ABERDEEN CITY COUNCIL

COMMITTEE	Audit, Risk and Scrutiny Committee
DATE	29 September 2021
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Internal Audit Report AC2113 – Operations Health and Safety Arrangements
REPORT NUMBER	IA/AC2113
DIRECTOR	N/A
REPORT AUTHOR	Colin Harvey
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 Operations Health and Safety Arrangements.

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 Operations Health and Safety Arrangements.

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 Council Delivery Plan, or the Local Outcome Improvement Plan Themes of Prosperous Economy, People or Place.

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
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

9. APPENDICES

9.1 Internal Audit report AC2113 – Operations Health and Safety Arrangements.

10. REPORT AUTHOR DETAILS

Colin Harvey, Chief Internal Auditor (Interim)
Colin.Harvey@aberdeenshire.gov.uk
(01467) 530701

ABERDEEN
CITY COUNCIL

Internal Audit Report

Operations & Protective Services

Health and Safety Arrangements

EXECUTIVE SUMMARY

Background

Aberdeen City 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. The Council's Risk Appetite Statement sets out that the Council is averse to any risks that may have a negative effect on the health and safety, diversity and equality of its staff, elected members and members of the public.

In order to comply with health and safety legislation, the Council must 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.

Objective

The objective of this audit was to provide assurance that appropriate processes are being employed in managing health and safety within the Cluster. This is intended to provide assurance that corporate processes are being employed in managing the risks. This review also covered two aspects of public safety: water safety and cemetery headstones, to provide assurance that the Council has appropriate arrangements in place to manage these areas.

Assurance

In general, Operations and Protective Services' health and safety arrangements were adequate, however exceptions were noted.

Most Cluster activities had been risk assessed however water safety checks had not. In addition, further actions to reduce risks had not all been allocated to responsible officers with due dates to help ensure completion. Furthermore, whilst accidents and incidents were reported timeously, related investigations were not all completed promptly.

Inspections of cemetery headstones and lifebelts were taking place however inspections of lifebelts were not recorded as frequently as set out in procedure and exceptions relating to lifebelt inspections were not explained.

Findings and Recommendations

Regular lifebelt inspections are scheduled, however records were insufficiently complete to demonstrate these had all taken place at the required frequency, paperwork varied by site, and actions where required were not all recorded. Currently there is no formal training offered by the Service on how to carry out water safety device inspections. A recommendation graded Significant within the audited area was raised with the Cluster to ensure that all staff have access to documents which are complete and up to date, are instructed on how to carry out inspections before undertaking them and that life belt inspections are recorded accurately and timeously.

An inspection of a sample of lifebelts identified instances where external signage on how to use lifebelts was absent or illegible; the Service subsequently confirmed internal lifebelt casing instructions were absent also in some cases. There is a risk

this could impact on their effective use in an emergency. All lifebelts had signs requesting lifebelts not be removed unless necessary however the consequences of criminal damage was only present on some, which may increase the risk of vandalism. Recommendations graded Significant within the audited area were raised with the Service to review lifebelt signage and to include checks during inspections.

Managers are responsible for managing health and safety in their area of responsibility and must undertake risk assessments of all identified hazards related to work undertaken, eliminating risks where possible or implementing suitable and sufficient control measures, to reduce and manage risks, as far as reasonably practicable, to employees and others. Lifebelt inspections had not been risk assessed. Nine other activities reviewed had been risk assessed however, in three cases (Memorial Inspections; Road Surfacing; Replacement of Groyne Markers), actions to control risks had been identified but not allocated to a responsible officer. For the memorial inspections, the Service advised that the necessary action (placing signage at the entry to cemeteries prior to work being carried out) had already been completed; the risk assessment has now been updated to show the action in the column for measures already in place. For the other risk assessments, the Service advised that this was due to an oversight. Where risks are not assessed and responsible officers are not allocated action to reduce risks, there is less assurance risks are controlled. Recommendations graded Significant within the audited area were made to risk assess lifebelt inspections near beaches and waterways and to allocate actions in risk assessments and monitor their completion.

All accidents and incidents reviewed were reported timeously and in nine of ten cases reviewed, the investigations and action were prompt, with investigation reports detailing root causes and action taken where required to prevent re-occurrence, including providing training to staff and revising procedures, with findings communicated to relevant parties. However, in one case (operative falling from a platform placed on an icy surface) the incident report had not been submitted by the investigating manager at the time of the audit, over two months after the incident. If reports are not completed and submitted timeously there is a risk that unsafe systems of work will not be corrected, leading to further incidents. A recommendation graded Significant within the audited area was raised with the Cluster to ensure managers complete and submit accident investigation reports promptly.

Management Response

The Cluster has risk assessed lifebelt inspections and has agreed to ensure that all staff have access to water safety documentation which is complete and up to date, are instructed on how to carry out life belt inspections before undertaking them and to undertake audits of life belt inspections. Signage has been reviewed and updated as required. The Cluster has also agreed to increase the frequency of communication with the Corporate Health and Safety team to capture investigations which have not been closed in an appropriate timescale. In addition, the Cluster has agreed to review its risk assessments to ensure responsible officers and due dates are recorded where required to reduce identified risks.

1. INTRODUCTION

1.1   Aberdeen City 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 processes are being employed in managing health and safety within the Cluster. This is intended to provide assurance that corporate processes are being employed in managing the risks. This review will also cover two aspects of public safety: water safety and cemetery headstones, to provide assurance that the Council has appropriate arrangements in place to manage these areas.

1.6   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.

1.7   The factual accuracy of this report and action to be taken with regard to the recommendations made have been agreed with Mark Reilly, Chief Officer - Operations and Protective Services, and Colin Leaver, Corporate Health and Safety Lead.

2. FINDINGS AND RECOMMENDATIONS

2.1 Governance

2.1.1 Under Health and Safety (H&S) legislation the Council must have a written H&S policy. Health and Safety Executive (HSE) guidance is available on the structure and contents of such a policy. The Council's corporate Health and Safety policy was reviewed by Internal Audit and was up to date, having been reviewed by the Staff Governance Committee on 12 April 2021, and complies with HSE guidance, with sections on general policy, responsibilities, and reporting and investigation arrangements.

2.1.2 The corporate H&S policy states that corporate level procedures are regarded as a "second line of defence", being a suite of policies, advice, tools and techniques to support staff, with advice and monitoring provided by the Corporate Health and Safety Team. The "first line" is composed of the managers and employees within each Function, Cluster and Service who are responsible for managing health and safety within their own teams.

2.1.3 In addition to the H&S policy, the Council's Risk Appetite Statement, approved by Audit, Risk and Scrutiny Committee on 9 December 2020, states "The Council is averse to any risks that may have a negative effect on the health and safety, diversity and equality of its staff, elected members and members of the public."

2.1.4 Operations & Protective Services (O&PS) is one of two Clusters within the Operations Function and is divided into seven Services: Waste & Recycling Services; Environmental Services; Roads and Infrastructure Services; Fleet and Transport; Building Services; Facilities Management; and Protective Services. The Service Managers report to the Chief Officer for O&PS.

2.1.5 Each Service has at least one member of staff who takes a lead on health and safety issues; responsibility for coordination has been assigned to the Risk Officer within Building Services. These officers coordinate their activities and share best practice through the O&PS Compliance Group which has a dedicated site within Microsoft Teams. Meetings are held every two months with meeting notes and action plans recorded in Teams. These are attended by representatives from the Services, Service managers, and one of the H&S Advisers from the Corporate Health and Safety Team (CHST).

2.1.6 Under the 2018 H&S Policy, Functions were required to have Health & Safety Improvement Plans which were to be reported regularly to Committee and monitored by Senior Management Teams. However, in practice arrangements were found to be more effective when created and monitored within individual Services as above. The new H&S Policy, approved by the Staff Governance Committee in April 2021, does not prescribe Plans but requires Chief Officers of each Cluster to "Ensure that a health and safety management system is implemented and maintained that will ensure the effective planning, organisation, control, monitoring and review of the preventative and protective measures necessary to eliminate or control risks and prevent accidents and ill health." This is to be accomplished by Services completing risk assessments and creating procedures and monitoring arrangements which comply with corporate policies and guidance while fulfilling the particular needs of the respective Service; the CHST is available to provide support where required.

2.1.7 The corporate Health and Safety team (CHST) consists of four members of staff, the Corporate H&S Lead and three Health and Safety (H&S) Advisers. The CHST is responsible for providing specialist advice and guidance and monitoring the overall H&S framework for the organisation. The CHST also audits Service compliance with corporate policy and procedures, reports on H&S performance, and coordinates serious incident investigations.

2.1.8   During the coronavirus lockdown, covering financial year 2020/21, it was not possible to access and inspect workplaces in the usual way. A programme of Covid compliance visits is being carried out, which began in June 2020. These inspect open sites, many of which were within O&PS including the City Mortuary, the Vehicle Workshop and school kitchens. The visits check whether employee activities have been segregated, access restricted where possible, guidance and cleaning materials made available, and staff trained in hygiene procedures. The outcomes of the inspections are recorded in monitoring spreadsheets for each quarter, beginning with quarter 2 (July to September) following the Audit Table template which records the score for each H&S topic and locations. The Cluster overall score improved from 88 in quarter 2 to 92 in quarter 4, with room for improvement in restricting access to essential staff and visitors and providing antibacterial cleaning products. These inspections and outcomes are reported to the two-weekly Workforce Planning and Protection Group which has been given responsibility for monitoring compliance with coronavirus precautions. The Corporate Health and Safety Lead has advised that other H&S inspections will be scheduled once access to sites is available after lockdown. Fire Risk Assessments have been completed for all high risk properties with others scheduled as part of a normal 3 yearly review.

2.1.9   The CHST regularly reports on Health and Safety issues and performance to Service H&S groups, and to the Staff Governance Committee (SGC). Reports made to the O&PS Compliance Group, which oversees H&S matters within O&PS, and to the Staff Governance Committee during financial year 2020/21 were obtained and reviewed. Although a meeting of the SGC was cancelled due to the pandemic, even where meetings were not formally held reports were provided to members and actions were identified and followed up as required, with the opportunity for scrutiny at the next scheduled meeting.

2.1.10   H&S arrangements within the Cluster are scheduled to be reviewed at least every three months. The schedule is managed through a Compliance Schedule spreadsheet held within the Compliance Group Teams space. Each Service has a separate tab which lists tasks, for example carrying out test or site inspections, or reviewing documents such as risk assessments or "Safe System of Work" guidance to confirm they are up to date; a named member of staff responsible; and the schedule for review, e.g. weekly, monthly, or every three months. The schedule is updated by colour when the tasks or reviews are completed. The Compliance Schedule spreadsheet for 2020/21 was reviewed. Each tab was complete and comprehensive and named members of staff as appropriate. In some cases, such as janitorial audits of educational establishments, it was not possible to carry out inspections as scheduled due to the coronavirus pandemic and these were marked on the spreadsheet in a separate colour as each scheduled date was passed, with future dates left as scheduled to be carried out as soon as access was available.

2.2   Service Procedures

2.2.1   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.

2.2.2   Eight Service-specific procedures were obtained and reviewed. All followed industry or government guidelines and all except one were found to be comprehensive: The procedure for Environmental Services (ES) - Lifebelt Checks contained basic instructions for carrying out checks but did not mention, for example, the use of location maps to identify devices, or how to test ropes for signs of wear or damage. This is addressed below (paragraphs 2.3.5 to 2.3.11).

2.2.3   In one case the document had no record to indicate review since 2014: Roads, Vibration at Work. The Service advised that the document was still current as there had been no practical or legislative changes, and that the document was regularly reviewed. This document was one of five which had no or insufficient version control data to identify and monitor review dates. (ES - Memorial Headstone Safety and Inspection; ES - Lifebelt Checks; Waste - Work Instructions - When Reversing; Infrastructure - Coastal Inspection Process Guideline)

2.2.4   While most of the procedures are complete and comprehensive, without clear version control and review data there is a risk that procedures may not be updated when necessary, and that staff may be using obsolete versions.

Recommendation
Services should ensure that procedures contain version control and review data in a consistent format.

Service Response / Action
Agreed. The procedures for Environmental Services, Waste and Recycling, and Infrastructure have been amended. A new front page with a review process date has been added to the Roads Service Handbook.

Implementation Date	**Responsible Officer**	**Grading**
Implemented	Roads and Infrastructure Manager	Important within audited area

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2.2.5   The Management of Health & Safety at Work 1999 Regulations require that adequate training is given to employees on Health & Safety matters. Courses for general and specific H&S training are provided by the CHST and the People & Organisational Development (P&OD) team, while specialist training is made available as required by relevant Services. H&S training records are stored locally by Clusters in the form of Training Needs Analysis matrices. Sample copies of training plans and monitoring were provided by the Service and are comprehensive and up to date.

2.3   Memorial Headstones and Water Safety Devices Procedure Testing

2.3.1   The provision of water safety equipment and the inspection of the stability of memorial headstones are the responsibility of Operations and Protective Services and are of particular importance to public safety. Procedures for these areas were reviewed in detail to confirm that sites with hazards are identified and regularly checked; that hazards and controls are identified; controls are regularly inspected and follow-up actions monitored.

2.3.2   The Bereavement Service within Environmental Services is responsible for inspecting and making safe memorial headstones within the 17 cemeteries for which the Council is responsible. The guidance and risk assessment specify potential hazards, such as lone working; slips, trips and falls; and injuries from unstable memorials. They identify those at risk from hazards and specify controls for each.

2.3.3   The Service maintains a list of cemeteries and a five-year rolling programme is in place to inspect, risk assess and test memorials therein. Some cemeteries and churchyards may receive inspections more frequently than every five years where it is considered appropriate due to a combination of factors e.g. old headstones and high footfall. A Site and Zoning Risk Assessment was carried out in 2017 to establish zonal priority for inspections and the Service schedules and records inspections accordingly using their Memorial Headstone Inspection Programme spreadsheet. Since the introduction of this system all sites have been inspected at least once. Per the Service procedure two members of staff are required to follow a pre-determined inspection route as shown on a

map of the cemetery. Results of visual inspections and stability tests are manually recorded on the maps, then scanned to the Service Teams site, while photographs of any headstone where action has been required are taken and scanned electronically for reference.

2.3.4 Copies of documents from five cemetery inspections were selected and reviewed. All inspections had been carried out on schedule and by trained staff, following Service procedures and with findings and actions taken, such as laying headstones flat or commissioning repairs works, fully recorded. All staff responsible for Memorial Headstone Safety and Inspection have undertaken training provided by an external company which offers British Standards Institution (BSI) accreditation and all are required at regular intervals to acknowledge that they have read and understand the Service guidance and training materials.

2.3.5 The team responsible for maintaining water safety equipment is Parks, within Environmental Services. Guidance given to staff notes how to carry out inspections of life belts but does not cover the potential risks to staff of working near water, nor has a separate risk assessment been carried out for this activity. A recommendation to complete such a risk assessment is made at paragraph 2.4.7 below.

2.3.6 The Service maintains location maps showing all sites with lifebelts and has a schedule for inspecting each site at least once per week throughout the year. Staff are required to manually complete and sign a checklist form for each site during inspections identifying the location inspected and the days visited, and then upload a scanned copy of the checklist to a shared folder. Then they should record the number of inspections, and any findings and actions taken, on a SharePoint spreadsheet for overall monitoring. The Assistant Operations Manager is responsible for completing annual audit checks of the inspection records.

2.3.7 During testing of lifebelt inspection records it was observed that on the location maps for the lifebelts on the Beach Esplanade, the location IDs begin at LIFE101 and continue to LIFE130, with LIFE128 absent, a total of 29 devices. However, the checklist forms contain entries from LIFE101 to LIFE130, a count of 30 devices. The Service advised that LIFE128 was recorded as missing in August 2020 and was not replaced as the site had become unsuitable through erosion, and the maps had been created since that time. However, the count in the monitoring spreadsheet for that area remained the same before and after that date, at 29 devices, when prior to August 2020 the count should have been 30. The checklist for May 2020 shows LIFE130 as marked "X" by the inspecting officer, that is, not inspected, but there is no comment or explanation recorded. The Service advised that the officer was new to the role and was not sure of the correct location. Counts taken since that time have been correct. Currently there is no formal training offered by the Service on how to carry out inspections.

2.3.8 The lifebelts in Seaton Park were recorded as having been checked but a different check sheet was used, showing more detail of what had been checked but not the frequency of visits, which per the monitoring spreadsheet should have been twice weekly. The Service advised that the checklist forms had been updated but these inspections were recorded on the old forms. If obsolete forms are used not all required details will be recorded.

2.3.9 If check sheets are not up to date there is a risk that devices will not be regularly inspected, while if devices are not regularly inspected they may not function when required, creating a risk to life.

2.3.10 The lifebelt inspections for the Beach Esplanade are scheduled to be carried out on a daily basis per the Service checklist. The monitoring spreadsheet had been completed as all 29 inspected every weekday for the week beginning 11 May 2020. However, the sheet

completed and signed by the inspecting officer had been completed only for the Monday of that week. In addition, three devices were marked with a cross rather than a tick (109, 113, 130) but no comments were input to the monitoring spreadsheet to indicate any issues preventing inspection. Similarly, the lifebelts in the Walker Dam area were scheduled for checking twice a week but only one visit was recorded on the checklist, while two visits were input to the monitoring spreadsheet. The Service confirmed that the checklist was accurate and only one visit had been made for those weeks and advised that these were errors due to a lack of staff knowledge and that the monitoring spreadsheet would be amended.

2.3.11   If details of inspections are not accurately recorded the Service has no assurance that they are being properly carried out.

Recommendation
The Parks Service should ensure that all staff have access to documents which are complete and up to date, are instructed on how to carry out inspections before undertaking them and that life belt inspections are recorded accurately and timeously.

Service Response / Action
Agreed. Regular audits will be carried out by Assistant Operation Managers.

Implementation Date	**Responsible Officer**	**Grading**
Implemented	Environmental Manager	Significant within audited area

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2.3.12   10 lifebelts were visited by Internal Audit (3 Riverside Drive and 7 Beach Boulevard) to ensure instructions on the use of lifebelts were visible to the public, Aberdeen City Council contact details were present to report damage and the consequences of criminal damage were described.

2.3.13   All notices had separate Aberdeen City Council signage identifying the lifebelts as being maintained by Aberdeen City Council with Aberdeen City Council website contact detail; some had a Council contact telephone number whilst others did not. The Aberdeen City Council signs all stated 'please do not remove unless necessary'.

2.3.14   Whilst three lifebelts had simple clear instructions on use on the external surface of the lifebelt casings titled 'TO SAVE A LIFE!' and details of the consequences of criminal damage (up to £5,000 fine and / or imprisonment), five did not and two included these instructions but were faded to the point of being illegible.

2.3.15   The Service advised that instructions on lifebelt use were included inside the casings of lifebelts. These were not opened by Internal Audit to avoid breaking the security tags which provides assurance that the lifebelt has not been tampered with since its last inspection by the Council. The exceptions noted where instructions were not present on external casings were shared with Environmental Services, who were requested to provide photographic evidence that the inside of the lifebelt casings contained instructions on use. On review the Service confirmed some lifebelts did not have any instructions on use (external or internal). It was noted that lifebelt inspection checks completed by Environmental Services do not include a check of lifebelt signage.

2.3.16   Without instructions on the use of lifebelts, there is an increased risk that devices will not be used by members of the public or used incorrectly in the event of an emergency, reducing their effectiveness. The absence of criminal damage deterrents potentially also increases the risk of vandalism. The Service has confirmed that stickers containing instructions have been ordered to rectify the identified missing instructions. A review of

all lifebelt signage would help ensure external and internal lifebelt casing instructions on lifebelt use and criminal damage consequences are present as expected.

Recommendation
Lifebelt signage should be reviewed and updated where required, including externally and internally located lifebelt casing instructions on lifebelt use and consequences of criminal damage.

Lifebelt inspections should include a check of signage to ensure it continues to meet requirements.

Service Response / Action
Agreed.

Implementation Date	**Responsible Officer**	**Grading**
Implemented	Environmental Manager	Significant within audited area

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2.4   Risk Management

2.4.1   An awareness of the risk environment and oversight of key risks through Risk Registers can help to meet strategic objectives effectively. The Council's Risk Appetite Statement sets out that the Council is averse to any risks that may have a negative effect on the health and safety, diversity and equality of its staff, elected members and members of the public. 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 at least monthly by risk managers (the person with responsibility for day-to-day risk management) and risk owners (the person with authority to manage the area at risk), then scrutinised by CMT; reports on the CRR are provided to the Audit, Risk & Scrutiny Committee.

2.4.2   Cluster Risk Registers reflect the risks which may prevent each Cluster area from delivering on strategic outcomes and are reported annually to the relevant Committee. The Risk Register for O&PS is the responsibility of the Chief Officer – O&PS, who is identified as the Risk Owner, with the risk managers being the relevant Service Managers. The Cluster Risk Register was last reported to the Operational Delivery Committee on 19 November 2020 and considered health and safety risks among other risks, including the risk of bacteriological/virological outbreaks in Council-owned establishments, and the risk of the failure of sea defences.

2.4.3   The Management of Health & Safety at Work 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 Regulations and HSE guidance and templates for organisations state that risk assessments must be suitable and sufficient, and any significant findings should be recorded in writing.

2.4.4   The Council's Health and Safety Policy states managers are responsible for managing health and safety in their area of responsibility and must undertake risk assessments of all identified hazards related to work undertaken, eliminating risks where possible or implementing suitable and sufficient control measures, to reduce and manage risks, as far as reasonably practicable, to employees and others.

2.4.5   There is corporate Risk Assessment guidance available on the staff intranet site, which is comprehensive, including templates, a flowchart and frequently asked questions. It reflects current HSE guidance. According to the Council's Risk Assessment procedure,

risk assessments must be undertaken by employees who have attended risk assessment training and have knowledge of the activity being assessed.

2.4.6   Ten activities identified as requiring risk assessments were selected and Services were contacted to obtain copies. In one case (Lifebelt Inspections) no risk assessment had been carried out. For the other nine activities risk assessments were obtained and reviewed. In each case responsibility had been appropriately allocated to a member of staff who was involved in the activity. The assessments were all carried out following the corporate guidance, and recorded in detail in the prescribed format, with findings being made available to all staff involved in the activity.

2.4.7   Working near water involves a potential risk to life which should be assessed.

Recommendation		
The Parks Service should carry out a risk assessment for staff carrying out lifebelt inspections near beaches and waterways.		
Service Response / Action		
Agreed		
Implementation Date	**Responsible Officer**	**Grading**
Implemented	Environmental Manager	Significant within audited area

2.4.8   In three cases (Memorial Inspections; Road Surfacing; Replacement of Groyne Markers) actions to control risks had been identified but not allocated to a responsible officer. For the memorial inspections, the Service advised that the necessary action (placing signage at the entry to cemeteries prior to work being carried out) had already been completed; the risk assessment has now been updated to show the action in the column for measures already in place. For the other risk assessments, the Service advised that this was due to an oversight.

Recommendation		
Services should ensure that actions in risk assessments are suitably allocated and monitored for completion.		
Service Response / Action		
Agreed. Officers will be asked to review risk assessment actions to reduce risk and ensure responsible officers and due dates are allocated where necessary.		
Implementation Date	**Responsible Officer**	**Grading**
November 2021	Contract Manager	Significant within audited area

2.4.9   All the completed risk assessments were current. However, in four cases no scheduled review date had been noted on the Risk Assessment form. For the first two (Sand level monitoring; Seawall repairs) the forms had been incorrectly completed, using the date that the assessment was checked by a manager. The remaining two (Road Surfacing; Replacement of Groyne Markers, both Roads) had amended the first page of the form so that boxes were available to record review history, which had yet to be completed, but no field was available to note the date for scheduled review and no date for scheduled review was shown. The Service advised that they maintain a separate Annual Review Sheet, which is in line with corporate guidance. However, not including this information on the Risk Assessment form itself, as shown in the prescribed corporate format, increases the risk that the review will not be carried out when required.

Recommendation
Services should record scheduled review dates on risk assessments in line with the corporate risk assessment template.
Service Response / Action
Agreed. Exceptions noted have now been resolved.

Implementation Date	Responsible Officer	Grading
Implemented	Health, Safety and Training Officer	Important within audited area

2.5 Incident Reporting & Monitoring

2.5.1 The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013 (RIDDOR) stipulate reporting and recording requirements for employers. There is a corporate written procedure produced by the CHST 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 Council training course available on how to investigate incidents. Reporting forms for injuries or near miss incidents are currently accessed through the corporate accident and incident reporting system. While not all employees have access to the staff intranet, procedures require that incidents should be reported to line managers (who should have access) who then complete the form. Paper forms are available if the reporting system 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 assigned reference numbers and emailed to the Corporate Health and Safety team (CHST), who monitor the receiving inbox and are expected to act on reports where required as soon as they are received, including making reports to the HSE where required. The CHST follow up 10% of Service reports to verify that actions are being completed. Data on incidents is also reported to the Staff Governance Committee, the Risk and Performance Boards, and to health and safety groups within the Operations Function.

2.5.3 Records of accidents and incidents within the O&PS Cluster during 2020/21 were obtained from the CHST and ten were selected and reviewed. In all cases the incidents were reported timeously, and none were required to be reported to the HSE. In nine of the cases the incidents were investigated and acted upon promptly and appropriately. Investigation reports showed that root causes were identified and action taken where required to prevent re-occurrence, including providing training to staff and revising procedures, with findings communicated to relevant parties.

2.5.4 In one case (incident ref. 7567 – operative falling from platform placed on icy surface) the incident report had not been submitted by the investigating manager at the time of the audit, over two months after the incident. If reports are not completed and submitted timeously there is a risk that unsafe systems of work will not be corrected, leading to further incidents.

Recommendation
Services should ensure that managers complete and submit accident investigation reports promptly.
Service Response / Action
Agreed. Incident ref. 7567 has now been closed with remedial actions identified. 29 line managers have received training via CHST regarding reporting and investigation of incidents. Increased frequency of communication between CHST and operational teams

is now in place to capture investigations which have not been closed out in an appropriate timescale.		
Implementation Date	**Responsible Officer**	**Grading**
Implemented	Operations Manager	Significant within audited area

2.6 Insurance

2.6.1 The Council has employer's liability and public liability insurance, which provide cover for financial losses incurred by the Council, in the event of a breach by the Council of its statutory and / or common law duties, where the terms and conditions of the respective policies are met; the policies are next due to expire on 31 March 2022.

AUDITORS: C Harvey
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 organisation.
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.

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