

Causeway Coast and Glens Borough Council

Internal Audit Report Corporate Health and Safety

2020
Final Version



INTERNAL AUDIT REPORT

Corporate Health & Safety

Executive Summary

This internal audit was completed in accordance with the approved annual Internal Audit Plan for 2019/20. This report summarises the findings arising from a review of

The table below summarises the key risks reviewed:

Risk	Number of recommendations & Priority rating		
	1	2	3
1. The Council and Council staff may not be aware of and may not have arrangements in place to meet the statutory duties in relation to Health, Safety and Well-being under the Health and Safety at Work (NI) Order 1978 leading to safety risks to staff and members of the public and non-compliance with statutory responsibilities	-	-	3
2. Health and Safety risks to Council staff and members of the public visiting/using Council premises may not be assessed and minimised leading to unnecessary incidents and the risk of litigation against the Council	-	2	1
3. Corporate Health and Safety incidents, accidents and near misses may not be (adequately) recorded to enable the Council to monitor its systems and minimise risks to staff and members of the public.	-	-	-
4. The Covid-19 pandemic has created a potential risk of working unsafely from home and also potentially an unsafe return to the work environment, leading to infection spreading among council staff and visiting public.	-	-	-
Total recommendations made	0	2	4

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

Satisfactory

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

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

Objective

The areas for inclusion in the scope of the audit were determined through discussion with management and considered the main risks facing Corporate Health & Safety and a review of the key systems and controls in place to address these. The objective was to ensure that:

- There is an adequate Corporate Health & Safety framework in place
- H&S processes are operating as expected.

Background

As an employer and public service provider, Causeway Coast and Glens Borough Council is responsible for providing a safe and healthy workplace and environment for staff and visitors to its premises under the Health and Safety at Work (NI) Order 1978 and associated regulations. Council staff also have responsibilities for ensuring the health, safety and well-being of themselves and others as they carry out their work for the Council

Local Councils also have a key role to play in the health and well-being of their staff. In addition, health and well-being work with staff may indirectly benefit their families also living in the area.

The Corporate Health & Safety team consists of two full-time members of staff, The Corporate Health & Safety and Insurance Services Manager and a Corporate Health, Safety and Wellbeing Officer. Both members of the team are based in the Coleraine area but are responsible for providing health and safety inspections throughout the borough. The Corporate Health and Safety team report to the Head of Performance whom in turn reports directly to the Chief Executive. There is also a Health and Safety Officer embedded within the Council operational area of Operations & Estates, it is a supporting role. This officer does not have any regulatory or oversight control regarding Corporate H&S and reports directly to Head of Estates and Head of Operations depending on which task is being carried out.

Risks

The risks identified by Internal Audit relating to Corporate Health & Safety and agreed with management are as follows

1. The Council and Council staff may not be aware of and may not have arrangements in place to meet the statutory duties in relation to Health, Safety and Well-being under the Health and Safety at Work (NI) Order 1978 leading to safety risks to staff and members of the public and non-compliance with statutory responsibilities
2. Health and Safety risks to Council staff and members of the public visiting/using Council premises may not be assessed and minimised leading to unnecessary incidents and the risk of litigation against the Council
3. Corporate Health and Safety incidents, accidents and near misses may not be (adequately) recorded to enable the Council to monitor its systems and minimise risks to staff and members of the public.

4. The Covid-19 pandemic has created a potential risk of working unsafely from home and also potentially an unsafe return to the work environment, leading to infection spreading among council staff and visiting public.

Audit Approach

Our audit fieldwork comprised:

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

Findings and Recommendations

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

1.1 Risk 1 – Not Meeting Statutory Health and Safety Obligations.

ISSUE 1 – Risk Assessment Guidance
<p>a) Observation- Audit found that there is currently a guidance document for performing risk assessments and this is available on the staff portal. The copy provided to audit was first issued 01.04.15 and last reviewed 07.06.17</p>
<p>b) Implication- As three years have passed since this document was last reviewed there is a risk that officers and staff may not be using the most relevant and up-to-date guidance for performing risk assessments, leading to risk assessments not being adequate.</p>
<p>c) Priority Rating- 3</p>
<p>d) Recommendation- The Health and Safety Unit (HSU) should review the current risk assessment guidance and if necessary, update it whilst tracking the different versions with relevant date and sign off by responsible owner. If no update is required, the team should still record that the document has been reviewed.</p>
<p>e) Management Response- The document will be reviewed, although no changes are expected.</p>
<p>f) Responsible Officer & Implementation Date- Peter Kerr December 2020</p>

ISSUE 2 – Emergency Plans

- a) Observation-** Audit undertook a walkthrough of three council facilities; Joey Dunlop Leisure Centre, Riada House and Cloonavin. During these walkthroughs audit found that emergency plans were not on display.
- b) Implication-** In the absence of displaying emergency plans there is a risk that in the event of an emergency staff may be unaware of what to do or where to go.
- c) Priority Rating-** 3
- d) Recommendation-** All council facilities should be reminded of the importance of having emergency plans in place and that these need to be provided to staff and on display. All staff should be regularly reminded of their facility's emergency plan.
- e) Management Response-** Assume that this refers to evacuation plans, which are usually raised in the Fire Safety Officers report. The health and safety unit (HSU) will remind all service heads of the requirement for the display of this information and for the need for communication to staff. HSU will liaise with the Fire Safety Officer to ensure best practice in this area in terms of evacuation plans and will include a watching brief in any future inspections.
- f) Responsible Officer & Implementation Date- Peter Kerr – December 2020**

ISSUE 3 – Weekly facility checks

- a) Observation-** For each council facility/premises a weekly premises checklist is completed. This list checks for:
- Good housekeeping
 - Floor surfaces (free from trip hazards)
 - Stairs/steps in good condition
 - Sound Structure (walls/ceiling)
 - Current fire safety check available in Fire manual
 - Sufficient light
 - Corridors/walkways free of obstruction
 - First aid provision
 - Site security
 - Proper storage of hazardous materials
 - Notices & Signage current, obsolete items removed
 - PPE compliant
 - Notice board free of clutter
 - Welfare Facilities (hot/cold water, paper towels, etc)
 - Suitable vehicle/pedestrian traffic routes
- Audit sampled a six-week period (7th September until 12th October 2020) for seven facilities across the council and requested weekly checklists. Audit can confirm that weekly inspections were carried out and the checklists completed, signed off and retained on file. However, for two out of the seven facilities the inspection checklists were not counter signed by the manager.

Audit also noted that the leisure centres use a different checklist for the weekly inspections. The forms which they use are adequate however compared to the

<p>OSH 024 form, which the other facilities use, the leisure centres do not check for items such as security of the building and external issues.</p>
<p>b) Implication- In the absence of a manager sign off there is a potential risk that any potential issues may not be adequately reported or there is a lack of documented evidence that it was reported. As the leisure centres use a different checklist format there is the potential for those carrying out the facility checks at leisure centres to miss potential hazards.</p>
<p>c) Priority Rating- 3</p>
<p>d) Recommendation- Managers should be reminded that they need to review, and counter sign the weekly inspection form and in situations where they are unable to physically sign the form an acknowledgment of review by e-mail should be retained.</p> <p>The leisure centres should review their checklists and introduce the additional checks from the OSH template onto the current template.</p>
<p>e) Management Response- HSU will remind Heads of Service and Managers of the need for this verification process. We will speak specifically to the leisure centre managers to ensure consistency.</p>
<p>f) Responsible Officer & Implementation Date- Peter Kerr – December 2020</p>

1.2 Risk 2 – H&S Risks Not Assessed and Minimised.

ISSUE 4 – Training for undertaking risk assessments

<p>a) Observation- Audit has been advised that it has been “a number of” years since the HSU have been able to provide in-house training to support and/or refresh knowledge of undertaking risk assessments. There are also no records held of when risk assessment training actually took place. Audit acknowledges that the Corporate Health and Safety and Insurance Services Manager has arranged for a 3rd party to deliver training on undertaking risk assessments for those involved in the Caravan Parks as this is done through an insurance provider.</p> <p>Audit notes, as stated before within issue one, that there is guidance for undertaking risk assessments available on the staff portal (however as recommended before in issue one this needs to be reviewed).</p>
<p>b) Implication- Without refresher training being offered, staff undertaking risk assessments may not have the most relevant knowledge or be aware of the most up to date practices (if there have been changes), leading to inadequate risk assessments. Without a documented training record the HSU will not be aware of who has received or is yet to receive training or refresher training.</p>
<p>c) Priority Rating- 2</p>

<p>d) Recommendation- The H&S team should introduce a schedule of refresher training for undertaking risk assessments and all staff who are responsible for carrying out risk assessments should attend. There should also be a record of training delivered with those staff attendance being tracked to ensure all relevant staff refresh their knowledge every 2-3 years.</p>
<p>e) Management Response- Observation regarding in house training not being carried out reflects a staffing resource issue. Record keeping for training is the responsibility of either the Manager or OD/HR. HSU has informed HR of any training it has carried out in the past. This recommendation will be discussed with OD/HR to progress. Corporate Health and Safety Manager will raise with OD/HR.</p>
<p>f) Responsible Officer & Implementation Date- Peter Kerr – December 2020</p>

ISSUE 5 – Central list of remedial actions and inspection updates

<p>a) Observation- The HSU carry out health and safety inspections of high-risk areas/services/facilities throughout the year. Audit selected a sample from the 19.20 schedule of inspections for detailed review, as Audit was advised the 20.21 schedule has been adversely affected by Covid-19. Audit sampled seven different areas which were listed on the 19.20 inspection schedule. When an inspection is carried out the HSU will document any observations which detail any H&S issues and document remedial actions/recommendations to be carried out by the responsible officer/staff.</p> <p>From the seven different areas covered in the Audit sample, four different reports created on the AssessNet (H&S software) were provided to Audit. Audit's review found that for one of the report's remedial actions had been updated to completed while three were still in pending status. This implied that these remedial actions had not been addressed at the time of Audit even though they were from 2019. However, upon further investigation it was determined that the actions had been carried out but that the status had not been updated in AssessNet by those staff responsible for completing those remedial actions.</p> <p>Audit also found that there is no central list of all remedial actions which means there is no single source for tracking the remedial actions by the H&S Officers to ensure none are overlooked.</p>
<p>b) Implication- As the inspection result reports on AssessNET (Corporate H&S software programme) are not being updated by the service areas and in the absence of a central list of remedial actions there is no simple reference point to ensure that the H&S officers are aware of the current status of all remedial actions. This increases the risk of remedial actions being overlooked or not being followed up in a timely manner.</p>
<p>c) Priority Rating- 2</p>

<p>d) Recommendation- The HSU should create a central list of remedial actions arising from inspections or investigate if such information can be generated in report form within AssessNet, The central list should be added to as and when remedial actions are recommended to service areas. This central list should also be used to remind responsible managers of any outstanding remedial actions when necessary.</p> <p>The HSU should also remind those responsible officers and staff to ensure that the remedial action status is updated on AssessNET in a timely manner. All implemented remedial actions should only be set to complete when evidence has been provided to the HSU.</p>
<p>e) Management Response- Access to a central drive will be arranged for the HSU. A folder will be established for all inspections with spreadsheets of outstanding actions which can be tracked and referred to relevant managers. HSU will monitor and update the status of the actions and those not implemented will be raised with SLT.</p>
<p>f) Responsible Officer & Implementation Date- Peter Kerr – January 2021</p>

ISSUE 6 – Inspection Reports

<p>a) Observation- As noted above in Issue 6 Audit reviewed four inspection reports. Audit noted that in general the reports tend to be concise and do largely provide adequate information on the issues identified by the H&S officers. However, Audit did find that at times issues were not well articulated for the reader. From the four reports there were 33 issues and 33 remedial actions from the 33 issues there six that were very short and did not describe the issue well and left the reader questioning what the detail of the issue was e.g. in one instance there was just one abbreviation “PPE” typed into the issue section with no other clarification.</p>
<p>b) Implication- Without adequate information, there could be a lack of clarity or certainty around an issue and/or the remedial action required increasing the risk that appropriate action is not taken.</p>
<p>c) Priority Rating- 3</p>
<p>d) Recommendation- The HSU should be reminded to articulate exactly what the issue is and what is required to mitigate that issue within each inspection report.</p>
<p>e) Management Response- Reports are generally discussed with managers at the time of the inspection to clarify findings. However, for the purposes of record keeping, reports will have a list of clear recommendations going forward.</p>
<p>f) Responsible Officer & Implementation Date- Peter Kerr – January 2020</p>

1.3 Risk 3 – Corporate H&S accidents and incidents not recorded.

Audit found no issues in this area.

1.4 Risk 4 – The Covid-19 pandemic.

Audit found no issues in this area although we do have a point for the attention of management.

1.5 Points for the Attention of Management

These are not recommendations as no specific increased risk is attached to the observation however these points may support existing controls or improve good practice

Covid-19 Guidance

Audit acknowledges that during the Covid-19 pandemic corporate induction training could not be provided in the way it had been prior to the pandemic. It is now being delivered remotely and new starts are provided with an array of guidance such as code of conduct, employee handbook, working from home and data protection, and working from home tips. Audit also acknowledges that there is guidance on Covid-19 on the staff portal and that managers and Heads of Service have a responsibility to ensure that ALL staff are aware of the risks and safety controls for returning to work in the offices. Council should consider creating a short document which covers all current Covid-19 guidance to be included in the new corporate induction pack so that new staff are informed of the current Covid-19 guidance upon induction.

Appendix I: Definition of Assurance Ratings and Hierarchy of Findings

Satisfactory Assurance

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

Limited Assurance

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

Unacceptable Assurance

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

Hierarchy of Findings

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

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

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

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

Appendix II: Summary of Key Controls Reviewed

Risk	Key Controls
<p>The Council and Council staff may not be aware of and may not have arrangements in place to meet the statutory duties in relation to Health, Safety and Well-being under the Health and Safety at Work (NI) Order 1978 leading to safety risks to staff and members of the public and non-compliance with statutory responsibilities.</p>	<ul style="list-style-type: none"> • Causeway Coast and Glens have a Corporate Health and Safety Policy • The H&S Policy reflects Health and Safety at Work (NI) Order 1978, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 and any other relevant legislation (H&S Directives, Occupational H&S etc.) • The H&S Policy outlines the roles and responsibilities of all Council stakeholders to minimise the risk of H&S issues arising • The policy is available to all members of staff • The policy is periodically reviewed and updated. • The Council has a health and safety manual which is available to all staff • Guidance on performing risk assessments is available for staff and reviewed and updated regularly • All relevant staff have been trained on the H&S Policy, Manual and other H&S issues relevant to their role • Emergency plans are in place and have been communicated to all staff • Council have a first aid policy which has been communicated to all staff • There are designated first aiders and they are made known to rest of the staff • Designated first aiders have received adequate training • Council has sufficient dedicated staff resources in place to meet their regulatory obligations for CH&S • Staff are provided with regular Health and Safety training • All training is recorded and kept up to date • Regular checks are carried out by responsible staff members to determine if facilities and council owned land is safe and adequate for staff and members of public.
<p>Health and Safety risks to Council staff and members of the public visiting/using Council premises may not be assessed and minimised leading to unnecessary incidents and the risk of litigation against the Council</p>	<ul style="list-style-type: none"> • There is a schedule of reviews of H&S in place in Council • The schedule ensures all high-risk areas are frequently reviewed • There is a template in place for performing risk assessments across Council • Relevant staff across Council are aware of their role in performing risk assessments • Relevant staff across Council have been trained in risk assessment • Risk assessments are carried out on a timely basis • Risk responses are agreed upon and implemented on a timely basis • A data base of risk assessments is retained by each area of Council. • Regular Health & Safety inspections are completed throughout the borough and consist of checking that – <ul style="list-style-type: none"> ○ Management of Health and Safety is adequate, including displaying policies, training staff, etc ○ Risk assessments are reviewed and updated periodically ○ Housekeeping is of a good standard

Risk	Key Controls
	<ul style="list-style-type: none"> ○ Fire prevention and precautions have been considered and are adequate, including emergency exits being identified and keep clear of obstruction ○ There is safe use of electricity and electrical items have been had PAT carried out/ ○ Machinery and Equipment is fit for purpose and safe for use ○ Display screen Equipment safety has been considered and staff are aware of dangers ○ Manual handling has been assessed and staff have received training ○ Noise and Hazardous materials have been considered and assessed. ○ There is adequate workplace welfare provision and facilities for all staff ○ Outdoor areas are assessed ○ There is adequate first aid provision ○ Where necessary staff are provided with the correct Personal Protective Equipment (PPE) ○ There have been considerations and assessments for working at height, contractors, traffic, permits to work, the use of gas, pressure systems, asbestos, legionella, lone working, violence toward staff, occupational health and driving at work. ○ Security assessments are carried out and documented for each office/council premises ○ Any maintenance or repairs needed is addressed in a timely manner and access to that area is prohibited if necessary, until repair is complete. ● Following the Health and safety inspections there should be a central list of all remedial actions recommended and these are followed up to ensure that they are completed.
<p>Corporate Health and Safety incidents, accidents and near misses may not be (adequately) recorded to enable the Council to monitor its systems and minimise risks to staff and members of the public.</p>	<ul style="list-style-type: none"> ● Arrangements are in place for the recording of accidents or incidents and any first aid given. ● All relevant accidents or incidents are reported promptly to the Health and Safety team. ● The responsibility for reporting under RIDDOR is clearly understood by Council employees ● Council have a system to record the data on. ● All accidents and incidents are reviewed and acted upon if necessary ● Any incidents or accidents reported under RIDDOR or where there is the potential to result in a claim should be investigated thoroughly ● The investigation should result in the cause being identified and rectified ● All records relating to such investigations will be properly retained
<p>The Covid-19 pandemic has created a potential risk of working unsafely from home and also potentially an unsafe return to the work environment, leading to infection spreading among</p>	<ul style="list-style-type: none"> ● A Covid-19 risk assessment(s) has been carried out and is regularly reviewed ● Staff are provided with H&S guidance for working from home, ● A return to work risk assessment has been carried out where staff are returning to Council premises ● There is sufficient H&S guidance for those returning to work in relation to minimising the risk of catching or spreading Covid-19

Risk	Key Controls
council staff and visiting public.	<ul style="list-style-type: none">• Covid-19 information signage has been arranged for any Council premises remaining open or re-opened• The council ensures adequate social distancing throughout all facilities; where practical• PPE is provided to staff where needed (face masks / shields)• Additional or extra cleaning of “high touch” areas such as door handles is undertaken.• Sanitiser is available to staff and visitors within all facilities (especially at entrances and exits)