



Health and Safety

Peak District National Park Authority

Internal Audit Report 2022/23

Responsible Officer: Safety Officer
Service Manager: Head of People Management
Date Issued: 21/12/2022
Status: Final
Reference: P3270/001

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

Summary and Overall Conclusions

Introduction

The Peak District National Park Authority (PDNPA) has statutory responsibilities to have in place suitable arrangements for managing the health and safety of its employees and of those affected by its activities. The Health and Safety at Work Act 1974 places legal responsibilities upon the Members of the PDNPA and all of its employees and volunteers. The Authority recognises and accepts these responsibilities for providing a safe and healthy workplace and working environment.

There are a number of measures to help ensure health and safety is effectively managed and risks are mitigated to an acceptable level. A dedicated Safety Officer oversees health & safety arrangements including oversight of the Health & Safety Policy and delivering training across the Authority. Heads of Service and management are responsible for putting the policy arrangements into practical effect to manage workplace risks for their service and teams. Working arrangements have been under consistent review over the last few years, as the Authority adapted its approach in response to the Covid-19 pandemic. The authority has adopted hybrid working arrangements for its employees. There should be robust arrangements for managing Health & Safety for staff members working both on site and remotely.

Objectives and Scope of the Audit

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

- Health and safety training is completed as required and managed appropriately.
- Risk assessments are up to date and completed in line with expectations to identify and assess relevant risks.
- Health & Safety risks are appropriately identified and managed through the Authority's risk management processes.
- Robust arrangements are in place to support occupational health and safety in relation to hybrid working.

Key Findings

PDNPA employees are required to complete mandatory 'Introduction to Health & Safety' training as part of the Authority's standard induction which is overseen by their line manager and HR. Management and Heads of Service also receive advanced 'Managing Safely' training which is delivered and monitored by the Safety Officer. Updates on training are included in quarterly performance reports and an annual report which is presented to the Health & Safety Committee, Management Team and Programmes & Resources Committee.

Our review of both mandatory and advanced training found several employees had outstanding training at the time of the audit. For mandatory training, most employees with outstanding training were found to have been at the Authority for more than 3 months though this training should be completed within the 1st week of an employee's induction. Work is ongoing to address issues related to the delivery and monitoring of training including developments in the HR team, changes to the ELMs system used to deliver training and development of refresher courses for advanced training.

Health & Safety risks are managed via a suite of generic risk assessments completed on an annual basis by the Safety Officer. All generic risk assessments have been completed for 2022. These were last completed in 2020 as during 2021, the Authority's main concern was responding to Covid 19. 3 completed risk assessments completed in 2022 were reviewed, however only one of these was dated. It would be beneficial if completed assessments were dated consistently to ensure the most current versions are used across the Authority.

Premises visits are also carried out annually by the Safety Officer which include occupational health & safety and fire risk assessments which involves a review of fire safety checks, signage, and tests. A report is issued to the premises manager to highlight any identified issues for resolution. We found there are appropriate follow up processes in place to confirm issues are resolved, particularly 'urgent concern' matters which require immediate attention. We reviewed an example visit carried out in May 2022 including the report from this visit which highlighted matters of routine and urgent concern. For the latter, the Safety Officer provided appropriate evidence of these issues being resolved and checked at a follow up visit.

'One off' assessments for specific circumstances or events are completed by the relevant service areas as/when required. Management receives advanced training to enable them to carry out assessments. There is no formal review of the one-off assessments though there is an open invite for these to be discussed with the Safety Officer. Two assessments were reviewed, and we found they had been carried out appropriately. However, these were only known as they had been brought to the attention of the Safety Officer. We were unable to confirm if all assessments had been carried out appropriately as they are not centrally stored or recorded. As detailed above, we found a significant proportion of Management had not received the advanced training at the time of the audit so may not be able to conduct these assessments appropriately. It would be beneficial for bespoke assessments to be centrally recorded or stored to allow for central monitoring and sharing of best practice.

Health & Safety risks are identified and managed through the Authority's risk management processes. The corporate risk register is updated quarterly and currently includes a health & safety risk related to the Health & Wellbeing of staff. We found appropriate actions to be in place to mitigate this risk. Service level risk registers are also updated quarterly and include a specific section to record health & safety risks. Our review of the 9 service risk registers found an inconsistent approach to identifying health & safety risks. The PDNPA risk management policy does not currently include guidance on responsibilities and processes for identifying and monitoring these risks. The risk assessments completed by the Safety Officer identify mitigating controls for key risks such as lone working, driving at work and working at computers. These risks were included on some of the service registers reviewed, though we found no link to the risk assessments on the service level registers.

PDNPA have a hybrid working arrangement with staff being able to work on site and at home. Guidance related to safety at work and appropriate DSE set up have been issued to employees regularly in response to the Covid 19 pandemic. DSE assessments for office working are carried out when required and work is ongoing to source a provider to conduct DSE assessments both at home and in the office for staff. The mandatory training includes DSE and personal health and safety at work.

Separately to this, line managers complete a health & safety checklist as part of the induction process which includes some health & safety information such as evacuation procedures and signposting to relevant information on the intranet. Though not as comprehensive

as the mandatory training, the checklist does provide some assurance that employees are aware of health & safety matters. For 3 employees with outstanding training, HR confirmed checklists were completed for all though evidence could not be provided for 1 individual. HR advised moving forward managers will be required to return induction documentation including this checklist before the relevant HR Advisor can sign off the onboarding of new employees.

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 Health & Safety Training

Issue/Control Weakness

There are insufficient processes in place to monitor completion of Health & Safety Training at PDNPA. Some staff training was found to be outstanding for a considerable period at the time of the audit.

Risk

Staff do not receive appropriate training for their role. Incidents may occur which put the authority at risk of reputational and financial damage.

Findings

At PDNPA, all employees receive mandatory training on a number of areas as part of their induction including 'Introduction to Health & Safety' training. There is currently no set deadline for refresher training, and this is required as and when the content of the course is significantly changed. It is expected training will be changed and a refresh of this training will be required following upcoming changes to the ELMs system, which used to provide virtual training and is overseen by HR. In addition, management and Heads of Service also receive advanced 'Managing Safely' training, which is delivered in person by the Safety Officer who has oversight for Health & Safety arrangements at the Authority.

HR advised that the mandatory Health & Safety training should be completed by all employees within the 1st week of employees joining the Authority. We identified 48 staff who were recorded as not completing this training, with only 20 of these employees being new starters who joined the authority in 2022 and only 4 having joined the Authority in the previous 3 months. This suggests ineffective monitoring of outstanding training as a high number of employees with outstanding training have had this have had training due for more than 10 months.

Monitoring and escalation of training is currently the responsibility of line managers, who can access information on outstanding training in their teams via ELMs. HR collate reports which show completed and outstanding mandatory training, and this is provided to the Health & Safety Committee. However, the ELMs system and HR system do not communicate, and the reports do not currently provide information that may be useful for monitoring such as start dates of employees or how long their training has been overdue. There is currently no comparison against previous reports to highlight individuals with significantly overdue training.

The 'Managing Safely' training is monitored via a spreadsheet, although due dates for refresher training varies with the most recently completed being due in 3 years and those completed further back being due in 5 years. However, 40% of management (19 in total) were overdue this training based upon their refresher date at the time of the audit. The Safety Officer advised these individuals would be invited to attend training before the end of 2022/23. Development of advanced training courses for Management and Heads of Service is in progress including development of 1 day health and safety refresher due to be introduced in 2023/24.

HR and the Safety Officer who oversee training are aware of these weaknesses and work is ongoing to make improvements. The HR team are currently undergoing a transition and HR officers will be assigned to designated areas within the authority to oversee HR arrangements including training. The ELM's system is shared with other National Park Authorities and is also due to undergo changes,

in particular to the way training is purchased and delivered. It would be beneficial if monitoring of training was improved with a clearer escalation process for outstanding training and consistent timescales for refresher training.

Agreed Action 1.1

1. Continue review and update of ELMS courses to include the system of ensuring timely completion and recording of compulsory courses (including for refresher intervals).
2. Consolidate the identification of training/qualification needs for all managers in respect of higher-level OSH training.
3. Complete the centralisation of all training records to ensure suitable corporate oversight and the production of timely reports.

Priority

3

**Responsible
Officer**

Head of People
Management

Timescale

30 April 2023

2 Health & Safety Risks

Issue/Control Weakness

There is an inconsistent approach to identifying, assessing, and mitigating health & safety risks within service level risk registers. There is a lack of clarity around roles and responsibilities for health & safety risks.

Risk

Responses to risks may not be consistently recorded which may result in inappropriate actions being taken to address risks.

Findings

At PDNPA, risks are overseen at both corporate and service level and risk registers are updated in full in Q2 and Q4. For Q1 and Q3, exception reporting is done via the Chief Executives update if any significant changes have occurred. The corporate risk register as at Q2 2022/23 includes high priority risks and includes a specific health & safety risk related to the Health & Wellbeing of staff as a result of the covid 19 pandemic. We found appropriate actions to be in place to mitigate this risk. The Safety Officer who has oversight of the health & safety arrangements at PDNPA is involved with managing corporate health & safety risks.

Service level risk registers are overseen by relevant service areas and include a specific section to record identified health & safety risks. Health & safety risks are also included on the HR register as the Safety Officer sits within this team. However, our review of the 9 service level risk registers as at Q2 2022/23 found an inconsistent approach to identifying and managing these risks. 2 registers did not include any health & safety risks. The remaining 7 did have some risks recorded, though we found these were inconsistent. Lone working, site visits and covid 19 risks were the most commonly identified but not included on all registers.

The Information and Performance Management service's register included the most risks including lone working, manual handling, driving at work, electrical safety, personal safety, and occupational stress. It is reasonable to assume some if not all of these risks may be relevant for other areas in the Authority though these risks were not consistently included on the registers reviewed.

The PDNPA risk management policy does not include specific guidance on health & safety risks and who is responsible for identifying, scoring, and monitoring these risks, particularly at the service level. A suite of risk assessments are completed annually by the Safety Officer which identify mitigating controls for key risks such as lone working, driving at work and working at computers. These risks were included on some of the service registers reviewed, though we found no link between the register and the assessments had been made.

A lack of clear guidance may lead to management not being aware of their responsibilities for identifying and mitigating health & safety risks in their areas or not implementing appropriate actions in line with authority wide programs to address health & safety risks. If health & safety risks are included on service level registers, there should be a clear link between identified risks and risk assessments completed by the safety officer to ensure a consistent approach across the authority.

Agreed Action 2.1

1. Further guidance will be issued to services on what to include in their risk-registers and how to reference corporate risks.
2. We will agree how service risk-registers should be compiled and used to ensure they are comprehensive, consistent, and valuable documents.

A meeting with officers responsible for maintaining the risk-registers has already taken place to pursue these actions.

Priority

3

Responsible Officer

Head of
Information and
Performance
Management

Timescale

30 April 2023

Annex 1

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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