

University of Essex

Guide to Health and Safety Auditing

The law requires the University to have arrangements in place for monitoring health and safety. This includes routine inspections and periodical auditing.

An audit is different to an inspection. An inspection is generally limited to a snapshot examination of physical conditions, paper work and people, so that an assessment can be made of basic legal compliance.

An audit involves collecting information about the health and safety management system and making judgements about its adequacy and performance. Audits provide a 'feedback loop' to those responsible for managing health and safety. It is a proactive method to monitor whether risk controls and processes put in place to manage health and safety across the University are adequate and effective in practice, or whether improvements could be made.

What will be audited?

Health and safety audits at the University are usually carried out by topic rather than department. The advantages of this approach are that:

- It can be risk based. Risk areas chosen and the frequency of audit can be based on knowledge of potential weaknesses and the risk to the organisation if it is not managed well.
- Sampling can be carried out across several departments, reducing resource demands on individual departments, whilst giving a clearer picture of the effectiveness of implementation across the University. This will help all departments to learn from the audit.

Although health and safety audits of whole departments or sections will not be carried out on a regular basis, they may be carried out where a specific request is made or if there are particular concerns.

The topic of future audit are agreed by Health and Safety Group and details are posted on the University's website at: www.essex.ac.uk/health-safety/management/audit.aspx along with the specific objectives of the audit.

Which areas will be audited and when?

This will depend on the topic chosen. If the topic is relevant across the University approximately one quarter of departments / sections across the three campuses will be audited, with at least one audit per Faculty. The Audit Schedule will detail those areas identified as benefiting from audits on the chosen topics.

Generally one audit report will be produced which will encompass general finding from the areas chosen. Where there is a need for specific action by a department / section, a less formal report will be provided for the Head of Department/Section.

The University of Essex target date to complete the audit and produce an action plan are posted on the auditing website (link above). Actions arising from audit findings do not need to have been completed by this time; however the action plan must have been produced.

Will the auditing activity affect my ability to meet my University commitments?

The auditing activity will accommodate teaching and other University commitments wherever possible, whilst aiming to meet the University agreed timescale to complete the identified audits and produce any associated action plans.

The auditor/s are responsible for co-ordinating the audit activity from start to finish so the impact on those being audited should be minimised as far as possible.

University of Essex Campus Services (UECS) and Wivenhoe House Hotel

UECS and Wivenhoe House Hotel are separate legal entities, however the University has an interest in ensuring they are managing health and safety effectively. Also where they follow the University's health and safety standards, there are clearly benefits in including them when carrying out audits. When audits are planned their Director will be asked if they want to be included. If they do the audit process will be the same for all three organisations, but separate reports will be produced.

Who will participate in the audit?

Auditees are the people who are located in the areas being audited. Auditees will be asked to provide information and documentary evidence about their health and safety management system, relevant to their role and level of responsibility. Typically personnel that this would include are:

- Heads of Department or Section, because they are responsible for ensuring management controls are in place for health and safety. Should a Head of Department / Section not be available for an arranged audit, a short meeting will be arranged at an alternative time with the auditor/s.
- Health & Safety Liaison Officers (HSLO's) or Departmental Health and Safety Officers (DHSO's), because they support the Heads of Department or Section with the setting up and keeping under review of health and safety arrangements.
- Those who line manage, work in or use the area being audited. The auditor/s may ask some questions or observe the area as a check that practices match University standards and/or local rules. Examples of people this might include are staff, students or those providing services to the University such as third parties or contractors.

Auditors are independent personnel, trained in auditing techniques, who will be responsible for conducting the process from start to finish. Typically this would include:

- Members of the Health and Safety Advisory Service (HSAS) team trained in auditing techniques.
- Where appropriate, other personnel with specialist technical expertise may be invited to participate, with the proviso that the independent nature of the audit is not compromised. For example, as a result of their technical expertise, an electrically qualified member of the Estate Management Section may be asked to assist with an audit where research or teaching activities involve working with high voltage. However it would not be appropriate that they are part of the audit team for their own area of responsibility.

Who will participate in the audit?

The TU Representatives have the opportunity to arrange a pre-meeting with the auditor/s to discuss any particular points they would like to highlight as concerns or recognition of good practice for a particular audit. This could assist the auditor/s with their preparation.

What will the auditor/s consider as part of their audit?

The auditor/s will usually structure their audit around the core steps of the health and safety management system model (Plan, Do Check, Act), in line with Health and Safety Executive guidance. Further information on this can be found in the University / UECS Codes of Practice on Managing Health and Safety available at: www.essex.ac.uk/health-safety/management/default.aspx

The audit will assess adequacy of arrangements against the University's health and safety standards, legislative requirements and, where appropriate, industry standards. The audit will include a review of documentary evidence (e.g. risk assessments, monitoring records), interviews with persons based in the audit area and observation of working practices.

What is involved in an audit?

The Health and Safety Audit Flowchart presents a simplified overview of the process to aid auditor/s and auditee/s. Timescales are given as a guide. It is recognised that these may need to be adjusted at busy times in the University calendar.

The auditor/s will co-ordinate the process from start to finish, conduct the audit, produce a report on their findings and track the progress of any action plan arising.

Auditee/s will be responsible for providing relevant documentation before and during the audit, attending the audit (specific personnel required will be agreed in advance), proposing how they wish to address the findings identified and assigning resources and/or timescales to address any audit findings.

The Head of Health and Safety will update the Health and Safety Group with any significant issues or trends identified through the audit process; this will assist with the University's review of the health and safety management system to ensure it remains adequate and effective.

What do I need to do to prepare?

The auditors will contact departments / sections being audited in good time to advise them of what will be required. Where necessary the auditors will arrange an 'opening meeting'. This should last around 30-45 minutes as a guide. The opening meeting will cover:

- The scope of the audit, with reference to the outline in the Audit Schedule
- Who should be involved and ensuring they will be available on the audit date
- The time, date and estimated duration of the audit
- Which key documents need to be provided to the auditor/s in advance of the audit
- The date that any documentation needs to be received by the auditor/s so they have sufficient time to review these prior to the audit.

The auditor/s will ask to see records relating to how the audit topics are managed. Where possible this will be asked for in advance, however it is sometimes necessary to ask for further documentation as the audit progresses. Likewise it may sometimes be necessary to see additional people who were not included in the original list of those needing to be involved.

What happens after the audit has been carried out?

Occasionally, the auditor/s may require additional information on reviewing their audit notes; they will contact the auditee/s if this is the case.

If there are specific actions for a department / section a short, informal report will be provided for the head of department and relevant managers to action.

The information gathered across all areas audited will be combined to produce one report which will recommendations based on general patterns of compliance. An action plan allocating responsibility for taking action to the appropriate Head of Department / Section / Team will be included.

The auditor/s will produce a draft audit report. This will detail the factual evidence presented during the audit; such detail will not be changed, but comments made by those in circulation to the draft version of the audit report may be noted in the final version of the report. The report includes a section for an action plan.

Where necessary a 'closing meeting' may be arranged by the auditor/s for the draft audit report to be presented the auditee/s. A closing meeting offers the opportunity for a more in depth review of actions which if not addressed could pose more serious risk to the University.

Who will put the action plan together?

This will involve a combination of the auditor/s and auditee/s:

The auditor/s

The auditor/s will indicate whether an audit finding needs action. Where action is required, it will be shown as either 'mandatory' or 'recommended':

Mandatory This will be a statutory requirement, legal minimum standard or University (or UECS/WHH) mandatory rule.

Recommended To be used for arrangements which are not mandatory but are good practice. For example, Health and Safety Executive, industry or University (or UECS/WHH) guidance.

The auditor/s will also indicate the priority rating based on risk to the University health and safety management system as very high, high, medium or low. This is shown in the table below.

Very high	High risk of serious harm. Requires immediate attention. Auditor will also have notified responsible person on day of audit.
High risk	Significant control weakness that could result in legal action if not addressed in short term
Medium risk	Control weakness that needs addressing in the medium term
Low risk	Needs improvement but can be addressed over a longer term. For recommended actions account can be taken of effort to implement in determining whether action needs to be taken.

The auditee/s

The Head of Department / Section / Team who has been assigned an action in the audit report will be responsible for proposing how they wish to address the findings identified, and providing an achievable timescale to complete any required actions.

Who will the audit reports be circulated to?

The audit report will initially be circulated as a draft document. The reason for this is that personnel in the department / section who have been assigned an action in the action plan may need to ensure resources are available and/or timescales are achievable in the action plan.

The auditor/s will circulate University of Essex audit reports to the following personnel, related to the department / section which was audited:

Relevant persons to receive the draft audit report	Relevant persons to receive the final audit report
Head of Department / Section and HSLO / DHSO where specific actions have been assigned Auditor/s and auditee/s Persons nominated as responsible for action/s	Those in draft copy (see left column) Registrar and Secretary Deputy Vice-Chancellor Executive Dean and Faculty Manager where there are actions relating to Faculties / Departments University Internal Auditor

The auditor/s will confirm the date by which comments need to be returned so that the final health and safety audit report can be issued within a reasonable timescale.

Who else will be informed of audit findings?

The Head of Department / Section and/or HSLO / DHSO should update their team of any significant findings.

The Head of Health and Safety will update the Health and Safety Group (HSC). A summary report will be produced or included in the Annual Report on Health and Safety Performance, for reporting to USG and Council.

How will actions from audit findings be ‘closed’?

Once appropriate action has been taken to address an audit finding, the auditee/s should contact the auditor/s and provide documentary evidence to confirm the step/s taken or agreed. It is important to remember that short and long term remedial actions may need to be addressed, depending on the nature of the audit finding.

What happens if an audit finding is not actioned as shown in the audit report?

A common area for an audit process to fail is in the completion of agreed audit findings. A three stage escalation process will be co-ordinated by HSAS¹. The aim of this escalation process is to ensure agreed actions are progressed within a reasonable period.

¹ This was agreed by Health and Safety Committee in November 2011

Escalation level	Nominal escalation period	Person to whom escalation should be directed
First escalation	<u>Up to one month</u> has expired from the date the audit finding was recorded as requiring completion	Appropriate line manager of person responsible for the action
Second escalation	<u>Up to two months</u> has expired from the date the audit finding was recorded as requiring completion	Head of Department or Section if action relates to an individual/s within the area of their responsibility OR The Executive Dean and Registrar and Secretary, with the Faculty Manager copied in, if the action has significant relevance to the University
Third escalation	<u>Up to three months</u> has expired from the date the audit finding was recorded as requiring completion	Chair of Health and Safety Group or reported to USG

Where the non-resolution of a finding could have serious implications for the University, or the health, safety or wellbeing of individuals:

- The nominal escalation timescales may need to be shortened AND/OR
- The lower escalation levels may need to include more senior personnel in order to keep them informed.

Who do I contact if I have any questions about an audit or the process?

Any queries and feedback about an audit or the process itself should be forwarded to the Health and Safety Advisory Service. Please telephone extension 2944 or send an email to 'safety'.