

## **AGENDA SUPPLEMENT**

### **Audit and Governance Committee**

**To:** Councillors Fisher (Vice-Chair), Lomas (Chair), Wann, Webb, Musson, Cuthbertson and Baker

**Date:** Wednesday, 29 June 2022

**Time:** 5.30 pm

**Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

The Agenda for the above meeting was published on **21 June 2022**. The attached additional documents are now available for the following agenda item:

- 5. Annual report of the head of internal audit** (Pages 1 - 32)  
Attached are three supporting audit reports to be published online.

This agenda supplement was published on **21 June 2022**

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# Highways Construction, Design & Management

## City of York Council

### Internal Audit Report 2021/22

Business Unit: Economy and Place  
Responsible Officer: Assistant Director of Transport, Highways and Environment  
Service Manager: Head of Highways Asset Management  
Date Issued: 10 June 2022  
Status: Final  
Reference: 10580/001.bf

	P1	P2	P3
Actions	0	3	2
Overall Audit Opinion	Reasonable Assurance		

## Summary and Overall Conclusions

### Introduction

When the council undertakes a construction project, the council is accountable for the impact of its decisions and its approach towards health, safety and welfare on the project. Construction work is governed by the Construction Design and Management (CDM) Regulations 2015. Failure to comply with CDM regulations can result in harm of construction workers or users of construction projects and penalties can include large fines and even imprisonment of officers if negligence is proven.

The council highways team carry out a wide range of construction projects, from footpath resurfacing to carriage way widening. With the value of the projects ranging from around £15,000 to £250,000. For all the projects in place, the council is required to put measures in place to safeguard the welfare of staff, contractors and members of the public, in line with the CDM regulations.

### 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:

- Induction programmes have been completed for everyone working on site.
- Supervisory safety checks have been carried out frequently and are documented.
- Desk studies have been carried out with due diligence and these are communicated to the relevant individuals.
- There is a clear and robust audit trail of all documents produced and strict version control procedures in place.

### Key Findings

As part of the audit, we looked at five CDM projects: Burton Stone, Hurricane Way/Clifton Moorgate, Haxby Road, Hull Road, Peasholme Green. For the CDM projects, there was a clear set of documents that detailed all steps of the project. However, not all of the documents were stored in central locations with a clear file structure. For ongoing projects this appeared to be less of an issue and there was a clear plan of where documents are going to be stored going forward.

For all projects where it was required, the project designer, client and contractor had been named in the construction phase plan. However, the details of duties for each role had not been documented. This may be something the council want to consider implementing. For each project that we looked at we found evidence that a risk assessment had been carried out and documented within the construction phase plan.

Before individuals are allowed to enter a construction site, council procedure requires that they complete an induction. This is to make them aware of the site risks and steps they should take to keep safe. We found that there were two sites, Haxby Road and Peasholme Green, where there was no recorded documentation of an induction programme within the CDM file.

The council carries out supervisor checks of the health and safety of construction sites. We could only find evidence that one of the checks have been carried out for two sites (Hull Road, Peasholme Green). The council may want to consider implementing a risk based threshold of what construction sites should have H&S compliance checks implemented. The supervisory checks that were carried out were in line with the risk assessments for both of the projects.

One of the key controls identified in the risk assessments was that staff have sufficient qualifications. There was no evidence within the CDM file that verification of qualifications had been carried out.

### **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 Site Induction

## Issue/Control Weakness

There was not evidence that a site induction had been carried out for all CDM projects.

## Risk

Accident/injury to an individual on site.

## Findings

Before individuals are allowed to enter a construction site, an induction is required to be completed. To ensure individuals are aware of the risks of the site and the steps they should take to maintain a safe site. We found that there were two sites, Haxby Road and Peasholme Green, where there was no documentation recording the completion of an induction programme within the CDM file.

## Agreed Action 1.1

Evidence of site inductions of all site operatives and visitors must be stored within the projects Construction phase plan.

A Health & Safety file will be created for each CDM project and made easily accessible, on completion of the works.

**Priority**

2

**Responsible Officer**

Head of Highways Asset Management

**Timescale**

31 August 2022

## 2 Qualifications

### Issue/Control Weakness

There is no evidence that qualifications/permits of site operatives have been verified before construction work has commenced.

### Risk

Construction site workers do not have mandatory training/permits for job. Leading to using machinery in a hazardous way.

### Findings

As part of the audit we noted that for the projects we looked at (not including Burton Stone Lane), we noted that within the construction phase plan and/or risk assessments there is reference to it being a mandatory requirement that site operatives should have undertaken relevant training and have obtained the relevant permits. Such as a Permit to Dig and trained in the use of CAT (Cable Avoidance Tools). The project files did not include evidence for verification of qualifications/permits for site permits.

### Agreed Action 2.1

The Highways service will develop a process to verify the qualifications of the site operatives for internal and third party site operatives.

**Priority**

2

**Responsible Officer**

Head of Highways Asset Management

**Timescale**

31 August 2022

### 3 CDM Roles

#### Issue/Control Weakness

The council has not clearly defined the roles of the Client, Designer and Contractor.

#### Risk

Lack of clarity on responsibilities could lead to non-compliance with CDM regulations.

#### Findings

Under CDM regulations, if a project lasts more than 30 days or involve 500 person days of construction, there is a requirement to make formal appointments for the following roles: Client, Principal Designer, Principal Contractor.

For the projects reviewed where it was required to appoint these roles, the appointment of people to these roles was clearly documented within the Construction phase plans. However, we did not see any evidence that the responsibilities of these roles in relation to the sites in question had been clearly defined and documented.

#### Agreed Action 3.1

Appointment of Principal Designer & Principal Contractor will be in writing for all projects.

**Priority**

2

**Responsible Officer**

Head of Highways Asset Management

**Timescale**

31 August 2022



## 4 Supervisor Checks

### Issue/Control Weakness

Health and safety supervisor checks were not carried out at all sites.

There is not a defined threshold of when health and safety supervisor checks should be carried out.

### Risk

Non-compliance with council health and safety policy. Health and safety risks not identified and managed, leading to accidents.

### Findings

For one of the CDM projects reviewed, an appropriate officer would daily visit the site and check for any potential hazards and that there were sufficient control measures in place to keep individuals safe on site. The sites were checked against a predetermined framework. The framework used would be marked off and stored within the CDM folder and/or H&S file.

Currently not all CDM projects undergo such a supervisor check and there is not a threshold in place to determine which projects are required to have a regular supervisor check.

### Agreed Action 4.1

Since the audit had started additional compliance forms are being filled in to confirm that Health & Safety measure are in place on construction sites.

With support of the Health & Safety team the highways teams will develop a threshold for which sites require reviews to be carried out by the highways officer and number of times the compliance officer would visit the site.

#### Priority

3

#### Responsible Officer

Head of Highways Asset Management

#### Timescale

31 August 2022

## 5 Location of Documents

### Issue/Control Weakness

Not all documents were stored within structured folders.

### Risk

Delays in accessing critical information.

### Findings

During the audit, we found that not all the projects had a clear structure for storing the project documents. This could potentially lead to a delay in obtaining key information about the CDM projects or increase the risk documentation showing compliance cannot be found.

It is recommended that a file structure be introduced and spot checks be carried out to confirm that key documents are being saved in the agreed upon locations.

### Agreed Action 5.1

All Health & Safety documents for each highways projected will be scanned and stored within the Health & Safety File.

**Priority**

3

**Responsible Officer**

Head of Highways Asset Management

**Timescale**

31 August 2022

## 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.

Where information resulting from audit work is made public or is provided to a third party by the client or by Veritau then this must be done on the understanding that any third party will rely on the information at its own risk. Veritau will not owe a duty of care or assume any responsibility towards anyone other than the client in relation to the information supplied. Equally, no third party may assert any rights or bring any claims against Veritau in connection with the information. Where information is provided to a named third party, the third party will keep the information confidential.



# Fishergate Primary School Internal Audit Report 2021/22

Headteacher: T Clarke  
Date Issued: 1 June 2022  
Status: Final  
Reference: 15691/020

	P1	P2	P3
Actions	0	2	4
Overall Audit Opinion	Reasonable Assurance		

## Summary and Overall Conclusions

### Introduction

This audit was carried out on 7 and 8 April 2022 as part of the internal audit plan for People Directorate for 2021/22. In response to guidance proposed by the Department of Education, key members of City of York Council's finance team and school business management team confirmed they would benefit from periodic full school audits across the maintained schools in the city. All schools selected for these audits are done so in accordance with a detailed risk assessment.

### Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to governors, the headteacher and management that internal controls within school and its systems are operating effectively to manage key risks both of a financial nature and otherwise.

The audit covered the following areas in accordance with the specification:

- Governance
- Financial management
- System reconciliation
- Contracts – ordering, purchasing and authorisation
- Income
- Capital and property
- Additional school activity provision
- Human resources
- Payroll
- School meals
- Pupil numbers
- School fund
- Data protection and information technology
- Insurance and risk management
- Inventory records
- Security
- Safeguarding arrangements and
- Early years.

### Key Findings

A review of the school's governance procedures confirmed that meetings for both the full governing body and the finance committee are held and attended in line with the terms of reference. There is a policy schedule in place and evidence to support review and authorisation

of key policies by governors. However, the policy schedule made available during the audit referred to some 2020 and 2021 review dates; indicating the document requires a brief update to reflect the most recent position.

There is a good level of financial transparency throughout both staff and governors in school, with budget monitoring reports produced frequently to enable discussion and scrutiny by governors and members of the finance committee. The correct budget setting and revision procedures are being adhered to and a report presented at each meeting, by the school finance manager (SFM), helps to highlight and provoke discussion around any budget variances. However, it was confirmed that the latest SFVS (School Financial Value Standard) return had been submitted to the local authority before ratification and authorisation by governors. Up to date declarations of interest were available for all governors and members of staff with financial authority, however the most recent declarations of interest are yet to be posted on the school's website.

Testing of expenditure from the school bank account did not highlight any misuse or inappropriate purchases, and monthly reconciliations of the account could be provided. There was a good level of evidence to support the correct use of purchase orders where necessary and, for all of the transactions reviewed, goods had been receipted and payments had made accurately and promptly. A contract schedule is maintained and is updated accordingly to ensure the school can monitor any agreements held with providers.

A review of the use of the two school procurement cards confirmed that the types of expenditure carried out using these cards is appropriate to school and proof of purchases were consistently available. However, it was confirmed that these cards are often used by members of staff who are not named cardholders and, in addition, transaction logs are not always maintained and completed by the card user. A brief review of the school fund was carried out and this confirmed that the account is independently checked and the transactions within this account are appropriate.

The school is continuing to drive towards a cashless environment and encourages the use of electronic income methods for school meal payments and the collection of money from lettings. Reconciliations, of the school meal provision by an external catering company, are carried out frequently and any discrepancies are queried immediately. The school does still collect some cash, however insurance limits are adhered to and banking takes place frequently enough to ensure breaches of these limits are avoided. The school has no issues with debt and a standardised approach to debt management is in place should issues arise with late or non-payment. Invoices in respect of lettings are sent promptly to hirers and insurance certificates and agreements are retained to support the use of facilities by any external party. Sufficient insurance is also provided to the school by the local authority and covers events including school trips.

A review of several staff HR files, along with pay records, confirmed that new starters are added to the payroll promptly and leavers are removed as necessary without delay. A check of the payroll against the current staffing list did not identify any discrepancies and there was evidence to confirm that the staffing budget is reviewed regularly. Overtime is preauthorised and is paid in relation to completed and signed timesheets. The school's approach to the payroll process helps to ensure a separation in key duties, for example, between inputting and authorisation.

Absence records are well maintained and allow for any absence triggers to be identified and reported to management. A review of instances of absence confirmed that the payroll provider is notified promptly of any sickness or leave and the correct supporting documentation is obtained from staff and held on file in line with retention guidelines. However, it was evident that return to work interviews had not taken place for a significant amount of time, despite there being several long term absences and one absence specifically relating to an injury at work.

Security of both information and tangible assets is well maintained with data protection procedures in place as well as an extensive inventory of all physical goods. However, the school should now ensure that independent checks of inventory items are carried out on an annual basis; with records of these checks maintained. The school should also consider adopting a log of items and equipment taken off-site by staff, as well an agreement that stipulates the terms and conditions of doing this. Veritau Ltd is the DPO (data protection officer) for the school and therefore there is a good level of guidance and support available to staff and governors in relation to data protection.

A review of whole-school pupil numbers and the arrangement for early years' provision, confirmed that the correct checks are carried out and the appropriate documentation is held on file to support key information relating to the pupils, their attendance and any relevant funding.

Safeguarding procedures in school require governors to complete online training every year and this was last carried out in September 2021. All staff in school undertook safeguarding refresher training in January 2022 and the three safeguarding leads have all recently completed the appropriate lead training and a safer recruitment course. In relation to safer recruitment, the school should ensure that all members of staff have the correct evidence on file to support their Right to Work in UK status.

## **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 SFVS

### Issue/Control Weakness

The latest SFVS return was submitted to the local authority before review and authorisation by the governing body.

### Risk

The financial information submitted as part of SFVS return is inaccurate and any potential issues are not identified.

### Findings

A review of governance procedures confirmed that the SFVS for the March 2022 deadline was submitted to the local authority on 28 February 2022, however the document was not authorised by the governing body until 28 March 2022. This therefore means that the SFVS return was completed and returned to the local authority before review and sign off. The meeting to authorise the SFVS was held just three days prior to the submission deadline and this would suggest that any issues, raised by governors in relation to the return, would not be dealt with and rectified before the cut-off point.

### Recommendation

The SFVS should be completed in sufficient time to allow for proper review and discussion by governors. The authorisation of the return should be granted by the full governing body and this decision should be recorded in the meeting minutes accordingly.

### Agreed Action 1.1

The finance committee discussed the SFVS on 28 April 2022 and agreed that the SFVS template will be circulated prior to the appropriate finance committee meeting. This completed template will then be presented for discussion between governors, SFM and the headteacher two months prior to the next deadline.

**Priority**

3

**Responsible Officer**

School Finance Manager

**Timescale**

31 January 2023

## 2 Procurement cards

### Issue/Control Weakness

The two school procurement cards are currently used by multiple people who are not the named card holders. Transaction logs are not always maintained by the card users.

### Risk

Action cannot be taken in the event of inappropriate or fraudulent use of the card due to a lack of accountability.

### Findings

There are currently two procurement cards in use at the school. These cards are registered in the names of the head and the office manager, however the cards are often used by other members of staff both on and off site. Transaction logs are not consistently maintained by the card holder and are instead completed by the school business manager once the corresponding bank statements have been received. This method of completing the logs means that the transactions are listed to match those on the bank statements and, as a result, this does not allow for effective reconciliation that would highlight any unauthorised use of the card.

### Recommendation

A review of the cards should be undertaken to identify whether the current card holders are appropriate. A business case should be submitted to the governors stating any new nominated card holders and the associated card limits. If and once authorised, the school should ensure that only the named card holder is responsible for transactions carried out on that card. Transaction logs should be maintained by the card holder, checked and then submitted for independent reconciliation on a monthly basis. The council's card user agreement and policy should be signed and adhered to.

### Agreed Action 2.1

The procurement card procedure was discussed at the finance committee meeting held on 28 April 2022. Governors, the SFM and the headteacher agreed that the registered cardholders would be amended to keep the administration of the cards in the office. The SFM and SOM (school office manager) will have cards in their names and the consolidated transaction sheets will be checked and signed off by the headteacher on a monthly basis. The change of details form has been completed and forwarded to the school finance team at the council.

**Priority**

2

**Responsible Officer**

School Finance Manager

**Timescale**

30 June 2022

### 3 Return to work interviews

#### Issue/Control Weakness

Return to work interviews are not being carried out following periods of staff absence.

#### Risk

The statutory duty of care to employees is breached and the school faces litigation.

#### Findings

Absence records are well maintained and supporting evidence is collected and retained appropriately. However, on further review, it was confirmed that return to work interviews are not taking place despite cases of staff returning from long periods of absence. One member of staff suffered an injury in the workplace that led to an absence of around seven weeks, this employee did not receive a return to work interview.

#### Recommendation

A return to work interview should be held promptly for all members of staff returning to the workplace following a period of sickness absence. This interview should be recorded alongside the self-certification document and should be signed by both people.

#### Agreed Action 3.1

This form is now being completed by the headteacher / deputy headteacher within 24 hours of the member of staff returning to work from an absence of any length.

**Priority**

2

**Responsible Officer**

Headteacher

**Timescale**

31 May 2022

## 4 Inventory checks

### Issue/Control Weakness

Independent checks of the inventory are not currently carried out on an annual basis.

### Risk

Theft or loss of school property is not identified and the school suffers financial loss.

### Findings

The school business manager currently maintains an extensive and detailed inventory. However, the inventory is not currently subjected to independent checking on a regular basis.

### Recommendation

An independent check of a sample of inventory items should be carried out on an annual basis. The details of this independent check should be recorded.

### Agreed Action 4.1

This matter was discussed at the finance committee meeting on 28 April 2022. A form has been produced and this check will be carried out annually by either one of our site managers or the chair of governors.

#### Priority

3

#### Responsible Officer

School Finance Manager & Chair of FGB

#### Timescale

31 July 2022

## 5 IT user log and agreements

### Issue/Control Weakness

There is currently no log or user agreement in place to cover the removal of school-owned IT equipment from the school site.

### Risk

Theft or loss of physical items and / or data.

### Findings

School staff are allowed to remove IT equipment from the premises and use this equipment at home. However, there is currently no log in place to identify exactly who is responsible for equipment taken off-site. In addition, there are no user agreements in place to stipulate the terms and conditions of this arrangement, for example, safe storage of the equipment.

### Recommendation

The school should maintain a log of the equipment that is off-site with a member of staff and also introduce an agreement that clarifies the terms and conditions of using IT equipment at home to ensure safe use and storage.

### Agreed Action 5.1

A user agreement and log will be implemented to ensure all staff who use IT equipment off-site have signed to confirm they are aware of the safe use and storage of school equipment and understand their responsibilities.

**Priority**

3

**Responsible Officer**

School Finance Manager

**Timescale**

31 July 2022

## 6 Right to Work in UK checks

### Issue/Control Weakness

Not all members of staff had Right to Work in UK evidence held on their HR files.

### Risk

The school incurs fines for not complying with employment legislation.

### Findings

A review of staff files confirmed that not all members of staff had the Right to Work in UK evidence available to support their employment status.

### Recommendation

A review of the staff files should be carried out to identify any member of staff without the correct documentation available. The correct documentation should be sought so that every member of staff's Right to Work in UK status can be evidenced clearly.

### Agreed Action 6.1

Some of the personnel files have been updated but current staff will be made aware they should bring their documentation prior to the end of the summer term.

#### Priority

3

#### Responsible Officer

School Office Manager

#### Timescale

31 July 2022

## Audit Opinions and Priorities for Actions

### Audit Opinions

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

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### Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
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# Governance of Safety Advisory Groups

## City of York Council

### Internal Audit Report 2021/22

Business Unit: Place Directorate  
Responsible Officer: Director of Environment, Transport and Planning  
Service Manager: Head of Public Protection  
Date Issued: 9 May 2022  
Status: Final  
Reference: 19519/013

	P1	P2	P3
Actions	0	2	2
Overall Audit Opinion	Reasonable Assurance		

## Summary and Overall Conclusions

### Introduction

The council has responsibilities for the health and safety of its employees, customers accessing services, and people in the city. To meet these responsibilities, the council undertakes a broad and diverse range of activities. In respect of public events, the council chairs two multiagency groups that provide health and safety advice and guidance to event organisers. They are the Events Safety Advisory Group (ESAG) and Sports Grounds Safety Advisory Group (SGSAG), which both include representatives from several council services and the emergency services.

The ESAG provides advice and support to people organising events within the city. However, it has no statutory function and therefore cannot enforce compliance with its recommendations, nor require event organisers to submit their plans to the group. Group members must enforce compliance independently of the ESAG using their own statutory powers (e.g. Licencing may refuse to grant licences). By contrast, the council has a statutory duty to ensure safety at sports grounds as set out in the Safety of Sports Grounds Act 1975 and the Fire Safety and Safety of Places of Sport Act 1987. The SGSAG provides specialist advice, but the decision to issue a safety certificate under the Acts remains with the council.

Since the last audit of this area in 2017-18, the council has appointed a Purple Flag and Safety at Events Coordinator to coordinate the work of the two SAGs. The council has also undergone a corporate restructure and had to respond to the coronavirus pandemic. National guidance on managing coronavirus risks when organising events was released by the UK Government. It was within this context, following a request from the council's Governance, Risk and Assurance Group, that this audit reviewed governance arrangements for the two SAGs.

### 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:

- Membership of the SAGs is appropriate; roles and responsibilities are clearly defined and align with good practice; potential conflicts of interest are suitably managed.
- Suitable arrangements are in place for management oversight of the SAGs, as well as processes for escalation of issues or decisions to management or to service areas, so that statutory functions can be carried out as needed.
- Terms of reference, policies and procedures for the SAGs are up to date, complete and follow good practice guidance and SAG meetings are suitably recorded.
- Guidance for event organisers is available, complete and up to date.

The audit used the Emergency Planning College's (EPC) *Good Practice Guide to Working in Safety Advisory Groups* to assess the council's arrangement for the SAGs because it is applicable to both types of SAG.<sup>1</sup> However, specialist guidance is available for each, such as the Sports Grounds Safety Authority's (SGSA) *Guide to Safety at Sports Grounds* (the 'Green Guide').<sup>2</sup> The audit also referred to the Core Cities Group guidance on SAGs.<sup>3</sup> The audit did not review arrangements for individual events or the advice provided by the SAGs in respect of these events.

## Key Findings

Membership of the SAGs is appropriate, with roles and responsibilities largely defined following the Emergency Planning College or Core Cities Group guidance. However, there were some areas where roles and responsibilities could be more clearly defined. For example, the ESAG terms of reference (ToR) provides overall responsibilities for the group, but it does not separately set out the roles and responsibilities of core or invited members or of the Chair. Furthermore, the ESAG ToR does not set out a process for managing conflicts of interest, but the EPC guidance states members 'must' declare any conflicts of interest. A process for declaring interests is included in the SGSAG ToR, as well as separate sections on the roles of the Chair and of core members. Officers observed that as the council very rarely organises events itself, it is unlikely to encounter conflicts of interest. Many events are organised through Make It York, which is invited to attend ESAG meetings, but is not a core member of the ESAG. Overall, some changes and updates to the ToR will bring them in line with current good practice guidance.

There is a suitable process in place for the ESAG to escalate issues to senior management where the council or other member organisations' may need to use their statutory powers to prevent events going ahead if they are deemed unsafe. However, the wording in the ToR could be clearer on the limitations of the ESAG's powers in this regard. Event organisers, especially those who are premises licence holders, are encouraged to attend the SAGs and attendance at the ESAG is included in Make It York's licence.

Currently, the SAGs do not routinely report on their roles or activities internally within the council. Given that the SAGs are multi-organisational forums for providing specialist advice to event organisers, and not statutory council functions, it is not expected that senior management would need to routinely make decisions on the work of the SAGs. However, good practice guidance recommends informing other council departments of the SAGs' work. This might help improve understanding of the role of and engagement with the SAGs, thus improving public safety at events.

The ESAG's procedures are generally suitable and follow good practice. The ESAG uses a risk scoring matrix to evaluate and prioritise events and it has produced an event notification form to gather information from event organisers. It has started proactively gathering feedback from event organisers post-event, but a process for reviewing this feedback has not yet been agreed. Records of events and

<sup>1</sup> The guidance is available here: <https://www.epcresilience.com/who-we-are/our-news/it-s-here!-free-national-guidance> (accessed 24 March 2022).

<sup>2</sup> The SGSA is the regulatory body for sports grounds. The Green Guide provides expert advice and technical guidance on assessing safety at sports grounds: <https://sqsa.org.uk/greenguide/> (accessed 24 March 2022).

<sup>3</sup> This is older guidance, but the EPC refers to it as 'comprehensive' and 'useful'. It is available here: [Licensing Lawyers Safety Advisory Groups | New Terms of Reference / Guidance](#) (accessed 24 March 2022).

meeting minutes are kept, although there are opportunities to ensure these are more comprehensive so that the SAG has a complete audit trail of its activities. The SGSAG procedures document is overdue for review. Much of its work is coordinated by the same officer as for the ESAG, and some of the above areas for improvement apply to the SGSAG as well.

Neither SAG currently has a privacy notice setting out the conditions under which information is collected from event organisers, shared with SAG members, stored, and retained.

There is some out of date events guidance on the council's website. The ESAG has produced up to date guidance, but this is not yet publicly available, which could mean event organisers do not consider the risks fully when planning events. However, advice and guidance is provided by the ESAG as and when it becomes aware of events. The SGSAG does not produce general guidance because it only issues safety certificates to the York Community Stadium and York Racecourse. Therefore, the SGSAG usually works with representatives from these grounds and so it does not consider general guidance to be necessary.

## **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 Privacy policy for the Safety Advisory Groups

### Issue/Control Weakness

The SAGs do not have a privacy policy in place setting out the information they collect, how it is used, stored, shared and disposed of, or the legal basis for collecting that information.

### Risk

The SAGs are not compliant with data protection legislation, which could lead to enforcement action by the Information Commissioner's Office, censure, fines or reputational harm.

### Findings

Under Article 13 of the UK GDPR, where personal data relating to a data subject is collected from that subject, they must be notified of the processing that will take place. This notification is often provided at point of collection through a privacy notice. The SAGs currently do not have privacy notices in place setting out the types of information they collect, how that information is used and shared, how it is stored or how long it is retained for. The Event Notification Form does not include this information, nor is it available on the council's webpage on holding events in York.<sup>4</sup>

As part of their work, the two SAGs will collect personal information about event organisers and staff such as safety officers or medical officers. They will also collect information that is potentially commercially sensitive. EPC Guidance paragraph 3.10.6 states that the SAGs 'must' have an appropriate privacy policy in place regarding 'the holding, storage, retention and disposal of information' as required by data protection legislation and regulations, such as the Data Protection Act 2018.

Officers noted that records of events are held as far back as 2013, but retention periods have not been defined. Therefore, the SAGs might hold records that they no longer require.

### Agreed Action 1.1

Specific privacy policies for the SAGs will be prepared in consultation with the information governance team. Retention periods will be defined and any event information no longer required will be deleted.

**Priority**

2

**Responsible Officer**

Head of Public Protection

**Timescale**

30 September 2022

<sup>4</sup> <https://www.york.gov.uk/HoldingAnEvent> (accessed 24 March 2022)

## 2 Comparison of the Safety Advisory Groups' procedures to good practice guidance

### Issue/Control Weakness

The Events SAG's procedures are not fully documented, while those of the Sports Grounds SAG were last reviewed in July 2016.

There is a reliance on the work of one officer to coordinate both SAGs' work.

### Risk

Lack of up-to-date or fully documented procedures might prevent the SAGs' from conducting their activities in a consistent, repeatable and transparent manner. This might impede its ability to give timely and useful advice to event organisers.

### Findings

Generally, the Events SAG and Sports Grounds SAG have suitable procedures in place for managing their activities. However, while officers were able to explain the Events SAG's procedures in respect of collating, sharing and assessing event information, providing advice to event organisers and receiving feedback after events, these procedures are not fully documented.

The policy and procedures document of the Sports Grounds SAG has not been reviewed since July 2016 when it was approved by the Licensing and Regulatory Committee. Some information contained in the procedures needs updating; for example, the document lists officers with delegated powers to issue safety certificates, some of whom have since left the council.

The SAGs are also reliant on the Purple Flag and Safety at Events Coordinator to manage their procedures, which represents a weak point should this officer be unavailable for an extended period of time. Ensuring that each SAG's procedures are fully documented and comprehensive records are kept is important to provide resilience to their processes.

A number of areas for improvement were identified during the audit. These are documented at Appendix 1. Specialist guidance is also available that should be referred to when reviewing procedures.

### Agreed Action 2.1

The ESAG's procedures will be documented. Both SAGs' procedures will be updated with reference to the areas for improvement identified in Appendix 1 and specialist guidance (e.g. SGSA's Green Guide).

**Priority**

2

**Responsible Officer**

Head of Public Protection

**Timescale**

30 September 2022

### 3 Comparison of the Safety Advisory Groups' terms of reference to good practice guidance

#### Issue/Control Weakness

The Events SAG and Sports Grounds SAG's terms of reference could more closely adhere to good practice guidance.

The Sports Ground SAG's terms of reference were last reviewed in July 2016.

#### Risk

If terms of reference are not suitably defined, the SAGs might not adequately fulfil their roles and responsibilities.

#### Findings

The terms of reference for the Events Safety Advisory Group and Sports Grounds Safety Advisory Group were reviewed against good practice guidance from the Emergency Planning College and the Core Cities Group. The terms of reference for each SAG are reasonably comprehensive and generally follow good practice. However, there are a number of areas that could be expanded upon or clarified to improve their adherence to good practice guidance.

The terms of reference for the Events SAG were last reviewed in July 2021, but the Sports Grounds SAG's terms of reference have not been reviewed since July 2016 when they were taken to the Licensing and Regulatory Committee for approval.

Areas for consideration have been included at Appendix 2.

#### Agreed Action 3.1

The terms of reference for each SAG will be reviewed and updated with reference to the areas for consideration included at Appendix 2.

<b>Priority</b>	3
<b>Responsible Officer</b>	Head of Public Protection
<b>Timescale</b>	30 September 2022

## 4 Review of guidance available to event organisers

### Issue/Control Weakness

Some of the council's event safety guidance is out of date or is not publicly available.

### Risk

The Events SAG might not find out about events in a timely manner, hampering its ability to provide advice to ensure an event goes ahead safely.

Event organisers might not fully consider safety risks when planning their events.

### Findings

While guidance for event organisers has been produced, some documents are out of date and others are not publicly available.

The council's Event Safety Guide (2011) and Events on the Highway (2006) are available on its website. However, they contain out of date contact details for the Events SAG and incorrect information on how to inform the Events SAG of an event.

More recently, the ESAG has worked with the North-East Counter Terrorism Unit to produce guidance on counter-terrorism considerations when planning an event (May 2021) and guidance on how to manage Covid risks at events as national restrictions have eased (July 2021). These have been shared with event organisers at ESAG meetings. The ESAG has also drafted an event management template and an event notification form for event organisers to use. However, these documents are not currently available on the council's website.

Officers are currently working with the council's web services team to refresh the information available on the council's website.

### Agreed Action 4.1

The council's website will be updated with the current guidance for event organisers.

**Priority**

3

**Responsible Officer**

Head of Public Protection

**Timescale**

30 September 2022



## 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.

Where information resulting from audit work is made public or is provided to a third party by the client or by Veritau then this must be done on the understanding that any third party will rely on the information at its own risk. Veritau will not owe a duty of care or assume any responsibility towards anyone other than the client in relation to the information supplied. Equally, no third party may assert any rights or bring any claims against Veritau in connection with the information. Where information is provided to a named third party, the third party will keep the information confidential.