**National Health and Safety Function, Workplace Health and Wellbeing Unit,**

**National Human Resources Directorate**

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|  | **Audit Form** | | | |  |
| **Ref:A:006:02** | **RE: Level 2 Audit Tool – Hospital/Service Level** | | | | |
| **Issue date:** | July 2017 | **Revised:** | August 2019 | **Review:** | August 2021 |
| **Author(s):** | National Health and Safety Function (Audit and Inspection Team) | | | | |
| **Note:** | *Auditing is an essential element of the HSE’s Occupational Safety and Health (OSH) management system. Formal auditing provides a comprehensive and formal assessment of compliance.*  *This Level 2 Health and Safety Audit Tool is the second in a suite of five tools and focuses on aspects of the Safety Management System at hospital/service level.*  *Senior management should be fully committed to the concept of auditing and its effective implementation. This includes a commitment to consider audit findings and recommendations and take appropriate and timely action. All relevant employees must be informed of the purposes and benefits of auditing and co-operate fully and honestly. Relevant documentation and a representative sample of key activities are included in the audit and key personnel will be interviewed.*  *The results of OSH audits are fed-back to the relevant parties (manager(s)) as soon as possible to allow corrective action to be taken. The audit report assesses overall performance, identifies inadequacies, and makes recommendations on improvement actions. Follow-up monitoring must be established by the responsible person in the hospital/service.*  *Ref: HSA, 2006. Workplace Safety and Health Management*  *See Also: Appendix 1 – Notes on Usage* | | | | |

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| **Location:** |  |
| **Hospital Group/Service:** |  |
| **GM/CEO/Other:** |  |
| **Interviewees (Name and Title):** |  |
| **Trace Number:** |  |

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| **Auditor name** *(Print):* | 1. | 2. |
| **Signature:** | 1. | 2. |

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| **Audit Score:** |  | **Date:** |  |
| **Last Audit Score:** |  | **Last Audit Date:** |  |

**Level 2 Hospital / Service Health & Safety Audit for the Health Service Executive**

The audit tool is divided into the following parts:

**Part A: Health and Safety Management System – 24 Questions**

* Section 1 - Roles and Responsibilities (7 Questions)
* Section 2 - Policies (4 Questions)
* Section 3 - Training (7 Questions)
* Section 4 - Accident/Incident reporting and investigation (6 Questions)

**Part B: Hazard Identification/Risk Assessment and Risk Registers – 4 Questions**

**Part C: Audit and Inspection – 4 Questions**

**Part D: Consultation – 3 Questions**

**Part E: Dangerous Goods - 1 Question**

**Part F: Emergency Planning – 1 Question**

**Appendix 1 – Notes on Usage**

**Appendix 2 – Quality Improvement Plan**

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| **Part A: Health and Safety Management System: Safety Health and Welfare at Work Act 2005 Part 3 Chapter 3 Section 20** | | | | | |
| **Section 1: Roles and Responsibilities: Safety Health &Welfare at Work Act 2005 Part 2 Chapter 1 Section 8** | | | | | |
| **Question** | **Evidence of Verification** | **Findings** | **Compliant**  **100 Marks** | **Non-Compliant**  **0 Marks** | **Score** |
| 1. Is there a system in place for co-ordinating and disseminating the Corporate Safety Statement? | System for co-ordinating and disseminating the Corporate Safety Statement. |  |  |  |  |
| 2. Does the Hospital / Service have a site/service safety statement dated within the last 12 months which complies with the National Template? | Site/service safety statement dated within the last 12 months which complies with the National Template and contains the key headings. Name of Hospital/Service on document. |  |  |  |  |
| 3.Has the declaration of intent in the Site/Service Safety Statement been signed off by the Chief Executive/Hospital Manager / General Manager / Service Manager / or his/her equivalent? | Safety statement must bear signature of the Chief Executive/Hospital Manager / General Manager /Service Manager/ or equivalent. |  |  |  |  |
| 4. Does the Site/Service Safety Statement contain an organisational management chart that includes the names and job titles of all managers with responsibility for health and safety and dated within the previous 12 months? | An organisational management chart located in the Site/Service Safety Statement. Reviewed within the last 12 months and dated to reflect same. |  |  |  |  |
| 5. Does theSite /Service Safety Statement define the role and responsibility of the Chief Executive / General Manager/Hospital Manager/Service manager /or his/her equivalent? | Site /Service Safety Statement to define the role and responsibility of the Chief Executive / General Manager/Hospital Manager/Service manager /or his/her equivalent. |  |  |  |  |
| 6. Has the Chief Executive / Service manager /G.M. or his/her Designate completed the HSELanD module “Managing Health and Safety in the Healthcare setting”? | Evidence thatthe HSELanD module “Managing Health and Safety in the Healthcare setting” has been completed. |  |  |  |  |
| 7. Is there evidence of strategic planning for Occupational Safety and Health within the hospital/service? | Evidence of strategic planning in the Site/Service Safety Statement declaration of intent detailing Occupational Safety and Health Objectives. |  |  |  |  |
| **Total Section 1** | | | |  | |
| **Section 2: Policies: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 8** | | | | | |
| **Question** | **Evidence of Verification** | **Findings** | **Compliant**  **100 Marks** | **Non-Compliant**  **0 Marks** | **Score** |
| 1. Is there a named person responsible for coordination, dissemination and archiving of all National Health & Safety Policies, Procedures and Guidelines within the hospital / service? | Name & title to be provided. |  |  |  |  |
| 2. Is there a system in place for the implementation of National Health & Safety Policies, Procedures and Guidelines within the hospital / service? | Evidence in Safety Committee or other relevant committee minutes.  Evidence in management team meetings minutes.  Other forms of communication such as emails and memorandums. |  |  |  |  |
| 3. Is there a system in place to ensure that all current national occupational safety and health policies are easily accessible to all staff? | Evidence of hard copies or access to IT system. |  |  |  |  |
| 4. Have all employees access to the H.S.E.’s National Health and Safety Function’s Website, if not then how is this information disseminated to those that do not have access? | Evidence that all groups of employees are taken into account.  Documented procedure for those who do not have access. |  |  |  |  |
| **Total Section 2** | | | |  | |
| **Section 3: Training: Safety Health &Welfare at Work Act 2005 Part 2 Chapter 1 Section 10** | | | | | |
| **Question** | **Evidence of Verification** | **Findings** | **Compliant**  **100 Marks** | **Non-Compliant**  **0 Marks** | **Score** |
| 1. Has management identified the training needs of employees through a systematic training needs assessment? | Central Database/ PPARS/ Training Records (identifying statutory and mandatory training and other training). |  |  |  |  |
| 2. Has a local Occupational Health & Safety Training Programme been developed for the hospital/service? | Programme identifying type of training, staff groups and schedule of training. |  |  |  |  |
| 3. Is there a central database for recording training in line with the requirements of legislation and policy? | Central Database. |  |  |  |  |
| 4. Is there a system to show training that has been completed and training due based on policy and legislative requirements? | System in place to record and flag refresher training. |  |  |  |  |
| 5. Do local managers have access to a system giving them information regarding their staff training records? | Common folder/database which managers can access. |  |  |  |  |
| 6. Is there a system in place to identify % of managers who have completed the HSElanD module: *Managing Health and Safety in the Healthcare Setting*? | % from ward/departments collated in overall hospital/service percentage.  Statistics from training department/training coordinator. |  |  |  |  |
| 7. Is there a formal health and safety induction programme for all new employees including Agency and Contract Staff? | Documented health and safety Induction programme. |  |  |  |  |
| **Total Section 3** | | | |  | |
| **Section 4: Accident /Incident Reporting and Investigation- Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016).** | | | | | |
| **Question** | **Evidence of Verification** | **Findings** | **Compliant**  **100 Marks** | **Non-Compliant**  **0 Marks** | **Score** |
| 1. Is there a procedure in place for reporting accidents, incidents and near misses detailed in the Site/Service Safety Statement and in line with the National Incident Management Framework? | Detailed in Hospital/Service Safety Statement. |  |  |  |  |
| 2. Is the National Incident Management System (NIMS) system in place within the Hospital/Service?  *The National Incident Management System (NIMS) is the principal source of national data on incident and claim activity for the Irish health service. It has been designated as the primary system for end-to-end risk management of all incidents (capture, investigations and reporting) both by the Department of Health and the HSE.* | National Incident Management System. Access to forms, this can be in paper or electronic form.  Evidence that incidents uploaded into National Incident Management System at no higher than hospital / Service level. |  |  |  |  |
| 3. Is there a named nominated person in the Site/Service Safety Statement for reporting Lost Time Accidents (IR1) and Dangerous Occurrences (IR3) to the Health & Safety Authority? | Named person in Site/Service Safety Statement with access to HSA IR1 and IR3 database for hospital/service |  |  |  |  |
| 4. Is trend analysis completed on injuries/ill health absence? | Annual Reports. Minutes of Safety Committee and /or Quality & Risk Committee detailing trends. |  |  |  |  |
| 5. Is there a system in place to ensure remedial measures identified on accident investigations are closed out? | System for accident investigation. System for escalating measures identified, as required, to senior manager(s). Evidence of review and implementation of measures and close out of same. Evidence that at a regular frequency department managers are required to provide evidence to senior managers of action and close out of remedial measures identified following accident investigation. |  |  |  |  |
| 6. Does the Hospital/Service ensure that the number of Accidents/ Incidents/ Near Misses & Dangerous Occurrence corresponds with investigations completed? | Record of accident investigations correlates with number of Accidents/ Incidents/ Near Misses & Dangerous Occurrences. |  |  |  |  |
| **Total Section 4** | | | |  | |
| **Total Part A** | | | |  | |

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| **Part B: Hazard Identification / Risk Assessment / Risk Registers: Safety Health and Welfare at Work Act 2005 Part 3 Chapter 3 Section 19** | | | | | |
| **Question** | **Evidence of verification** | **Findings** | **Compliant**  **100 Marks** | **Non-Compliant**  **0 Marks** | **Score** |
| 1. Does the Hospital/Service have a list of all department safety statements? | List of all department safety statements to include   * All departments * Areas where staff work outside main premises/away from base. * Leased premises. * Named department heads * Names of contractors |  |  |  |  |
| 2. Are there risk assessments for common areas? | * Common areas, including grounds and car parks. |  |  |  |  |
| 3. Is there a system to prioritise escalated hazards and risks from department managers? | System in place/meetings to discuss/ evidence on Risk Register. |  |  |  |  |
| 4. Is there a system to escalate hazards to next level, above Hospital/Service level e.g. Hospital Group? | System to escalate hazards to next level for action/Named responsible manager/ Evidence on Risk Register. |  |  |  |  |
| **Total Part B** | | | |  | |

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| **Part C: Audit and Inspections: Safety Health &Welfare at Work Act 2005 Part 2 Chapter 1 Section 8** | | | | | |
| **Question** | **Evidence of Verification** | **Findings** | **Compliant**  **100 Marks** | **Non-Compliant**  **0 Marks** | **Score** |
| 1. Is there a system in place for recording all Health and Safety Authority (HSA) inspections? | Evidence of records. |  |  |  |  |
| 2. Is there a nominated person to upload HSA reports of inspection, improvement notices or other documentation to National Health and Safety Function website? | Named person. |  |  |  |  |
| 3. Does the Hospital/ Service have a programme of auditing using the National Level 1 Health and Safety Audit Tool in line with the traffic light system and agreement with the National Risk Committee? | Evidence of programme. |  |  |  |  |
| 4. Is there a process to monitor the implementation of Quality Improvement plans, recommendations and record of events (if applicable) following audits and inspections?  *During the previous National Health & Safety Function Level 1 Audit Programme auditors may have issued a record of event(s) to hospital/service management in relation to issues of concern at department level.* | Evidence of monitoring.  Record of Quality Improvement plans, recommendations and record of events (if applicable) at hospital/service level. Minutes of meetings.  Key performance indicators. |  |  |  |  |
| **Total Part C** | | | |  | |

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| **Part D: Consultation: Safety Health and Welfare at Work Act 2005 Part 4 Chapter 3** | | | | | |
| **Question** | **Evidence of Verification** | **Findings** | **Compliant**  **100 Marks** | **Non-Compliant**  **0 Marks** | **Score** |
| 1. Is there a safety committee or other relevant committee/forum in place to ensure effective consultation on safety and welfare matters? | Safety Committee in place or other relevant committee/forum. |  |  |  |  |
| 2. Is there an elected safety representative (s)? | Manager to name Safety Representative.  If a safety representative could not be elected then manager must show documentation regarding nomination process. |  |  |  |  |
| 3. Is health and safety a standing item agenda item at Management team meetings? | Agenda and Minutes. |  |  |  |  |
| **Total Part D** | | | |  | |

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| **Part E: Dangerous Goods: Dangerous Goods Safety Regulations (European Agreement Concerning the International Carriage of Dangerous Goods by Road published as EC/TRANS/242, VOL 1 and 2 (ADR 2015) by UNECE)** | | | | | |
| **Question** | **Evidence of Verification** | **Findings** | **Compliant**  **100 Marks** | **Non-Compliant**  **0 Marks** | **Score** |
| 1. Has the Hospital/Service appointed/contracted the single named DGSA from the National DGSA Single Supplier Framework where applicable? | Report or correspondence. |  |  |  |  |
| **Total Part E** | | | |  | |

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| **Part F: Emergency Planning: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 11** | | | | | |
| **Question** | **Evidence of Verification** | **Findings** | **Compliant**  **100 Marks** | **Non-Compliant**  **0 Marks** | **Score** |
| 1. Does the overall Hospital/Service Emergency Plan include or make provision for addressing Occupational Safety and Health risks? | Emergency plan with detail of Occupational Safety and Health risks. |  |  |  |  |
| **Total Part F** | | | |  | |

**Scoring**

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| **Section** | **Score for Part** | **Overall Percentage** |
| **A (Max 2400)** |  | **Total number of questions : 37**  **AAS/MAS x 100/1** |
| **B (Max 400)** |  |
| **C (Max 400)** |  |
| **D (Max 300)** |  |
| **E (Max 100)** |  |
| **F (max 100)** |  |
| **Total** |  |  |

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| **Auditor name** *(Print):* | 1. | 2. |
| **Signature:** | 1. | 2. |
| **Date:** |  |  |

**Appendix 1**

* The purpose of this Level 2 audit tool is to provide assurance to senior managers on compliance with the HSE Safety Management System.
* The audit tool should be used by General Managers/CEOs of Hospitals/ Services or equivalent.
* The audit will systematically assess the systems in place against HSE policy and national legislation. It requires the co-operation of the GM/Manager of the service and all members of the Executive Management Team in order to be effective.
* Complete all sections - Each question must be answered and evidence of verification is required for each question.
* This audit contains 37questions, which all carry equal marks – 100 marks each.
* The auditor should calculate the audit score as a percentage as follows:
  + Number of Questions in audit: 37
  + The Maximum Audit Score (MAS) is: 3700 (37x100)
  + Actual Audit Score (AAS): Sum of the total scores for each question
  + Audit Score as a percentage = **AAS/MAS x 100/1**
* Example:
  + MAS = 3700
  + AAS = 3000
  + (AAS 3000/MAS 3700) x 100/1 = 81%
* The scoring for the audit provides a benchmark against which further audits can be compared.
* To demonstrate an acceptable level of compliance a benchmark score of 85% - 100 % should be achieved.
* Scores achieved on each audit are colour-coded to assist hospital/service management to implement a plan for improvement. See Table below:

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| Traffic light system for audits | |
| 85-100% | Compliant – Repeat self audit/ peer audit on annual basis as determined by hospital/service |
| 51- 84% | Follow up by hospital/service. Repeat self audit/peer audit 6/12. |
| 26-50 % | Immediate action by hospital/service –repeat self audit at 3 months - repeat audit by Audit and Inspection team at 6/12 |
| 0-25% | Critical – Immediate action by hospital/service - Repeat audit by Audit and Inspection Team at 3/12 |

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| **APPENDIX 2 – QUALITY IMPROVEMENT PLAN** | | | | | | |
| **Part and Section No** | **Question No** | **Area of Non Compliance** | **Corrective Action to be taken** | **Responsible Person** | **Timeframe** | **Review of implementation of Action** |
| **Part A: Health and Safety Management System: Safety Health and Welfare at Work Act 2005 Part 3 Chapter 3 Section 20** | | | | | | |
| **Section 1: Roles and Responsibilities: Safety Health &Welfare at Work Act 2005 Part 2 Chapter 1 Section 8** | | | | | | |
| **Part A**  **Section 1** | **1** |  |  |  |  |  |
| **Part A**  **Section 1** | **2** |  |  |  |  |  |
| **Part A**  **Section 1** | **3** |  |  |  |  |  |
| **Part A**  **Section 1** | **4** |  |  |  |  |  |
| **Part A**  **Section 1** | **5** |  |  |  |  |  |
| **Part A**  **Section 1** | **6** |  |  |  |  |  |
| **Part A**  **Section 1** | **7** |  |  |  |  |  |
| **Section 2: Policies: Safety Health &Welfare at Work Act 2005 Part 2 Chapter 1 Section 8** | | | | | | |
| **Part A**  **Section 2** | **1** |  |  |  |  |  |
| **Part A**  **Section 2** | **2** |  |  |  |  |  |
| **Part A**  **Section 2** | **3** |  |  |  |  |  |
| **Part A**  **Section 2** | **4** |  |  |  |  |  |
| **Section 3: Training: Safety Health &Welfare at Work Act 2005 Part 2 Chapter 1 Section 10** | | | | | | |
| **Part A**  **Section 3** | **1** |  |  |  |  |  |
| **Part A**  **Section 3** | **2** |  |  |  |  |  |
| **Part A**  **Section 3** | **3** |  |  |  |  |  |
| **Part A**  **Section 3** | **4** |  |  |  |  |  |
| **Part A**  **Section 3** | **5** |  |  |  |  |  |
| **Part A**  **Section 3** | **6** |  |  |  |  |  |
| **Part A**  **Section 3** | **7** |  |  |  |  |  |
| **Section 4: Accident /Incident Reporting and Investigation- Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016)** | | | | | | |
| **Part A**  **Section 4** | **1** |  |  |  |  |  |
| **Part A**  **Section 4** | **2** |  |  |  |  |  |
| **Part A**  **Section 4** | **3** |  |  |  |  |  |
| **Part A**  **Section 4** | **4** |  |  |  |  |  |
| **Part A**  **Section 4** | **5** |  |  |  |  |  |
| **Part A**  **Section 4** | **6** |  |  |  |  |  |
| **Part B: Hazard Identification / Risk Assessment / Risk Registers: Safety Health and Welfare at Work Act 2005 Part 3 Chapter 3 Section 19** | | | | | | |
| **Part B** | **1** |  |  |  |  |  |
| **Part B** | **2** |  |  |  |  |  |
| **Part B** | **3** |  |  |  |  |  |
| **Part B** | **4** |  |  |  |  |  |
| **Part C: Audit and Inspections: Safety Health &Welfare at Work Act 2005 Part 2 Chapter 1 Section 8** | | | | | | |
| **Part C** | **1** |  |  |  |  |  |
| **Part C** | **2** |  |  |  |  |  |
| **Part C** | **3** |  |  |  |  |  |
| **Part C** | **4** |  |  |  |  |  |
| **Part D: Consultation: Safety Health and Welfare at Work Act 2005 Part 4 Chapter 3** | | | | | | |
| **Part D** | **1** |  |  |  |  |  |
| **Part D** | **2** |  |  |  |  |  |
| **Part D** | **3** |  |  |  |  |  |
| **Part E: Dangerous Goods: Dangerous Goods Safety Regulations (European Agreement Concerning the International Carriage of**  **Dangerous Goods by Road published as EC/TRANS/242, VOL 1 and 2 (ADR 2015) by UNECE)** | | | | | | |
| **Part E** | **1** |  |  |  |  |  |
| **Part F: Emergency Planning: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 11** | | | | | | |
| **Part F** | **1** |  |  |  |  |  |