ABERDEEN CITY COUNCIL

COMMITTEE	Audit, Risk and Scrutiny Committee
DATE	14 February 2019
REPORT TITLE	Internal Audit Report 1918 – Health and Safety
REPORT NUMBER	IA/AC1819
DIRECTOR	N/A
REPORT AUTHOR	David Hughes
TERMS OF REFERENCE	2.2

1. **PURPOSE OF REPORT**

1.1 The purpose of this report is to present the planned Internal Audit report on Health and Safety.

2. **RECOMMENDATION**

2.1 It is recommended that the Committee review, discuss and comment on the issues raised within this report and the attached appendix.

3. **BACKGROUND / MAIN ISSUES**

3.1 Internal Audit has completed the attached report which relates to an audit of Health and Safety.

4. **FINANCIAL IMPLICATIONS**

4.1 There are no direct financial implications arising from the recommendations of this report.

5. **LEGAL IMPLICATIONS**

5.1 There are no direct legal implications arising from the recommendations of this report.

6. **MANAGEMENT OF RISK**

6.1 The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the attached appendix.

7.   OUTCOMES

7.1   There are no direct impacts, as a result of this report, in relation to the Local Outcome Improvement Plan Themes of Prosperous Economy, People or Place, or Enabling Technology, or on the Design Principles of the Target Operating Model.

7.2   However, Internal Audit plays a key role in providing assurance over, and helping to improve, the Council's framework of governance, risk management and control. These arrangements, put in place by the Council, help ensure that the Council achieves its strategic objectives in a well-managed and controlled environment.

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	An assessment is not required because the reason for this report is for Committee to review, discuss and comment on the outcome of an internal audit. As a result, there will be no differential impact, as a result of the proposals in this report, on people with protected characteristics.
Privacy Impact Assessment	Not required
Duty of Due Regard / Fairer Scotland Duty	Not applicable

9.   APPENDICES

9.1   Internal Audit report AC1918– Health and Safety

10.   REPORT AUTHOR DETAILS

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Internal Audit Report

Cross Service

Health and Safety

Issued to:
Fraser Bell, Chief Officer – Governance
Jonathan Belford, Chief Officer – Finance
Mark Reilly, Chief Officer – Operations and Protective Services
Eleanor Sheppard, Chief Education Officer
Derek McGowan, Chief Officer – Early Intervention and Community Empowerment
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External Audit

EXECUTIVE SUMMARY

The Council has a duty to manage its workplace with due regard to the health and safety of the workforce and those affected by the Council's activities. This is to prevent death, injury and ill health of those at work and those affected by the Council's work. Responsibility for health and safety in the Council extends to its role as an employer, service provider and as a procurer of goods and services.

The objective of this audit was to provide assurance that appropriate arrangements to manage Health and Safety have been implemented across the Council. In general, this was found to be the case, although the following issues were identified that require action.

Some policies and procedures are not up-to-date, and one was not available on The Zone as it was being updated. Details of staff with Health and Safety responsibilities are not held centrally which makes it difficult to obtain assurance that arrangements are appropriate. It has been agreed that a document management system which can be used to schedule policy and procedure review dates for monitoring purposes will be introduced, health and safety policies and procedures will be updated where required, and a centralised record of staff with Health and Safety duties will be maintained. It has also been agreed that Functions will include Health and Safety improvement actions within Service Delivery Plans to address the requirement for Function Health and Safety Improvement Plans to be put in place.

The Council's Corporate Risk Register identifies failure to meet Health and Safety training needs as a risk, and an action has been agreed to establish a Health and Safety skills and training matrix for all staff development based on job profiles. Currently, however, there is no centrally held record of Health and Safety training needs. It has been agreed that template training needs analysis matrices will be issued to Clusters and completed for the purposes of identifying required training and that the new CoreHR system will be used to record training needs and training completed once the system has been put in place.

Legislation requires assessments of risk to employees, contractors, customers, partners and any other people who could be affected by the Council's activities. Although the majority of risk assessments reviewed during the audit had been reviewed as scheduled, instances where this was not the case were identified. In addition, some of the staff responsible for completing the risk assessments had not completed the related risk assessment training. It has been agreed that these issues will be addressed.

The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013 (RIDDOR) puts duties on the Council to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). Testing identified that not all such instances are being reported timeously and that investigations into the cause of incidents were not completed in all cases as required, while some investigation reports completed did not conclude on the cause of the incident or provide appropriate actions to avoid similar incidents in the future. It has been agreed that this area will be monitored in future to ensure improvement.

Risk assessments had not always been reviewed as required following near misses and it was not possible to determine if they had following injuries, as the injury report form did not record this information. The current reporting system through YourHR is to be changed, when the new CoreHR system is introduced, and this will help address this issue.

1. INTRODUCTION

1.1 The Council has a duty to manage its workplace with due regard to the health and safety of the workforce and those affected by the Council's activities. This is to prevent death, injury and ill health of those at work and those affected by the Council's work. Responsibility for health and safety in the Council extends to its role as an employer, service provider and as a procurer of goods and services.

1.2 The Health & Safety at Work etc. Act 1974 ("the 1974 Act") is the primary piece of legislation covering occupational health and safety. It sets out the general duties which employers have towards employees and members of the public, and which employees have to themselves and each other.

1.3 Other regulations supporting the 1974 Act set out more detailed legal duties. For example, the Management of Health & Safety at Work Regulations 1999 make more explicit what employers are required to do to manage health and safety under the 1974 Act. The main requirements on employers are to carry out risk assessments and record any significant findings, make arrangements to implement necessary measures, appoint competent people to implement the arrangements, set up emergency procedures, arrange for clear information for and training of employees, and work together with other employers sharing the workplace. There are a number of other pieces of legislation covering specific activities and industries.

1.4 The Health and Safety Executive (HSE) was set up by the 1974 Act and is responsible for enforcing health and safety legislation. They provide guidance to organisations and ensure organisations manage the health and safety of their workforces and those affected by their work. Whilst following this guidance is not compulsory, doing so is generally sufficient to demonstrate compliance with the law. Organisations which fail to demonstrate compliance will be subject to enforcement action by the HSE, which may range from written advice to criminal prosecutions. Enforcement actions against the Council may result in financial loss and reputational damage.

1.5 The objective of this audit was to provide assurance that appropriate arrangements to manage Health and Safety have been implemented across the Council. In order to do this, Health & Safety procedures, risk assessments, training records and other relevant documentation relating to a sample of Service areas were reviewed, and any issues arising were discussed with relevant officers.

1.6 The factual accuracy of this report and action to be taken with regard to the recommendations made have been agreed with Fraser Bell, Chief Officer – Governance, Vikki Cuthbert, Assurance Manager, Derek McGowan - Chief Officer Early Intervention and Community Empowerment, Eleanor Sheppard, Chief Education Officer, and Colin Leaver, Corporate Health and Safety Lead.

2. FINDINGS AND RECOMMENDATIONS

2.1 Written Procedures

2.1.1　Comprehensive written procedures and guidance which are easily accessible by all members of staff can reduce the risk of errors and inconsistency. They are beneficial for the training of current and new employees and provide management with assurance that correct and consistent instructions are available to staff, important in the event of an experienced employee being absent or leaving.

2.1.2　Under Health and Safety (H&S) legislation the Council must have a written H&S policy. HSE guidance is available on the structure and contents of such a policy. The Council's Health and Safety policy was reviewed by Internal Audit and was up to date, having been reviewed by the Staff Governance Committee on 3 September 2018, and complies with HSE guidance, with sections on general policy, responsibilities, and reporting and investigation arrangements.

2.1.3　The corporate Health & Safety team is responsible for developing and maintaining corporate Health & Safety policies and procedures; these should be reviewed in light of related health and safety incidents occurring as well as when there are changes in legislation, processes or equipment used.　Implementation of these policies and procedures is the responsibility of service management. The procedures are held on the Health and Safety pages on the Zone and are easily accessible to staff with access to the intranet; the list was reviewed and covers all general areas of Health and Safety affecting the Council.

2.1.4　Copies of eight corporate policies and procedures held by the corporate H&S team were requested: Asbestos Policy, COSHH Procedure, Fire Safety, First Aid Provision Procedure, Gas Safety, Guide for New and Expectant Mothers in Work, Management of Stress Procedure, and Manual Handling. The Asbestos Policy was not available on the intranet during the audit as it is currently being reviewed and redrafted. In the interim period while the asbestos policy is being reviewed, the Health and Safety page on the Zone provides the contact details of the Health and Safety Team, should staff have any questions. The Control of Asbestos Regulations 2012 are also available on the Zone.

2.1.5　The duty to manage asbestos is a legal requirement under the Control of Asbestos Regulations 2012 (Regulation 4). If information on Council policies and procedures is not available to employees, there is a risk that activities undertaken by staff will be unsafe and will not be compliant with current legislation or Council policies.

2.1.6　With the following exceptions, the other policies and procedures examined were all comprehensive and compliant with legislation and HSE guidance.

2.1.7　The Fire Safety Policy referred to responsibilities of the Health, Safety and Wellbeing Manager, a post which has been replaced by the Corporate Health and Safety Lead.

2.1.8　The COSHH procedure refers to the Chemicals (Hazard Identification and Packaging for Supply) Regulations 2009 which were revoked in 2015. The procedure needs to be reviewed to confirm it is compliant with the new Regulation on classification, labelling and packaging of substances and mixtures ("the Classification, Labelling and Packaging (CLP) Regulation").

2.1.9　The current legislation covering First Aid in the workplace dates from 1981 and the First Aid Provision Procedure is generally compliant with this. However, the procedure refers to a requirement in the Regulations that first aid personnel must have training and qualifications "approved by the HSE"; the requirement for approved training was removed

from the Regulations by an amendment in 2013 and the onus is now on the employer to determine what training is adequate. In addition, a number of job titles and a flowchart describing responsibility are out of date following the restructure.

2.1.10 The Guide for New and Expectant Mothers available on the Zone, which is guidance provided by the HSE, dates from 2003 and so does not refer to recent relevant legislation such as the Equality Act 2010. An updated version was published by the HSE in 2013.

2.1.11 There is a page in the Health and Safety area on the Zone dedicated to the Health & Safety Committee with procedures describing how and when reports should be made. This Committee was disbanded on 10 September 2018, having last met in February 2018, and responsibility for Health and Safety was assumed by the Staff Governance Committee; therefore, this procedure, and the webpage, also need to be updated.

2.1.12 As per the General Health & Safety Policy Statement, Functions should develop Function specific Health & Safety policies and procedures. Function specific policies and procedures were requested for the following sample of eight services / activities: Housing - Lone Working and Gas Safety; Operations (E&CS) - Excursions and Activities, and Management of Radioactive Sources in Schools; Operations (Waste) - Manual handling; Operations (Roads) – Vibration at Work, and Driving & Fleet Compliance; and ASW - Lone Working.

2.1.13 All were available for review and, with the following exceptions, were comprehensive and compliant with legislation and HSE guidance.

2.1.14 The Management of Radioactive Sources in Schools guidance dates from 2006 and so does not refer to recent relevant legislation such as the Ionising Radiations Regulations 2017 and the 2013 Basic Safety Standards Directive. The procedure also directs staff to complete a paper form and forward it to the Neighbourhood Services Management Area; the current procedure on reporting accidents and injuries is electronically through YourHR.

2.1.15 The Housing - Lone Working Procedure was due to be reviewed in June 2016 but this has not yet been carried out. The Chief Officer – Early Intervention and Community Empowerment advised that a corporate approach to lone working is being developed, which will be reported to CMT by February 2019. A recommendation has been included below for tracking purposes.

2.1.16 The Operations (Roads) method statements for Vibration at Work and Driving & Fleet Compliance were due to be reviewed in 2014 and 2015. This had not been done as at the time of the audit.

2.1.17 If procedures are not kept up to date, there is a risk that activities undertaken by staff will not be compliant with current legislation or Council policies.

Recommendation

a) The identified policies and procedures should be updated, approved and made available to staff and the Health and Safety Committee web page should be updated.

b) The Operations and Protective Services – Roads should review procedures to confirm that they reflect current legislation and Council policy.

c) The Corporate Health and Safety Team should work with Services to ensure that a process is in place to regularly review procedures.

> **Service Response / Action**
> a) Agreed.
>
> b) The procedures in question are coordinated with risk assessments which are reviewed annually; as they are widely distributed in hard copy making minor changes such as amending a date would incur unnecessary work and expense. An electronic register of procedures will be created which will record dates of review for both risk assessments and associated procedures.
>
> c) A document management system is being developed which could be used to schedule review of H&S procedures.
>
> | **Implementation Date** | **Responsible Officer** | **Grading** |
> |---|---|---|
> | a) December 2019 | Corporate Health and Safety Lead | Significant within audited area |
> | b) February 2019 | Engineering Assistant | |
> | c) December 2019 | Corporate Health and Safety Lead | |

2.1.18 The principles of a new corporate H&S Improvement Plan were agreed by the Staff Governance Committee on 3 September 2018. The new Improvement Plan will align with the new structure, based on the Target Operating Model, and is to be implemented from 1 April 2019, with the aim of ensuring measurable targets, accountability and ownership of improvement areas.

2.1.19 Per para 4.3.6 of the new Health and Safety Policy, Functions are also responsible for preparing their own Health and Safety Improvement Plans outlining specific health and safety objectives and targets (short and long term) developed in consultation with the corporate Health and Safety team and Trade Unions; these should be evaluated, reported and monitored by the Senior Management Teams (SMT's) and reported to the Staff Governance Committee. Since the restructuring the original Directorate Improvement Plans have not been reviewed.

> **Recommendation**
> Functions should put in place Function Health and Safety Improvement Plans as specified in the Health and Safety Policy.
>
> **Service Response / Action**
> The Council is in the process of redesigning its approach to service planning for 2019/20 and a component part of this will be health and safety. H&S improvement plans will be incorporated within the Council's Performance Management Framework.
>
> | **Implementation Date** | **Responsible Officer** | **Grading** |
> |---|---|---|
> | June 2019 | Corporate Health and Safety Lead | Significant within audited area |

2.1.20 The Council is also responsible for ensuring that arrangements are in place covering the safety of contractors carrying out work on their behalf, and that they are being followed. There is a procurement process in place which requires contractors' paperwork be checked for compliance; template invitation to tender documents state that "The Tenderer must provide details of their proposals for the management of health and safety to provide assurances to the Council that high standards will be maintained throughout the contract. As a minimum, the Council considers that manual handling and the use of appropriate PPE shall be important throughout the term of the contract and requires information as to

how this shall be implemented". The Procurement Checklist also requires the commissioning officer to undertake a Health and Safety Risk Assessment. The commissioning officer is the person responsible for carrying out these checks or, if not competent, seeking advice. This officer is also responsible for checking that the work is monitored to ensure it is being completed as per the risk assessments and method statements.

2.1.21 A sample of 5 contract awards was reviewed to confirm procurement procedures had been followed. In all cases tender documents covered the relevant health and safety issues and commissioning officers had completed risk assessments as part of the pre-commissioning process.

2.2   Training & Communications

2.2.1 The 1999 Regulations require that adequate training is given to employees on Health & Safety matters. Courses for general and specific H&S training are available through the online training platform OIL and through the People Development portal. Specialist training is made available as required by relevant Services. Training records, including H&S training, are stored on PSe, in OIL, and locally by Clusters. They should in future be stored in the new HR system "Core HR" once available.

2.2.2 Roles across the Council were identified as involving specific hazards and a sample of 25 employees filling such roles was randomly selected using the HR system PSe to confirm that they had carried out all required or expected training. Training records were reviewed through PSe and the online OIL management tool Brightwave.

2.2.3 All staff in roles exposing them to health and safety risks would benefit from taking the Introduction to Health and Safety course. Only 10 of the 25 staff reviewed had done so.

2.2.4 For 3 of the employees reviewed there was no evidence of any H&S training having been undertaken. Staff in such roles (Environmental Health Officers, Building Standards Officers and Social Workers) may be involved in lone working and working in hazardous environments and would benefit from the Introduction to Health and Safety training. One of these had been in post as a Social Worker in Children's Services since 2 October 2017 but as at the date of testing there was no evidence that any training at all had been completed, including non-H&S mandatory courses. The Service advised that the employee had undertaken the Introduction to Health and Safety and the Fire Safety training but did not know why this had not been recorded in OIL.

2.2.5 Six employees were identified who would be expected, due to the nature of the role, to undertake training on the hazards of asbestos. Five had done so. The sixth had no asbestos training recorded. The Service advised that the training had been completed, albeit some time ago; no refresher had been completed since the current role was primarily office-based.

2.2.6 Five posts were identified as having line management responsibilities and therefore they and the staff they manage would benefit from them taking the Stress Awareness for Managers course. Two had completed this but three of these did not appear to have done so. Quality of Working Life Stress Risk Assessment training is also available, which advises staff how they can prevent stress arising in the first place and also how to complete Quality of Working Life Stress risk assessments. One of the five members of staff had completed this training.

2.2.7   When Functions were contacted about training needs and deficiencies, it was established that for some Clusters like those in Operations, Function-specific training courses had frequently been undertaken which were not recorded in PSe or in OIL as they were provided externally, e.g. Manual Handling training through City & Guilds. In these cases, the Services maintained training matrices which recorded all training undertaken, with dates for when training should be refreshed where relevant. These matrices were maintained and monitored by staff designated (formally or informally) as Health and Safety compliance officers, who were also the people responsible for recording and monitoring risk assessments and RA registers. As a result, records of what training has been undertaken, and when, may be fragmented across several systems. A training matrix was supplied by Waste Management which was comprehensive in identifying training needs but showed that the majority of employees had not completed the majority of the training courses listed and did not identify which training was required for each role.

2.2.8   The Council's Corporate Risk Register identifies failure to meet Health and Safety training needs as a risk, and an action has been agreed to establish a Health and Safety skills and training matrix for all staff development based on job profiles and will link to mandatory training. This action has been assigned to the Corporate Health and Safety Lead. Currently however there is no centrally held record of Health and Safety training needs.

2.2.9   If there is no centrally held record of training needs, there is a risk that staff may not complete or refresh required courses.

Recommendation
a)   Functions should identify Health and Safety skills and training needs once an appropriate system has been put in place.

b)   The Service should investigate whether a central record of all Health and Safety training and training needs could be maintained.

Service Response / Action
a)   Agreed. A template matrix is under development which will be shared with Functions / Clusters for the purposes of identifying required Health and Safety training by job role / profile.

b)   Agreed. A template training needs analysis is currently being developed. The use of CoreHR to record all Health and Safety training and training needs will be investigated.

Implementation Date	Responsible Officer	Grading
a) July 2019	a) Corporate Health and Safety Lead	Significant within audited area
b) July 2020	b) Corporate Health and Safety Lead	

2.2.10   During a review of risk assessments, as detailed in section 2.4, sixteen members of staff were named as responsible for carrying out the assessments, however eleven of these were not recorded as having undertaken the Risk Assessment training course. If staff are not trained in carrying out assessments there is a risk that required actions may not be completed or are completed incorrectly or inconsistently.

2.2.11   It was also noted that a number of reporting employees had no record of completing the available training on reporting and investigating incidents. The corporate H&S team advised that they were looking at how many managers have completed the relevant RA and investigation training in order to improve the level of training and reporting.

2.2.12 If employees do not undertake relevant training, and line managers are not trained in reporting and investigating incidents, they will continue to be at risk and the Council may be in breach of H&S regulations.

| **Recommendation** |
| A system should be put in place to ensure all staff responsible for carrying out risk assessments and for reporting and investigating incidents, undertake the relevant training. |

Service Response / Action
The Corporate Health and Safety Team will meet with Business Intelligence and HR Support to obtain a list of line managers and a list of staff who have completed risk assessment and incident investigation training. This will be presented to the Clusters so that they can arrange training.

Implementation Date	**Responsible Officer**	**Grading**
October 2019	Corporate Health and Safety Lead	Significant within audited area

2.2.13 Under the former structure, staff in Business Support were assigned to administer and monitor H&S tasks and act as liaison between the Corporate H&S team and individual Services. These groups were removed from the Interim Structure, but their function has not as yet been wholly assumed by other roles. While details are available on the Zone of staff in the corporate H&S team, it is difficult to identify employees within Services who are responsible for H&S arrangements.

2.2.14 There are five H&S Advisers in the corporate H&S team, line managed by the Corporate H&S Lead. All have qualifications in Health and Safety and are assigned to designated Functions. The role is advisory with a view to assisting Functions comply with their legal responsibilities. Staff within Clusters take on additional duties, paid or unpaid, as DSE Assessors, First Aiders, Evacuation Chair Operators and Fire Wardens. Details are held by Services and information is fragmented. There is currently no centrally held list of staff with H&S training or qualifications, although a list of roles can be obtained from the HR system PSe. At present no formal checks are made on whether sufficient staff are available in these roles at each location other than Marischal College.

2.2.15 If those responsible for H&S compliance within Services cannot be quickly identified there is a risk that required actions may not be completed or are completed incorrectly or inconsistently.

| **Recommendation** |
| The Corporate Health and Safety team should work with responsible officers to put a system in place to ensure that details of staff with health and safety duties for each Service should be made widely available within the relevant areas. |

Service Response / Action
Agreed.

Implementation Date	**Responsible Officer**	**Grading**
April 2019	Corporate Health and Safety Lead	Significant within audited area

2.2.16 H&S issues are communicated organisationally on the Zone through News items and dedicated web pages, as well as through "communication champions" in each work area. Cluster specific issues are communicated to responsible managers to cascade. In Marischal College, the Town House and all other corporate buildings general H&S

information is posted in hard copy in break areas, kitchens etc. It is the responsibility of premises responsible persons (e.g. head teachers, facility managers) to make this information available to employees in the most appropriate way.

2.2.17   When any procedures or the health and safety policy are being reviewed, they are sent to stakeholders including Trade Union colleagues before being collated and agreed as appropriate.

2.3   Risk Management

2.3.1   The HSE has produced a ~~draft~~ Health and Work Strategy to assist organisations in managing the risk of work-related ill health. As per this strategy, the HSE's health and work priorities are occupational stress and related mental health issues, musculoskeletal disorders, and occupational lung disease.

2.3.2   The Council's Mental Health and Well Being in the Workplace Policy, Management of Stress Procedure, and Maximising Attendance Policy set out the ways in which risks associated with stress are managed. Quality of Working Life – Stress Risk Assessments should be carried out whenever a team or employee is under pressure to identify tasks in which there may be a potential to affect employee stress levels. Line Managers should look out for any signs or symptoms of stress for the employees under their control. Any concerns can be discussed between the employee and their Line Manager, before agreeing an action plan. Managers may then refer employees to the Council's Occupational Health Provider if stress continues to affect their health or quality of life. Employees can also seek assistance from the Employee Assistance Programme.

2.3.3   The term Musculoskeletal Disorders covers any injury, damage or disorder of the joints or other tissues in the upper / lower limbs or the back. As well as having Manual Handling policies and procedures, the Council has a Display Screen Equipment procedure and assessment form, which ensures workstations are designed and laid out to fit individual users so as to be safe and without risk to their health and safety. All users should be provided with information to raise awareness of the potential hazards and risks associated with Display Screen Equipment (DSE) work, how to set up a workstation and on the measures in place to comply with the DSE Regulations. DSE workstation assessments will be required at fixed and home workstations where there is an identified user or at any workstation where problems have been identified. There is currently no centrally held list of trained DSE Assessors, or of staff with other H&S training or qualifications such as First Aiders and Fire Wardens. A recommendation addressing this was made at paragraph 2.2.12.

2.3.4   Occupational lung disease includes a wide range of conditions from those that develop shortly after exposure (for example legionella infections) to those that develop many years later. The Council has a number of policies in place covering the Council's duty to manage the risk of such exposure, including the Control of Substances Hazardous to Health (COSHH) Procedure, the Asbestos Policy, and the Legionella Policy. The latter two are currently not available on the Zone as they are under review as discussed in 2.1.5.

2.3.5   An awareness of the risk environment and oversight of key risks through Risk Registers can help to meet strategic objectives effectively. The Council has a Corporate Risk Register (CRR) which captures the risks which pose the most significant threat to the achievement of organisational outcomes and have the potential to cause failure of service delivery. The CRR is maintained by the Corporate Risk Lead. It should be updated on a monthly basis by risk managers and owners, then scrutinised by CMT; reports are made annually to the Audit, Risk & Scrutiny Committee.

2.3.6   The CRR was reported to Committee on 25 September 2018. Health and Safety Compliance is currently rated as a significant risk, with partial effectiveness against clarity on roles and responsibilities, compliance, and monitoring of actions implemented. Proposed mitigating actions are a review of health and safety responsibilities, a programme to identify H&S skills and training needs, and a revised Assurance Framework to monitor performance and compliance.

2.3.7   If the mitigating actions are implemented in full the CRR gives a residual risk assessment of low risk. However, the proposed actions will require significant involvement of staff across the Council and investment of resources to ensure objectives are met within the suggested timescale.

2.3.8   There are Cluster Risk Registers which are kept and updated by the respective Cluster. These have recently been updated according to the new operating model. A timetable for reporting Registers to the new Committee structure was created in 2018 and Cluster Risk registers have been reported as required, with the exception of People and Organisation, Capital, and Corporate Landlord. The Capital Programme Committee meeting in November 2018, that was due to consider the latter two, was cancelled due to lack of business and re-scheduled for January 2019.

2.3.9   Whilst Health and Safety risks are also included in a small number of Cluster Risk Registers, these are comprehensively covered in the CRR which is for the Council as a whole.

2.4   Risk Assessments

2.4.1   The 1999 Regulations (regulation 3) require assessments of risk to employees, contractors, customers, partners and any other people who could be affected by the organisation's activities. The HSE has produced guidance and templates for organisations. A risk assessment must be suitable and sufficient, and any significant findings should be recorded in writing.

2.4.2   There is corporate Risk Assessment guidance available on the Zone which is comprehensive, including templates, a flowchart and FAQs. It reflects current HSE guidance. Training courses are also available through the corporate H&S team and an external provider. Completed risk assessments should be recorded on a risk assessment register.

2.4.3   A selection of 25 activities which require risk assessments were identified. Staff were interviewed and establishments contacted to establish whether assessments had been carried out and how they were administered. Since the majority of activities which could cause harm are undertaken in Operations, this Function provided the bulk of the sampled assessments.

2.4.4   One risk assessment, for a school excursion, could not be found and the Cluster advised it had not been completed as the trip had not gone ahead. Another, again for a school excursion, was not available because the responsible officer had left the school and a copy had not been retained. However, a Visit Plan document was provided which identified some potential hazards and referred to a completed risk assessment.

2.4.5   Of the remaining 23, all were in the correct format and appeared comprehensive. All but one had been reviewed within the last 12 months; one was last reviewed in March 2017 and had been due for review in January 2018. Of the remaining 22, 21 had appropriate review dates; one was marked due for review in July 2018, 6 months after the previous review, but this had not been carried out.

2.4.6   If risk assessments are not regularly reviewed new risks may not be identified and addressed.

Recommendation
a) Clusters should be reminded to ensure that risk assessments are available for all relevant activities and that they are reviewed regularly.
b) The Corporate Health and Safety team should ensure that risk assessment registers are checked during audit visits.
Service Response / Action Agreed.

Implementation Date	Responsible Officer	Grading
Implemented	Corporate Health and Safety Lead	Significant within audited area

2.4.7   In no cases had note been taken of whether findings had been communicated or actions followed up. A recommendation has been made at 2.5.11 to address the requirement for appropriate reporting and for follow up action to be taken where required.

2.4.8   Of the 24 risk assessments reviewed, including the Visit Plan referred to in 2.4.4, sixteen members of staff were named as responsible for carrying out the assessments. Eleven of these were not recorded as having undertaken the Risk Assessment training course. A recommendation has already been made at 2.2.10.

Fire Risk Assessments and Multi-Storey Housing

2.4.9   The law in Scotland does not require a Fire Risk Assessment to be carried out for domestic properties which includes multi-storey housing blocks. After the Grenfell Tower tragedy the corporate H&S team started carrying out FRAs in multi-storey buildings as initially a one-off work process to review fire safety. The team advised that as far as they were aware, fire risk assessments had not been carried out for these properties in the past.

2.4.10   Post this review, the corporate H & S team decided that the risk was such that these FRAs should be built into the existing H&S audit programme so that an assessment or plan is carried out on every block on a three-year rolling programme; all blocks were assessed in mid 2017 post Grenfell. The Corporate Landlord Cluster also has a process where the actions are collated and reviewed to ensure that they are all implemented. However, the Fire Risk Assessment reviewed (sample 24, Donside Court) did not indicate that any actions had been followed up. The Corporate Health and Safety Lead advised that completed actions are shown on the fire risk register which is held by the Corporate Landlord Cluster and that this is now in place for all multi-storey blocks

2.5   Incident Reporting

2.5.1   The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013 (RIDDOR) stipulate reporting and recording requirements for employers. There is a written procedure covering how incidents should be reported. It covers accidents resulting in injury, reportable occupational diseases, and near miss incidents, as well as what must be reported to the HSE. There is also a training course available on how to investigate incidents. Reporting forms for injuries or near miss incidents are currently accessed through YourHR on the Zone. While not all employees have access to the Zone, procedures require that incidents should be reported to line managers (who should have access) who then complete the form. Paper forms are available if YourHR cannot be accessed immediately, although these should be input electronically as soon as possible.

2.5.2   As soon as the electronic reporting forms are completed they are automatically emailed to the corporate H&S team, who monitor the receiving inbox several times a day and are expected to act on reports where required as soon as they are received. Prompt action was reviewed as part of testing discussed below.

2.5.3   A sample of 25 incidents reported between April 2017 and October 2018 was selected from system reports and reviewed. All incidents had been reported through YourHR and reporting forms, where available, had been completely and filled in accurately. In one case, the incident was submitted as an injury but the procedure for such an incident (Policy and Procedure for Managing Substance Misuse Incidents Involving Children and Young People in Schools) advises these should be reported as a Near Miss. The school involved advised that procedures have been reviewed and staff reminded of how to follow the process.

2.5.4   Reporting dates are recorded by the system and these are identifiable from a system report. Per the system report, 11 incidents (2 near misses and 9 injuries) were reported over 3 days after the incident occurred. Three days is sufficient time to identify if an incident should be reported. One injury incident was apparently reported 220 days after it occurred.

2.5.5   Five incidents required to be reported to the HSE; although one of these was not reported timeously internally, all were reported to the HSE timeously and followed up appropriately.

2.5.6   Seven of 25 incidents tested referenced an investigation report which was not then submitted. It was not clear that effective action had been taken to identify the root causes and prevent re-occurrence. In a further three cases the investigation report had been submitted but was not complete as no actions were identified to mitigate re-occurrence. The corporate H&S team advised that it was not unusual for investigation reports not to be finalised; even if it is completed it is not always to the best standard, e.g. no root cause identified or that the actions identified have been implemented. In the past, the number of investigations not completed was reported to Committee, but this has not been done recently and the H&S team has insufficient resources to follow up on every reported incident. There is an intention to improve investigation reporting forms and have Business Intelligence report figures to Committee in order to identify and improve areas which are below standard. The Cluster advised that it is accepted there needs to be an improvement in the completion of incident reports to ensure Business Intelligence is accurate.

2.5.7   Of the 14 cases where an investigation report had been submitted and identifiable action had been taken, in 2 cases it was not clear that this was sufficient to remedy the cause of the incident. For one the investigation found that a warning about a tenant should have been added to the system following previous incidents, but this had not been done; the remedying action was to add the warning, but no action was reported to have been taken to ensure that in future warnings would be added when required. For the other, the root cause was found to be faulty equipment and the action was to fix the item, but no action was proposed to ensure that equipment is fit for purpose before use.

2.5.8   If incident reports are not correctly and timeously made, and incidents promptly and thoroughly investigated, there is a risk that hazardous practices will not be addressed, and the Council may be in breach of H&S regulations.

2.5.9   Near Miss reports include information on Risk Assessments but this is not included in Injury report forms or investigation forms even though the risk is higher; the "Investigation Questions" FAQ prompts the investigator to consider risk assessments, but these were not considered in any of the investigation reports reviewed. The corporate H&S team advised that the injury report form is a reproduction of the HSE report form, which does not ask for RA information, and so any additions would have to be removed before passing

to the HSE. However, in order to comply with H&S regulations risk assessments of activities must be made and recorded, and reviewed after incidents.

2.5.10 Of those forms which did look at risk assessments, 5, all near misses, replied "No" to the query "Risk Assessment Completed" which was taken to indicate that no risk assessment was in place at the time of the incident. The Corporate Health and Safety Lead advised that the purpose of this box is to check whether a risk assessment review had been completed post-incident. In four of these cases an investigation report had not been submitted, giving no assurance that any action had been taken.

2.5.11 The reporting system through YourHR is to be changed to the new system CoreHR and the Corporate H&S Lead is looking at changes to on-line near miss and investigation forms which would add questions about risk assessments. A recommendation is included to track progress.

Recommendation
a) All Services should ensure that incident reports and investigations are submitted fully and promptly to the corporate H&S team.

b) The corporate H&S team should review near miss and incident investigation paperwork to ensure that risk assessments are considered.

Service Response / Action
a) Reports will be issued to responsible managers and Health and Safety Function leads on incident reporting and investigation completion in order for corrective action to be taken as required.

b) Agreed.

Implementation Date	Responsible Officer	Grading
a) June 2019	a) Chief Officer – Business Intelligence and Performance Management	Significant within audited area
b) June 2019	b) Corporate Health and Safety Lead	

2.5.12 In all incidents reviewed, a relevant training course was identified which if undertaken would have helped to mitigate the risk. In 13 cases there was no record of this training having been undertaken by the relevant employee. A recommendation has already been made at paragraph 2.2.9. In addition, a number of reporting employees had no record of completing the available training on reporting and investigating incidents. A recommendation has already been made at paragraph 2.2.12. Monitoring and Performance Reporting

2.5.13 Before introduction of the Target Operating Model, each Service had business support teams, part of whose remit was H&S tasks as deemed necessary by the Business Support Manager. These teams and their roles were removed during the reorganisation. There are Compliance Officers in several Clusters, a risk control team in Building Services, and a Health and Safety Coordinator for the Operations Function. Currently the corporate H&S team have regular "compliance" meetings with these staff offering guidance and advice, such as toolkits for line managers, training, template assessment documents and checklists, and fire and H&S audits

2.5.14 Fire risk assessments, H&S audits and compliance visits are carried out regularly by the corporate H&S team by arrangement with Services. The results of these are reported to

the relevant Function Health and Safety Groups quarterly and to senior and line managers as visits are completed.

2.5.15   Following the restructuring there are three Function Health and Safety groups as described in paragraph 2.6.2; Customer, Communities, Resources, Governance and Place (CCRG&P); Operations; and the Adult Social Care Health and Safety Committee. These Committees meet regularly and are attended by senior managers, Service managers, union representatives, and officers from HR and the corporate H&S team. Minutes for the Operations and CCRG&P groups are not currently published on the Zone. Minutes from June and October 2018 was obtained and reviewed and covered all relevant H&S issues; however, concerns were raised that the new Chief Officers were not receiving the same level of information on incidents and near miss reports as previous Directors under the old structure. The corporate H&S team agreed to explore how this information could be reported to Chief Officers.

2.5.16   Minutes for the Adult Social Care Health and Safety Committee are available on the Zone, with the last meeting recorded being 31July 2018. The minutes were reviewed and covered all relevant H&S issues.

Recommendation	
The Corporate Health and Safety team should ensure that CCRG&P Health and Safety Committee minutes are made available to relevant officers.	
Service Response / Action	
Agreed.	
Implementation Date **Responsible Officer** **Grading**	
July 2019 Corporate Health and Important within audited Safety Lead area	

2.5.17   After the Corporate Health and Safety Committee was disbanded, Health and Safety responsibilities were taken on in part by the Staff Governance Committee, which began meeting in May 2018. However, this Committee is responsible for a number of additional issues and reports on Health and Safety are less detailed, since detailed reports are made to the Function Health and Safety Groups. Annual H&S reports are made to this Committee. The Governance function is responsible for these reports, with the H&S team taking the lead and preparing the report, which is a compilation of the 4 quarterly reports to sub-Committees. The information held in these is either that suggested by the H&S team or that which has been requested by the Committee.

2.5.18   It is good practice rather than mandatory under current legislation to make annual reports on Health and Safety. There is guidance from the HSE dating from 2001 which contains a number of measurement options, including: evidence of management commitment, e.g. policies; Committees; monitoring of H&S training; percentage of risk assessments completed or reviewed; days lost to occupational injuries or ill health; and reporting of near miss events.

2.5.19   The most recent annual report was presented to the Staff Governance Committee on 4 May 2018 and covered the previous financial year. It covered reported incidents and investigations; incidents notifiable to the HSE; near miss incidents and risk assessments; occupational health and wellbeing, and work-related absences; Health and Safety audits and compliance; and headline figures on training undertaken.

2.6   Insurance

2.6.1   Under the Employers' Liability (Compulsory Insurance) Act 1969 it is compulsory for most

employers with UK based employees to have employers' liability insurance, to ensure that if employees suffer injury or ill health it will be possible to compensate them. Organisations financed through public funds are specifically exempted from the 1969 Act as it would be possible to meet such claims from Council reserves. However, the Senior Insurance Officer advised that this would not represent best value to Council taxpayers and in order to ensure that costs were predictable and kept to a minimum, insurance cover had been sought.

2.6.2   The Council has both employers' liability and public liability cover in place. The insurance is managed through joint working with Aberdeenshire Council and was most recently tendered for in 2014. This liability insurance covers all activities of the Council, including those relating to Health and Safety. Part of the contract for insurance includes building surveys to assist in risk assessments.

2.6.3   The Insurance Team encourages staff to report any incidents that may result in a claim to them as soon as possible and this is supported by Financial Regulation 5.10.3 which states that "Chief Officers shall notify the Head of Commercial and Procurement Services and Chief Officer - Finance immediately in writing of any loss or any event likely to lead to a claim. Directors may also inform the Police where appropriate. All liability claims made against the Council shall be referred to the Insurance Officer in the first instance, without delay." However, information on the Insurance Team could not be found on the Zone, with the exception of a link to the Motor Accident Claim Form.

2.6.4   If staff cannot find details of how to contact the Insurance Team there is a risk that a potential claim might not be timeously communicated.

| **Recommendation** |
| Details of how and when to contact the Insurance Team should be added to the Zone. |

Recommendation
Details of how and when to contact the Insurance Team should be added to the Zone.

Service Response / Action
Agreed. A page will be added to the Zone.

Implementation Date	**Responsible Officer**	**Grading**
February 2019	Senior Insurance Officer	Important within audited area

AUDITORS: D Hughes
A Johnston
L Jarvis

Appendix 1 – Grading of Recommendations

GRADE	DEFINITION
Major at a Corporate Level	The absence of, or failure to comply with, an appropriate internal control which could result in, for example, a material financial loss, or loss of reputation, to the Council.
Major at a Service Level	The absence of, or failure to comply with, an appropriate internal control which could result in, for example, a material financial loss to the Service/area audited. Financial Regulations have been consistently breached.
Significant within audited area	Addressing this issue will enhance internal controls. An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on a system's adequacy and effectiveness. Financial Regulations have been breached.
Important within audited area	Although the element of internal control is satisfactory, a control weakness was identified, the existence of the weakness, taken independently or with other findings does not impair the overall system of internal control.