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PAPER J

INFRASTRUCTURE, GOVERNMENT AND HEALTHCARE

University of Dundee

Internal audit report 2011:09

Health and safety

14 February 2012



Contents

This report is for:

Action

Jim McGeorge, *University Secretary*
Ian Scragg, *Head of Safety Services*

Information

Audit Committee
Health and Safety Subcommittee

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Introduction and background

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Introduction and scope

In accordance with the 2011-12 internal audit plan of the University of Dundee (“the University”), as approved by the Audit Committee, we performed an internal audit of health and safety.

The overall objective was to review the health and safety arrangements to ascertain whether they are managing the University’s associated risks. The review will also suggest improvements that can be made in accordance with good practice.

The specific objective, scope and approach, as agreed with management, are detailed in appendix one.

Background

The University has a central Safety Services Department within the Human Resources Directorate. Its role is to improve health and safety through writing policies, providing training and advising staff. All Schools and Directorates are responsible for approving a specific health and safety policy and it is their responsibility to ensure compliance.

Health and safety issues are discussed at dedicated Committees or during management meetings, depending on the level of risk. Each School appoints a Health and Safety Coordinator for each division who has responsibility for implementing specific health and safety policies, performing risk assessments, and accident reporting. There are approximately 70 member of staff throughout the University who act as health and safety coordinators as part of their role.

School/Directorate health and safety matters are reported at College Health and Safety Committees or Directors’ Groups and subsequently to the University-wide Health and Safety Sub-Committee, which reports to the Human Resources Committee.



Key findings and recommendations

We identified one 'critical' and two 'high' risk recommendations.

The findings identified during the course of this internal audit are summarised below. A full list of the findings and recommendations are included in this report. Management has accepted the findings and agreed reasonable actions to address the recommendations.

	Critical	High	Moderate	Low
Number of internal audit findings	1	2	3	2
Number of recommendations accepted by management	1	2	3	2

'Critical' and 'high' risk recommendations highlighted to the audit committee

We identified one 'critical' and two 'high' risk recommendations. These relate to the lack of a formal process for recording and monitoring risk assessments and following up on agreed actions. In addition, there are no standard processes to identify training needs, record these needs and ensure that staff attend required courses, including those required by Legislation. We identified that controls over hazardous substances were not implemented. These issues were identified in specific Schools but were not found in the higher risk College of Life Sciences.

We have applied the grading relatively to individual Schools. However, if these weaknesses were systematic across all Schools and Directorates the risk to the University would be greater. We have provided a self-assessment checklist, based on the findings of our review, that could be used by all Schools and Directorates to evaluate their health and safety procedures.

Audit approach

Health and safety is primarily managed at a School or Directorate level. Through meetings with the Head of Safety Services we identified the areas of highest inherent risk and the Colleges selected for detailed review were:

- College of Life Sciences;
- College of Medicine, Dentistry and Nursing, School of Dentistry;
- College of Art, Science and Engineering, Duncan of Jordanstone College of Art and Design (“DJCAD”); and
- College of Art, Science and Engineering, Civil Engineering Division.

Implementation of health and safety policies

Risk assessment processes

The health and safety policy states that risk assessments should be reviewed and updated annually, as well as after an accident or change in activity.

The Civil Engineering Division does not record the dates of risk assessments and who performed these reviews. In addition, in the Civil Engineering Division and DJCAD, we identified that there was no formal process to follow up on actions identified from the risk assessments. Management should ensure that risk assessments are formally recorded and there is a process of ‘peer review’ of assessments. There should also be a process to capture actions arising from risk assessments and demonstrate that these are implemented.

Recommendation one

Training

Health and safety training is provided by Safety Services and by Schools or Directorates. It is the responsibility of line managers and individuals to identify their training needs. Attendance at mandatory health and safety induction courses is considered low based on our discussions with staff, but, we are unable to quantify attendance rates using current records. There is no standard process to identify training needs, record these needs and ensure that staff attend the required courses. Occupational Health is responsible for keeping records of first aid training and alerting staff to compulsory updates and has a formal process to follow up on elapsed training in respect of training required by legislation.

All Schools and Directorates should have a formal process to identify training needs, particularly for each post and member of staff. This should be recorded and monitored to ensure that staff receive the required training for their post.

Recommendation two

Out of hours students working

The University has seen an increase in out of hours working by students. This is often unsupervised and there is limited security staff presence outwith normal working hours. There have been incidents where students have been working unsupervised out of hours. Schools have their own policies regarding out of hours access and supervision for students.

Our discussions with a number of Safety Coordinators identified this as a key risk area. The College of Life Sciences surveyed Principal Investigators and found, albeit based on a 26% response rate, that 84% of staff were aware of the out of hours working policy and 42% were implementing the policy. Due to the risks of unsupervised out of hours working, management should ensure that all staff and students are aware of and are implementing these procedures. Consideration should be given to the required out of hours facilities available, balancing academic and health and safety requirements with the capacity for security staff supervision.

Recommendation three

Control of Substances Hazardous to Health Regulations 2002 ("COSHH")

We walked through the environmental laboratory (G19) in the Fulton Building which contains a storeroom and two fridges for storing chemicals. At the time of our walkthrough the laboratory, storeroom and the fridge for flammables were unlocked and not supervised by staff. This does not comply with the legal COSHH requirements over access to hazardous substances. Management should ensure that the policy on storage of hazardous chemicals is followed at all times.

Recommendation four

Portable appliance testing ("PAT")

The health and safety policy requires that all equipment must be maintained and inspected as necessary. The Health and Safety Executive ("HSE") gives guidelines on the frequency of inspections and testing required and who should complete these tests. Each School and Directorate is responsible for its own policy and there are differences in the approach to PAT testing in the Schools included in our review.

HSE provides guidance over the frequency and type of testing that should be performed. The HSE guidance requires that the frequency and extent of testing depends upon the type of equipment. A process of 'formal inspections' can be carried out for 'low risk' appliances rather than 'combined inspection and testing'. The School's policies we reviewed do not adopt this risk-based approach to PAT requirement. A revised and consistent approach should be considered for offices and 'low risk' environments.

Recommendation five

The School of Engineering, Physics and Mathematics' health and safety policy does not have clear timescales for inspecting equipment. Through discussions with staff and inspection of portable equipment in the civil and mechanical engineering workshops, it is evident that the School is not complying with its own policy on the frequency of inspections. Staff estimate that the engineering department is approximately two years behind in its requirement to conduct PAT tests. Staff should consider the School's policy on PAT testing and develop a plan to resolve the testing backlog.

Recommendation six

Some divisions within the School of Engineering, Physics and Mathematics do not have a complete listing of equipment or previous PAT inspections and tests performed. There is no legal requirement to label equipment that has been inspected or tested, nor is there a requirement to keep records of these activities. However, records are an important management tool for monitoring and reviewing compliance with the School's testing scheme. All schools should have a process to record the completion of PAT inspections and testing.

Recommendation seven

University-wide consideration

This report identifies general recommendations and those specific to the particular Schools reviewed. Given the selective nature of our detailed review, management should consider the findings raised in this report for all Schools and Directorates.

Recommendation eight

Our review identified differences in each School's approach to implementing health and safety policies. Comparison of the approaches highlighted some areas of good practice that could be applied to other Schools. These are outlined in the table below.

Area	Observation
Risk assessments	The College of Life Sciences has developed a database to record risk assessments. The risk assessments are approved and reviewed after a system generated date of one to three years after creation, depending on the type of risk assessment. This is monitored through a colour coding system. The system also maintains an audit trail of staff viewing particular risk assessments before carrying out a procedure.
Risk assessments	Duncan of Jordanstone College of Art and Design formally review risk assessments at School Health and Safety Committee meetings at least once a year.
Workplace inspections	In response to identified risks, the College of Life Sciences carries out workplace inspections to follow up on agreed actions arising from risk assessments.
Safe operating procedures	The College of Life Sciences has safe operating procedures. These notices are displayed and set out the expected practice for particular processes and use of equipment.
Portable Appliance Testing ("PAT")	Duncan of Jordanstone College of Art and Design holds items of handheld electrical and audiovisual equipment centrally and these are signed out by staff and students. Before releasing equipment staff review PAT records and will perform a PAT inspection, where required.
Training database	The College of Life Sciences has a staff training database that holds training records for each member of staff. This database is linked to the College's staff database and holds records of training including general safety services training and specific technical training.
Monitoring training	The College of Life Sciences has a process to monitor staff attendance at mandatory training courses within the College, such as the general health and safety induction. Where a member of staff fails to attend a scheduled training course the member of staff and their line manager receives an advisory email. Records are also maintained of the number of failed attendances.

The action plan summarises specific recommendations, together with related risks and management's responses.

Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>1 Risk assessments</p> <p>We identified weakness in the recording of risk assessments and found that, in some Schools, there is no formal process for reviewing and recording action from risk assessments or measures to ensure they are addressed.</p> <p>There is a risk that risk assessments are not performed or that risks are identified but mitigating action is not taken.</p>	<p>Management should implement a process to carry out 'peer reviews' of risk assessments. Risk assessments should be formally recorded and there should be a process to capture actions arising from risk assessment and demonstrate that these are implemented</p>	<p style="text-align: center;">High</p> <p>Agreed. Guidance will be revised to emphasise the importance of recording risk assessments. New guidance will be issued, following internal consultation, on the best means of ensuring peer review, potentially through formal reviews by School Boards (or similar) with external representation to ensure consistency across the institution.</p> <p>Responsible officer: Head of Safety Services to issue guidance; Deans and Directors to ensure compliance with guidance. Head of Safety Services to review compliance and report to Health and Safety Sub-Committee annually.</p> <p>Implementation date: Roll-out of guidance by Risk Management Monitoring Meeting in May 2012, with annual review of compliance thereafter.</p>

Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>2 Training</p> <p>It is the responsibility of line managers and individuals to identify their training needs. There are no standard process to identify training needs, record these needs and ensure that staff attend the required courses.</p> <p>There is a risk that do not receive the appropriate training for conducting their job. This may include, in some areas, training required by legislation or other mandatory guidance.</p>	<p>All Schools and Directorates should have a formal process to identify training needs for each post and member of staff. This should be recorded and monitored to ensure that staff receive the required training for their post.</p>	<p style="text-align: center;">Critical</p> <p>Agreed. Inclusion of health and safety training within the functionality being developed by Organisational & Professional Development staff to monitor all training and training needs within the University. In the meantime, Schools and Directorates to be reminded of their obligations in relation to training and development and the need to record this information accurately, and review regularly.</p> <p>Responsible officer: Deputy Director of Human Resources</p> <p>Implementation date: 30 June 2012</p>
<p>3 Out of hours student working</p> <p>There has been an increase in the number of students working unsupervised outside normal working hours. There is evidence that some staff are not aware of, or do not adhere to, the out of hours working policy.</p>	<p>Management should ensure that all staff and students are aware of, and are implementing, the policy on out of hours working within their School.</p> <p>Consideration should be given to the required out of hours facilities available, balancing academic and health and safety requirements with the capacity for security staff supervision and energy costs.</p>	<p style="text-align: center;">Moderate</p> <p>Agreed. Senior Management to meet formally to review. Deans and Directors to be made aware of the relevant policies and to be asked to review their own facilities.</p> <p>Responsible officer: University Secretary</p> <p>Implementation date: 31 March 2012</p>

Finding(s) and risk	Recommendation(s)	Agreed management actions
4 Control of Substances Hazardous to Health		
<p>Our walkthrough of the environmental laboratory found that the laboratory, storeroom and fridge for flammables were unlocked and unsupervised.</p> <p>There is a risk of hazardous chemicals being easily accessible to those who are not authorised or risk assessed to use them.</p>	<p>Management should ensure that the policy on storage of hazardous chemicals is followed at all times.</p>	<p style="text-align: center;">High</p> <p>Agreed. Relevant Dean in this case will be made aware of the problem. Head of Safety Services will re-inspect that School as a matter of urgency and review schedule of inspections for other facilities.</p> <p>Responsible officer: Dean, EPM and Head of Safety Services</p> <p>Implementation date: 29 February 2012</p>
5 Portable appliance testing ("PAT")		
<p>HSE provides guidance over the frequency and type of testing that should be performed. The HSE guidance finds that the frequency and extent of testing depends upon the type of equipment. A process of 'formal inspections' can be carried out for 'low risk' appliances rather than 'combined inspection and testing'. The Schools policies we reviewed do not adopt this risk based approach to PAT requirement.</p> <p>There is a risk that staff resources are not used effectively.</p>	<p>A revised and consistent approach should be considered for offices and 'low risk' environments.</p>	<p style="text-align: center;">Low</p> <p>Agreed. A revised approach for low risk areas will be developed and rolled out.</p> <p>Responsible officer: Head of Safety Services</p> <p>Implementation date: May 2012 (Risk Management Monitoring Meeting)</p>

Action plan (continued)

Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>6 Portable appliance testing ("PAT")</p> <p>The Engineering Department within the School of Engineering, Physics and Maths is significantly behind with PAT inspections as set out in the School health and safety policy.</p>	<p>Staff should consider the School's policy on PAT testing and develop a plan to resolve the testing backlog.</p>	<p style="text-align: center;">Moderate</p> <p>Agreed. Head of Safety Services will work with the School to resolve the backlog.</p> <p>Responsible officer: Dean (EPM)</p> <p>Implementation date: 30 June 2012</p>
<p>7 Portable appliance testing ("PAT")</p> <p>Some divisions within the School of Engineering, Physics and Maths do not have a complete listing of equipment or previous PAT inspections and tests performed.</p> <p>There is a risk that Schools do not maintain assets to the required standard.</p>	<p>Schools should have a process to record the completion of PAT inspections and testing.</p>	<p style="text-align: center;">Moderate</p> <p>Agreed. Head of Safety Services to devise templates for use in Schools and Directorates.</p> <p>Responsible officer: Head of Safety Services.</p> <p>Implementation date: May 2012 (Risk Management Monitoring Meeting)</p>

Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>8 University-wide consideration</p> <p>We have prepared a short self-assessment questionnaire, in appendix three, to aid Schools and Directorates in reviewing their health and safety processes. This checklist is not exhaustive of all health and safety requirements and does not seek to cover the specific requirements for technical areas but it highlights specific findings from our review.</p> <p>The nature of health and safety risks and arrangements will inevitably differ across schools and colleges, for example between the medical school and routine classroom based teaching.</p>	<p>Given the selective nature of our detailed review management should consider the findings raised in this report for all Schools and Directorates.</p> <p>Management should therefore ensure that the complexity of processes reflects these differences.</p>	<p style="text-align: center;">Low</p> <p>University Health and Safety Sub-Committee checklist to be reviewed against the KPMG checklist and changes to existing checklist to be made as appropriate. Checklist responses to be submitted on a School and Directorate basis to the Health and Safety Sub-committee.</p> <p>Responsible officer: Head of Safety Services.</p> <p>Implementation date: May 2012 (RMMG)</p>

Appendices

In accordance with the 2011-12 internal audit plan of the University of Dundee (“the University”), as approved by the audit committee, we will perform an internal audit of health and safety.

Objective

The objective of the audit will be to review the health and safety arrangements to ascertain whether they are managing the University’s associated risks. The review will also suggest improvements that can be made in accordance with good practice.

Scope

Based on the above objectives, we will

- assess and comment on the University’s health and safety risk assessment and governance processes;
- assess and comment on the processes to implement and monitor compliance with the University’s health and safety policy; and
- assess completeness of the University’s system to monitor compulsory training.

Approach

We will adopt the following approach in the review:

- project planning and scoping;
- conduct interviews with staff to gain an understanding of processes and procedures;
- identify and agree key risks and controls with management;
- review the adequacy and effectiveness of key controls through sample testing; and
- agree findings and recommendations with management.

Interviews conducted with management and key staff

Name	Position within University (at the time of our fieldwork)
Dr Jim McGeorge	University Secretary
Dr Ian Scragg	Head of Safety Services
Lesley Hewitt	Office Administrator, Safety Services
Damian Leddy	Radiation Protection Adviser and Laser Safety Officer, Safety Services
Dr Tom Dyer	Health and Safety Coordinator, School of Engineering, Physics and Maths
Gary Callon	Technical Manager, School of Engineering, Physics and Maths
Rebecca Leiper	School Secretary, Duncan of Jordanstone College of Art and Design
Lisa Grayson	Health and Safety Information Officer, College of Life Sciences
Irene Blair	Health and Safety Coordinator, College of Life Sciences
Monica Lacey	Teaching School Services Manager & Health and Safety Officer, College of Life Sciences
Dr Ian Ellis	Lecturer and Unit Safety Officer, School of Dentistry



Appendix three
Self assessment checklist

This checklist is not exhaustive of all health and safety requirements and does not seek to cover the specific requirements for technical areas but it highlights specific findings from our review

Self assessment checklist						
Area	Assessment of current compliance					Comments
	No – action required	No – action is being taken	Yes – but improvements needed	Yes – in place and working well	Not applicable	
Is the School's health and safety policy current and appropriate?						
Are staff aware of the School's policy and its requirements?						
How do you communicate your commitment to health and safety to all your managers and staff?						
How will you ensure that all employees are involved in managing health and safety?						
Is the governance health and safety through the devolved health and safety Committees appropriate? In particular are issues raised at the correct level and auctioned appropriately?						
Have all significant health and safety risks been adequately assessed?						
Is there an adequate review and approval process for risk assessments?						



Appendix three
Self assessment checklist (continued)

This checklist is not exhaustive of all health and safety requirements and does not seek to cover the specific requirements for technical areas but it highlights specific findings from our review

Self assessment checklist						
Area	Assessment of current compliance					Comments
	No – action required	No – action is being taken	Yes – but improvements needed	Yes – in place and working well	Not applicable	
Are risk assessments centrally recorded and updated in a timely manner in line with the health and safety policy? In particular, is there a process to identify when a review should be carried out?						
Do you know whether actions arising from risk assessments and inspections are properly implemented? How are these actions monitored? Is there a process to alert significant risks to management?						
Do all your managers and staff know how to report accidents/incidents, near misses and ill health?						
Are accidents/incidents, near misses and ill health cases adequately investigated and actions taken to prevent recurrences?						

This checklist is not exhaustive of all health and safety requirements and does not seek to cover the specific requirements for technical areas but it highlights specific findings from our review

Self assessment checklist						
Area	Assessment of current compliance					Comments
	No – action required	No – action is being taken	Yes – but improvements needed	Yes – in place and working well	Not applicable	
Is there a formal process to identify and record the health and safety and other technical training requirements for staff and students?						
Is there a process to ensure that training requirements are captured and monitored to ensure that staff and students attend the required training?						
Is there a programme for conducting PAT inspections or testing in line with HSE guidance and the health and safety policy?						
Is there a policy on students out of hours working? Are controls over this work considered adequate?						



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