



**NORTH YORKSHIRE
FIRE & RESCUE SERVICE**

Health and Safety

North Yorkshire Fire and Rescue Service

Internal Audit Report 2021/22

Business Unit: Health and Safety
Responsible Officer: People Operations Manager
Service Manager: Health and Safety Manager
Date Issued: 29/03/2022
Status: Final
Reference: 45585/001

	P1	P2	P3
Actions	0	1	1
Overall Audit Opinion	Reasonable Assurance		



Summary and Overall Conclusions

Introduction

North Yorkshire Fire and Rescue Service (NYFRS) has statutory responsibilities to ensure suitable arrangements are in place for managing the health and safety of its employees and of those affected by its activities. The health, safety and welfare of employees is an integral and fundamental part of the Service's functions across numerous stations across North Yorkshire.

There are a number of measures to help ensure health and safety at the service is effectively managed and risks are mitigated to an acceptable level. Significant risks are identified, measured and controlled to prevent injury, ill health and loss through work activities via a variety of risk assessments. The Health and Safety Team carries out oversight of arrangements, including review of policies and documentation.

As of April 2021, a formal collaboration to bring together business support functions for North Yorkshire Police and NYFRS has been in place, called 'Enable North Yorkshire' (Enable). Health and Safety is part of the new arrangement and now oversees compliance for both organisations. The Health and Safety Executive (HSE) carried out an audit in July 2021, following an incident at another Authority involving a NYFRS employee. The audit focused on health and safety arrangements for training exercises and made a number of recommendations in August 2021. Work to address issues raised by the HSE was expected to be completed by October 2021.

Objectives and Scope of the Audit

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

- Appropriate governance arrangements are in place over Health and Safety at the Service.
- Risk assessments are up to date and completed appropriately to identify and address risk.
- Actions raised in the HSE audit have been appropriately addressed.

The audit covered arrangements at NYFRS and did not include a review of Health and Safety at North Yorkshire Police.

Key Findings

We saw governance arrangements to oversee health and safety arrangements and compliance were in place at the service. The Health and Safety Committee and Health and Safety Sub Committee met regularly during 2021/22 and was attended by appropriate officers from across the organisation. Outcomes and actions from both committees were consistently recorded and monitored. For the Sub Committee, this is done via meeting minutes and for the main Committee, a decision log and action tracker has recently been introduced to record outcomes and actions. Our review of minutes from both committees found actions were clearly recorded and discussed at subsequent meetings. One area for potential improvement on the Sub Committee minutes is the inclusion of due dates for some agenda items. There is a column to record who will be responsible for implementing actions but this currently does not include a due date for actions to be completed.

The HSE notice of contravention was received by the service in August 2021. A comprehensive action plan had been implemented to address the weaknesses raised. Progress being made to implement all necessary actions was consistently monitored at both Committee meetings. All actions from the HSE audit have now been completed and 'signed off' by the HSE investigator.

New policies, procedures and risk assessments are reviewed at the Sub Committee as a standing agenda item. We found references to new documents stated they had been discussed at 'the previous meeting', which refers to a small 'pre-meeting' held prior to the Sub Committee to review any new documents. These documents are usually new National Operational Guidance (NOG) and management advised they are generally a new format of an existing document, updated in line with national guidelines. The pre-meeting is held to save time and ensure appropriate officers are involved in the review and scrutiny of documents. The pre-meeting is attended by individuals from Health and Safety, Response and Resilience and Fire Brigades Union. There is no separate documentation for this meeting as the findings are taken to the Sub Committee for approval.

Risk assessments are completed by the relevant Station Manager and once completed, should be stored on the Authority's Sharepoint site. They should be uploaded on both the individual station page and the central Health and Safety page. We reviewed a sample of completed assessments from 3 stations; Northallerton, York and Skipton. Though overall assessments were found to be completed in line with guidelines, we found inconsistent approaches to the storing of assessments. The Health and Safety team are currently unable to access all relevant parts of Sharepoint to carry out their duties. This was highlighted as an ongoing concern by Management, in particular for North Yorkshire Police colleagues working under the new Enable structure. There is currently no standardised process in place for uploading and recording assessments on Sharepoint. Management confirmed there is a need to standardise how they are displayed and where they are uploaded for all sites across the Authority, however this is currently challenging to enforce due to the issues with Sharepoint access.

Comprehensive guidelines are in place to help ensure health and safety risks are effectively identified, managed and mitigated to an acceptable level. Our review of completed assessments for a sample of stations identified some weaknesses related to the implementation of further actions to mitigate risks. Management confirmed all assessments had been centrally reviewed and issues resolved with the individual stations. However, the assessment templates do not currently record details of the review process or any feedback communicated. It would be beneficial if this was added to the templates to help provide a clear trail of the review process and ensure final versions of these documented are stored.

Overall Conclusions

There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. Our overall opinion of the controls within the system at the time of the audit was that they provided Reasonable Assurance.

1 Sharepoint access and useage

Issue/Control Weakness

The Health and Safety team do not have comprehensive access to Sharepoint central and station specific sites, resulting in them being unable to appropriately check completed risk assessments. There is also an inconsistent approach to storing information on Sharepoint.

Risk

Management are unable to confirm if risk assessments have been completed and stored appropriately. Risks may not be identified and addressed sufficiently.

Findings

Station Managers are required to complete and submit risk assessments for stations under their responsibility. Completed assessments should be stored on the Sharepoint site and uploaded on the individual station page and the central Health and Safety page. The latter has recently been created to store all relevant documents and allow stations to share information and best practices.

We reviewed 3 stations and their completed assessments as part of this review; Northallerton, York and Skipton. We found inconsistent approaches to the storage of completed assessments between these stations as follows;

- The York risk assessments were not stored in the central area. They were stored on the individual site page.
- The Northallerton risk assessments were stored on both the central and site pages.
- The Skipton risk assessments were not stored on either the central or site page. The Health and Safety Manager has raised this with the station to resolve this issue and ensure documents are uploaded to Sharepoint.

Risk assessments on the central Health and Safety area cannot be sub categorised, therefore it is difficult to determine which sites have completed and uploaded assessments. There is also currently no standardised process in place for uploading and recording assessments on Sharepoint. The Health and Safety Manager confirmed there is a need to standardise how assessments are displayed and where they are uploaded for all sites across the service. In addition, some assessments are archived for some sites but not for others. There should also be a consistent process in place for archiving out of date assessments.

We found the Health and Safety team do not have comprehensive access to all the Sharepoint sites. This was highlighted as an ongoing concern by Management and has been escalated but remains unresolved. This is a particular issue in relation to North Yorkshire Police staff who are working with NYFRS under the new Enable structure but are unable to access NYFRS's Sharepoint.

We noted that the York THSW1 was out of date as 6 monthly inspections are required for this type of premises and the assessment provided was done using an old template. This was raised with the station and the assessment was completed in January 2022. However, this highlights a potential risk to central monitoring of assessments to ensure they are completed appropriately which would likely be addressed by ensuring the Health and Safety team are able to access all relevant areas within Sharepoint.

Agreed Action 1.1

The Health and Safety teams Sharepoint permissions have now been amended allowing them access station sites. All station managers are regularly sent schedule for completing assessments and the Health and Safety team carry out weekly THSWI checks, which includes removing old templates. In addition, a Bulletin has been sent to all stations to remind them to use the consistent storage area for all stations to store TG20s.

Priority

2

Responsible Officer

Health & Safety Manager

Timescale

Completed

2 Assessment review

Issue/Control Weakness

Risk assessment documentation does not record the central review and feedback processes carried out by the Health and Safety team. Further information to record how a risk was to be mitigated was not always being documented.

Risk

Minimal evidence of reviews being completed and addressed. It may be challenging to confirm that feedback submitted has been addressed appropriately by individual sites and assessments may not be completed to the required standard.

Findings

Station Managers are required to complete risk assessments for stations under their responsibility and these are then emailed to the central Health and Safety team for review. Once reviewed, any feedback or comments on the assessment is sent back to the Station Manager via email.

We reviewed a sample of TG20 training risk assessments and THSW1 Workplace inspections for York, Northallerton and Skipton. Overall, we found that whilst the assessments were completed appropriately, there were some issues and inconsistencies between the assessments. On each assessment identified risks should be scored based on a set risk scoring criteria as 'tolerable, moderate or high'. All assessments reviewed had used these criteria for scoring risks. However, risk scored at 'moderate' or 'high' should have a further action recorded to document how the risk will be mitigated. We found evidence of this on the York TG20 assessment but this had not been done on the Northallerton assessment.

In our discussions with the Health and Safety Manager it was explained all the risk assessments provided had been centrally reviewed and identified issues resolved with the individual stations. There is no area on the standard risk assessment templates to record when the review has taken place and what feedback has been communicated. It would be beneficial if this was added to the templates to provide a clear trail of the review process. The final version of the assessment should be uploaded to Sharepoint, and inclusion of the review and feedback would also help facilitate checking of completed assessments to ensure the correct version is stored and all identified weaknesses have been appropriately addressed.

Agreed Action 2.1

A Bulletin has been sent to all stations stating the need for correct completion, including stating of further control measures. The Health and Safety team will continue to monitor consistency of TG20s. For assurance, an additional section has been added to the blank TG20 template review section to record the final sign off by the Health and Safety team.

Priority

3

Responsible Officer

Health & Safety Manager

Timescale

Completed

Audit Opinions and Priorities for Actions

Audit Opinions

Our work is based on using a variety of audit techniques to test the operation of systems. This may include sampling and data analysis of wider populations. It cannot guarantee the elimination of fraud or error. Our opinion relates only to the objectives set out in the audit scope and is based on risks related to those objectives that we identify at the time of the audit.

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

Opinion Assessment of internal control

Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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