premises register available to the health and safety team would help to provide this clarity by documenting what services properties currently receive from health and safety and would help identify any anomalies. Such a register would also help to avoid duplication of effort and act as a more effective information sharing tool, particularly if the structure of document storage reflected this. Information is held in a variety of locations making it difficult to find and resulting in less joined up working across the team. A site based filing structure may provide greater clarity over what information is actually held by health and safety and provide valuable information to health and safety officers conducting site visits.

Agreed Action 1.1

Review the arrangements for managing property health and safety risk. This will include looking at ways the current asset management software could be used by the health and safety team. A decision will be made about which health and safety services will be provided for which properties. Where significant issues are identified this will be reported to management.

Priority

2

Responsible Officer

Health, Safety and Wellbeing Manager

Timescale

30th November 2015

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Issue/Control Weakness

Risk

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Agreed Action 3.1

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Timescale

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4 Follow up of incident investigations

Issue/Control Weakness

No follow up of incident investigations is completed.

Risk

Actions may not have been taken to rectify issues meaning that another health and safety incident may occur.

Findings

Due to resource limitations within the team, actions from incident investigation reports are not followed up by the health and safety team. Completion of the actions are the responsibility of managers and final reports are signed by the investigating officer and lead officer to acknowledge the report and confirm that actions will be taken to implement the recommendations. However, this provides only limited assurance that these actions will be completed and the risk of a repeat incident reduced. While follow up of all actions would be a large task, there may be scope to do a sample of follow ups to ensure that actions are being implemented and therefore provide more assurance.

In addition, it was also noticed that there was scope to produce management information to act as a compensating control. Currently very little health and safety information is produced and reported on within the organisation. A lot of the information in health and safety is held in separate documents and is not easily pulled together to produce information that would help with management decisions and corrective action.

At present actions from incident investigations are only recorded on the individual reports so are not readily accessible in a format that would enable the production of information on what actions were outstanding across, for example, a directorate or service area. The ability to produce such information and report on it regularly would identify issues and encourage managers to provide updates on actions, thus taking a more active role in the follow up process and giving greater assurance to the organisation as a whole.

Agreed Action 4.1

The review of the accident and incident reporting system is to be undertaken including the reporting and escalation process.

Priority

3

Responsible Officer

Health, Safety and Wellbeing Manager

Timescale

31st October 2015

5 Contracts and framework agreements

Issue/Control Weakness

There is no contract or framework agreement in place for asbestos reviews and work.

New contracts need to be put in place for water monitoring and fire risk assessments.

Risk

Contract procedure rules may be breached.

Findings

There is no contract or framework agreement in place for the delivery of asbestos management plans/ asbestos premises risk registers reviews. The asbestos and legionella officer is currently undertaking a twelve moth project to conduct a review the asbestos surveys, management plans/ asbestos premises risk registers for all council sites. Therefore, for this financial year expenditure has stayed below the council's procurement threshold for obtaining quotes. Once this work is complete however, expenditure may go above these procurement thresholds and action will need to be taken to ensure that contract procedure rules are not breached; unless this work continues to be done by a council officer.

The contract for water monitoring expired at the end of September 2014. This contract has been extended for twelve months as permitted in the original agreement and a procurement process will take place to find a new supplier for water monitoring. The contract for fire risk assessments (FRAs) expired in October 2013. Health and safety consulted with the procurement team and the previous supplier has continued to undertake FRAs on an ad hoc basis. A review of the arrangements in relation to FRA's is ongoing to identify premises which do not have an appropriate FRA or the FRA has not been reviewed in the last 12 months and new arrangements need to be put in place after the conclusion of this review.

Although these areas are being managed at the moment there is a risk that contract procedure rules will be breached if action is not taken and a need to ensure that procurement takes place in a timely manner to prevent interim measures having to be put in place in the future.

Agreed Action 5.1

Review the health and safety service to ensure that Asbestos Management Plans and associated Risk Registers are completed.

Priority

3

Responsible Officer

Health, Safety and Wellbeing Manager

Timescale

30th November 2015

Agreed Action 5.2

Ensure water hygiene risk assessments/monitoring and FRA's are undertaken in accordance with statutory requirements.

Priority

3

Responsible Officer

Health, Safety and Wellbeing Manager

Timescale

30th November 2015

6 Fire risk assessment (FRA) follow ups

Issue/Control Weakness

FRA actions are not followed up in a manner that provides the organisation with assurance over the management of fire risk.

Risk

Actions from FRAs may not be completed increasing the likelihood and impact of a fire.

Findings

It was noted during the audit that a generally risk based approach to follow ups of actions arising from fire risk assessments was adopted. However, no risk rating is given to properties to indicate what actions should be followed up as a priority, nor is a rating given to the individual actions which would enable an understanding of the potential impact and the urgency with which it needs completing.

The fire action log contains a significant number of actions and there is not currently any strategy in place for how actions should be followed up. In order to provide assurance over how the council as a whole is managing fire risk a more targeted or defined approach is required. Giving actions or sites priority ratings may be one way of addressing this; spot checking a sample of actions to follow up would also provide a level of assurance.

Agreed Action 6.1

Implement a formal mechanism of reviewing fire risk assessments and escalate those areas of significant risk which have not been addressed in a timely manner.

Priority

3

Responsible Officer

Health, Safety and Wellbeing Manager

Timescale

30th September 2015

8 Asbestos and Legionella representatives

Issue/Control Weakness

There are no up to date lists of site representatives for asbestos and legionella or officers assigned responsibility for these across the council.

Risk

There is no suitably trained officer responsible for asbestos and legionella on sites leading to the associated risks not being managed appropriately, increasing the likelihood of exposed to asbestos or legionella bacteria.

Findings

The list of site asbestos liaison officers held in the health and safety files is not maintained and is now out of date with many of the named officers no longer performing that role. This list is difficult to maintain as health and safety is frequently not informed of changes in personnel. However having a named officer responsible for asbestos on site is a key control. Maintaining a list would enable the monitoring of training needs for asbestos representatives and therefore ensure that there is an officer with asbestos training at each site.

Similarly there is no list of legionella representatives. Commonly asbestos and legionella representatives would be the same officer and it would therefore seem reasonable to maintain one list rather than duplicating effort.

In addition to ensuring there is a representative for each site, there is also a need to ensure that there are officers assigned responsibility for legionella both at a site level and across the organisation. This ensures that decisions about legionella risk management can be taken at an appropriate level and escalated up a formal structure if needed. This arrangement does not appear to be in place at present and could result in the acceptance of legionella risk being taken at an inappropriate level.

Agreed Action 8.1

Each premises manager is to nominate a person responsible (including a deputy for asbestos and water hygiene at their premises) and forward their names to the health and safety team.

Priority

3

Responsible Officer

Health, Safety and Wellbeing Manager

Timescale

30th September 2015

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Issue/Control Weakness	Risk
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Findings

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Agreed Action 11.1

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Priority	3
Responsible Officer	Health, Safety and Wellbeing Manager
Timescale	30 th November 2015



Audit Opinions and Priorities for Actions

Audit Opinions

Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit.

Our overall audit opinion is based on 5 grades of opinion, as set out below.

Opinion	Assessment of internal control
High Assurance	Overall, very good management of risk. An effective control environment appears to be in operation.
Substantial Assurance	Overall, good management of risk with few weaknesses identified. An effective control environment is in operation but there is scope for further improvement in the areas identified.
Reasonable Assurance	Overall, satisfactory management of risk with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made.
Limited Assurance	Overall, poor management of risk with significant control weaknesses in key areas and major improvements required before an effective control environment will be in operation.
No Assurance	Overall, there is a fundamental failure in control and risks are not being effectively managed. A number of key areas require substantial improvement to protect the system from error and abuse.

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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