



## AUDIT PROCEDURE

Audit is a vital part of health and safety. It works to ensure that gaps in systems and procedures are identified and rectified before accident or injury can occur. Internal audit by the Corporate Health and Safety Unit (CHSU) is essentially a gap analysis, it is not intended to identify and apportion blame but to be a helpful exercise to bring to management's attention areas where gaps exist so that corrective and preventative actions can be established in a cost effective manner.

The audit is a snapshot of health and safety provisions at the premises at that particular time. It cannot be assumed that the absence of issues in an audit report is a guarantee that there are no issues. To be effective health and safety has to be integrated into the day-to-day management and situations change accordingly.

### PRE-AUDIT

#### 1. Audit Notice

A mutually acceptable audit date will be agreed with the Manager(s) of the Area/Dept. to be audited (may be building manager or service area manager). CHSU will endeavour to give 7 working days notice, however if a shorter time-scale is acceptable to the Manager this may be agreed. The CHSU will strive to ensure that the timing of the audit does not affect service delivery and fits in with service workload.

Consideration will be given to extenuating circumstances e.g. staff absences, audit by external bodies. In this case the audit may be programmed to take place at a later date.

When the audit date has been finalised the Directorate Health and Safety Officer will be notified immediately.

If the date/time agreed is no longer suitable as the audit approaches the Manager should inform the CHSU and re-arrange an alternative time/date.

#### 2. Audit Scope

Details of the audit scope will be given when the audit is arranged (i.e. area / department / systems covered in the audit and the topics for questioning to be contained in the audit).

#### 3. Pre-audit questionnaire

If considered necessary the manager may need to complete and return to the CHSU a pre-audit questionnaire. Within this questionnaire requests may be made for documentation (e.g. copies of risk assessments etc.).

### DURING AUDIT

#### 1. Audit Remit

Before the audit begins the auditor will meet with the relevant manager (s) to explain the purpose of the audit. It is helpful following this meeting if an escort can be supplied for the audit but it is recognised that this is not always possible. The auditor will expect to be able to:

- Question any individual necessary to obtain a full answer
- Access any areas necessary within the scope of the audit
- See any documentation necessary to obtain a full answer

2. Serious issues

If any situations or working practices are considered serious then the auditor will halt the work and request immediate action be taken to make the practice / area safe. This will be followed up with an email after the audit.

Following the audit verbal feedback will be given to the manager on the outcome of the audit.

**POST AUDIT**

1. Report

The report will contain an executive summary that highlights the areas requiring attention. The findings will then be detailed in table together with suggested action and a priority rating (based on severity) as described below:

- Red = serious issues
- Amber = moderate issues
- Green = minor issues

This table will have three other columns; titled “action to be taken”, “responsibility” and “time scale” these will be left blank and must be filled in by the manager (see Action plan below).

The report will be received no later than ten working days following the audit (unless otherwise specified during the audit).

The report will be sent to the manager (s) responsible for the area and copies will be sent to the Directorate Health and Safety Officers.

Directorate Management Teams will be provided with a quarterly summary of audits completed and key issues within their Directorates.

2. Action Plan

As described above the report will contain a table with 6 columns, as shown below:

Finding	Suggested Action	Action to be taken	Responsibility	Time scale	Priority

“Finding”, “Suggested Action” and “Priority” will be filled in by the CHSU based on the audit findings. On receipt of the report the manager has ten working days in which to fill in the columns titled “Action to be taken”, “Responsibility” and “Time scale” this will form the basis of the Manager’s action plan. The time frame should reflect the severity of the finding.

This action plan must be sent to the CHSU (preferably by email) and the Directorate Health and Safety Officer. If the CHSU or the Directorate Health and Safety Officer does not consider the action to be taken or the timeframe for each issue to be adequate the manager will be notified and help offered to establish an acceptable solution.

Although actions may be delegated to individuals it remains the responsibility of the manager(s) of the area audited to ensure that the work is completed. For example, Building Maintenance may be delegated to undertake some works but the manager of the audit area remains responsible for ‘chasing’ completion of this work.

If it is apparent that work will not be completed by the timescales set then it is the responsibility of the manager(s) responsible for the audit area to contact the Directorate Health and Safety Officer to discuss a compromise.

Following the submission of the action plan, the Directorate Health and Safety Officer will monitor progress to ensure actions are completed in line with the timescales set by the manager.

The Directorate Health and Safety Officer and the CHSU reserve the right to complete further “spot checks” of the audit area to ensure that work is completed.

A flowchart outlining the audit process is attached at the end of this document.

### 3. Non – Compliances

#### 3.1 Non return of action plans

An escalation procedure is necessary to ensure all plans and actions are completed in reasonable, agreed timescales and the CHSU and the Directorate Health and Safety Officers are committed to working with managers to provide advice to address issues. The following procedure will be followed where action plans are not received by the CHSU, for example:

- a. Audit undertaken during second month of the quarter (eg February)
- b. No actions plan received, CHSU e-mail Directorate H&S Officer & Manager with a reminder, 10 working days after the end of the quarter. (Mid April)
- c. If no action plan is received a further e-mail is sent 10 working days later (end April) and will be copied into the Head of Service.
- d. 5 working days later the CHSU draft the reports to be sent out, so for an Audit carried out January - April the Audit reports would be submitted to DMG towards the end of May.

In the event that action plans are complex or require funding, CHSU will accept an action plan detailing the actions to be taken to ensure closure of the finding(s) within reasonable timescales.

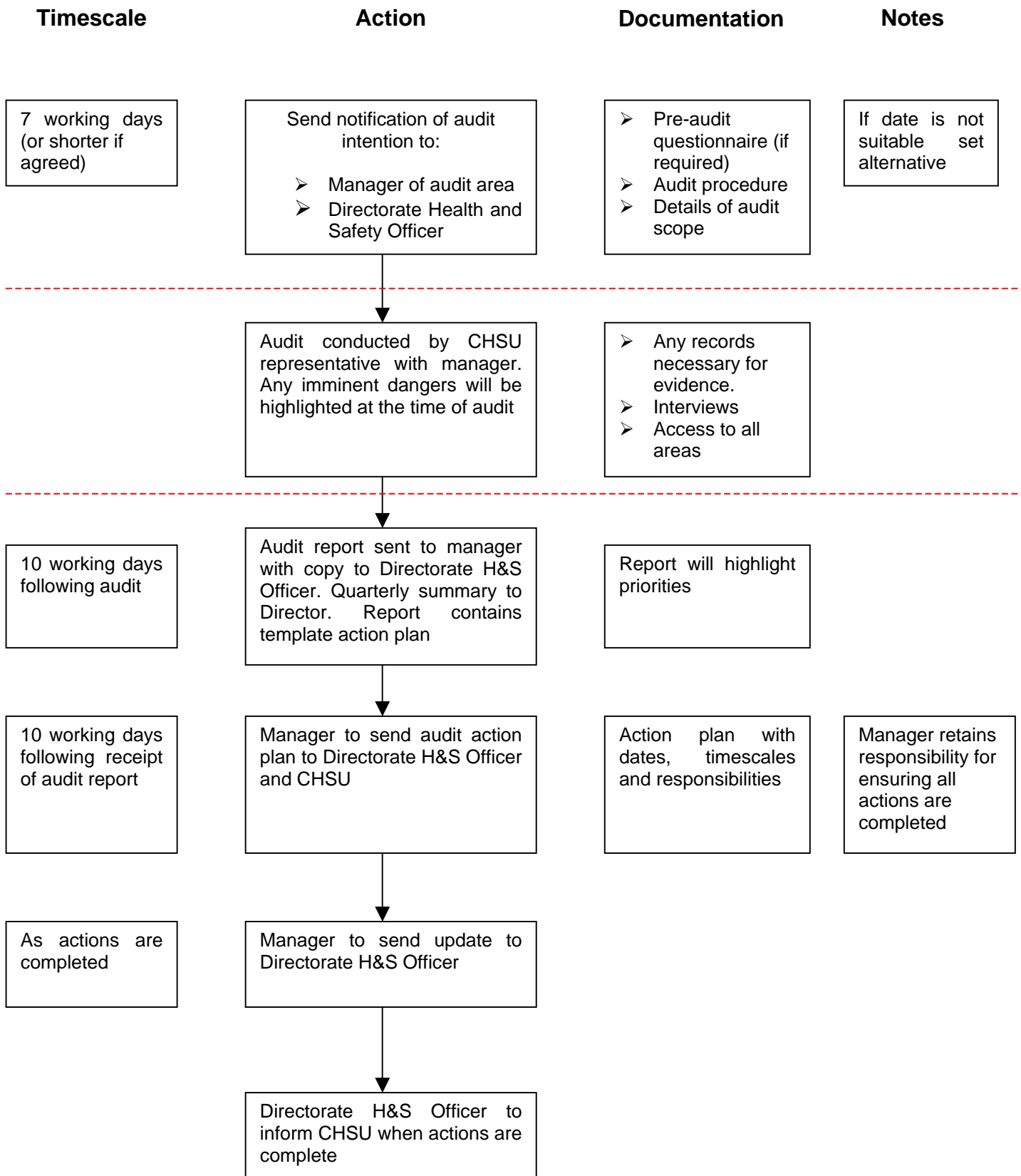
#### 3.2 Non completion of actions (findings)

Occasionally there may be cases where actions are not completed and the Directorate Health and Safety Officers need to progress the issue with senior management. It should be clear that this is a last resort and all necessary help and support will be offered by the Directorate Health and Safety Officers and the CHSU to managers enabling them to address any issues.

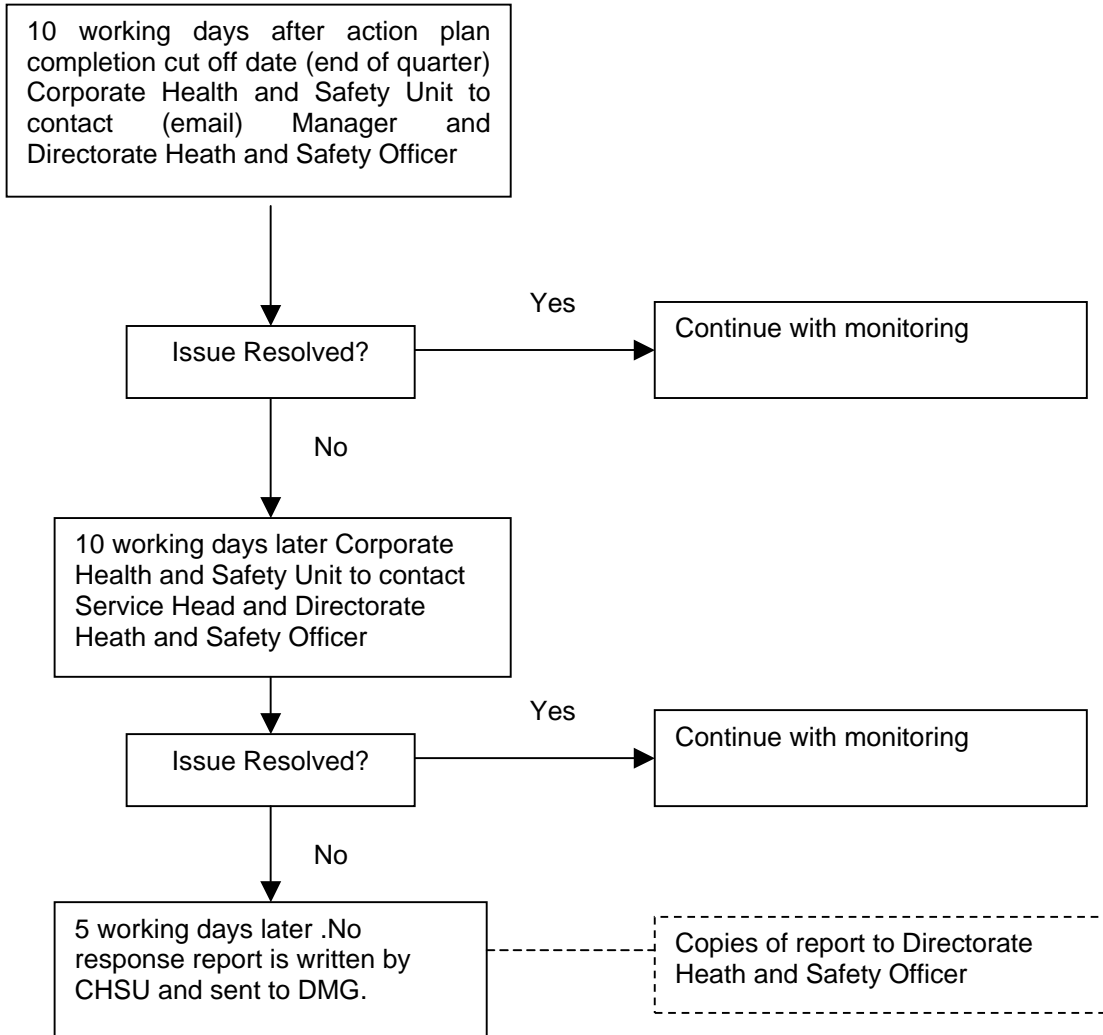
- a. If the Directorate Health and Safety Officers feel that issues are not being addressed adequately then they will contact the Corporate Health and Safety Unit.
- b. The Corporate Health and Safety Unit will contact the manager responsible to discuss the problem and possible solutions to rectify the issue. Where appropriate a meeting will be necessary to progress the issue. Following the discussion/meeting a plan outlining the actions and timescales will be required within 7 working days. The Corporate Health and Safety Unit will monitor actions. If this fails;
- c. The Corporate Health and Safety Unit will contact the Service Head with a view to resolving this issue, if this fails;
- d. The Corporate Health and Safety Unit will contact the Director with a view to resolving this issue, if this fails;
- e. The Chief Executive will be contacted.

Flowcharts outlining the non-compliance procedures are attached at the end of this document.

# AUDIT PROCESS FLOW



**NON-COMPLIANCE - NON-RETURN OF ACTION PLANS**



# NON-COMPLIANCE - NON COMPLETION OF ACTIONS

If non compliance occurs in any stage of the process

e.g. failure to prepare action plan, failure to be available for audit unless there is a valid reason, failure to move forward outstanding issues etc.

