

The results of the all-Wales inter local authority audit of health & safety enforcement 2004-05.

**A REPORT FOR THE DIRECTORS OF PUBLIC PROTECTION
WALES**

April 2006

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1. EXECUTIVE SUMMARY

Local Authorities (LAs) and the Health and Safety Executive (HSE) are together responsible for the enforcement of health and safety at work legislation in Great Britain under the general direction of the Health and Safety Commission (HSC). LAs are required to make *adequate arrangements* and to perform their duties for the enforcement of health and safety legislation in accordance with **mandatory** guidance from HSC made under Section 18 of the Health and Safety at Work etc Act 1974.

During 2004/5, the Directors of Public Protection Wales (DPPW) agreed that all 22 Welsh LAs would participate in an **inter** Authority audit using a protocol drawn up by the Local Authority Unit (LAU) within HSE to assess their level of compliance with this **mandatory** Section 18 guidance. The scoring system used to measure compliance is complex, and provides both scores against individual elements and an overall score. A score of “0” indicates no compliance; a score of “1” indicates infrequent compliance; a score of “2” indicates frequent compliance; a score of “3” indicates full compliance with Section 18 requirements.

Using the (fairer) revised overall scoring scheme, 3 LAs demonstrated full compliance, 12 demonstrated frequent compliance, 5 demonstrated infrequent compliance, and 2 were non compliant.

Best practice was not considered during the audit, but a number of examples of best practice were noted by the auditors, and these will be shared with others. Interestingly, the audit results did not support some possible preconceptions, for example that smaller LAs would perform less well.

A few significant issues emerged from the audits. With some honourable exceptions, health and safety regulation is afforded relatively low priority by senior managers and elected Members. Many officers used the phrase “Cinderella service”. In contrast, food safety is afforded much higher priority, often to the real detriment of health and safety.

Although “sufficient resources” are probably an issue for many of the participants this is not a simple question to answer. There is no black and white figure to judge against and it is of course a complex issue. A valid post-audit question is “does an authority have the resource to both implement and maintain what the audit recommends?”

Some service plans still focused on numbers of visits rather than outcomes, although this is changing, as LAs undertake target inspections and joint projects.

Generally officers, regardless of grade, were deemed competent to do what was required of them; those officers and teams who spent all or most of their time dealing with health and safety believed themselves to be better focused and more effective.

Another issue of note was that of formal enforcement procedures. Many enforcement Notices were defective in some way, sometimes to the point of being legally invalid. – though there have been no legal challenges. This has already been addressed through the provision of further training.

Meaningful monitoring by senior managers was often lacking; where it did exist it was commonly limited to considering the numbers of inspections carried out.

In summary, many LAs were found to be doing a reasonable job, albeit with room for improvement in a variety of areas. Overall effectiveness is a notoriously difficult measure to evaluate and there are acknowledged limitations to this audit exercise. Some options for improving the process itself are described in Appendix 1.

Inevitably the audits represent a snapshot in time; most LAs would now score higher because of actions taken following the audits. - indeed each LA is required to produce an action plan aimed at delivering the recommended improvements.

One very significant and positive outcome of the audit process has been the development of a “*Strategy for improving Occupational Health and Safety in Wales*”. The strategy has been developed to deliver in Wales the Health and Safety Commission’s (HSC) “*Strategy for workplace health and safety in Great Britain to 2010 and beyond*” The collaborating partners in the development of the strategy are HSE, LAs in Wales and the Chartered Institute of Environmental Health. The strategy has been developed to deliver occupational health and safety in Wales more effectively, concentrating on priorities, risk and poor performance to deliver tangible and sustainable outcomes. It seeks to build on the good work that has already taken place in Wales, particularly in partnership working and joint project delivery and in the development and implementation of good practice.

2. INTRODUCTION

- a) This report brings together the results of the inter authority audits [iaa's] of the health and safety enforcement activities of the local authorities [LA's] in Wales. It also attempts to identify some common threads and issues arising.
- b) The Directors of Public Protection in Wales (DPPW) decided that all LA's would be subjected to an audit by their peers during the second half of the year 04/05; including those few who had been audited previously. HSE would provide moderating assistance via an inspector teaming up with the lead auditor who was an officer from an LA. HSE would also co-ordinate the exercise and compile this report.
- c) The purpose of the audits was to help in achieving improvements including sharing best practice and also to identify opportunities for better joined up working.
- d) It was **not** an audit of those LA's by HSE. It was an audit by a peer LA using a protocol drawn up by the local authority unit [LAU] within the HSE. As used in this audit it was an interview and paperwork desktop exercise. Its primary aim was to assess an authorities compliance with its HSW s18 obligations to discharge its health and safety enforcement duties. This includes delivery of HSC's targets and priorities. [It is not concerned with an authority's h&s duties to its own staff or others.]
- e) It is simple enough to present scores in a composite report. Less simple is an evaluation and (although based on the same question set) distillation of all the reports differing in style, depth and content.
- f) Some of the material for this has been acquired outwith the audit reports i.e. by comments and conversations. Where these are felt to be of value such anecdotal materials are included. Often such comment was somewhat stronger than that in the reports.
- g) This report summarises the results from the audits and also attempts to collate the more significant of the issues and points arising. It identifies substantial variations between LA's in many aspects of their h&s enforcement activity. The audit is a desktop exercise which can favour performance on paper over practical performance.
- h) The limitations and caveats accompanying both the overall scores and the section scores need to be understood to give a better appreciation of them. They should not be read as any form of league table. Although conducted within the same framework they are not directly comparable as every audit

team was different and for most of the people involved this was their first experience of this protocol.

- i) The audits coincidentally come in interesting times. Major reports, with direct bearings on this activity, particularly Hampton, have recently emerged with their findings currently being considered and implemented. Major changes are also underway in how enforcement activity is organised and targeted. Topic-based inspections and approaches other than traditional inspection are both now to the fore

3. THE AUDIT PROCESS

- a) The Local Authority Unit (LAU) of the HSE has drawn up an audit protocol whose objective is to assess the extent of the compliance of an LA's management of health and safety enforcement with HSC's mandatory section 18 guidance. This is used by LAU to audit selected authorities but it is also suitable for authorities to conduct either self-audit or conduct an inter authority audit. It should be done every five years with an action plan resulting. It is also intended that it will inform Best Value reviews.
- b) The audit looks at various aspects of the activity by studying paperwork and interviewing staff. A guide is used to give a numerical performance indicator for the five sections of the protocol: -
 - A - Enforcement policy & procedures;
 - B – Risk-based managed programme;
 - C – Competency;
 - D – investigations;
 - E – Performance Management;
- c) Scores are allocated for various elements within each section. The score is then rounded down to the whole number, e.g. 1.7 actual gives 1 for that section under the protocol.
- d) The overall performance indicator is that of the *lowest* scoring section, e.g. 2, 2, 1, 1, 2 for the five sections gives an overall score of 1. The results should be viewed with these criteria in mind. There is merit in viewing the actual section scores where available as against the rounded down figure.
- e) Concerns were expressed on the fairness of the existing scoring system. In particular where it was felt that an unhelpfully negative message was being sent contrary to the overall purpose of an audit.
- f) The opportunity was taken to parallel this existing scoring system with another model recently drawn up by LAU which addresses the fact that a poor score in one area could, at present, result in an overall score which does not fully reflect the authority's performance.
- g) Under the present scheme scores of 2, 2, 1, 2, 2, for the five elements would give a score of 1 overall. Under the revised scheme the same scores could give an overall score of 2 The use of the revised scoring

system resulted in 3 authorities attaining a higher standard of compliance with s18 guidance

- h) It should be noted that although examples of best practice were noted these were not marked so the maximum overall score attainable was 3 (not 4 as detailed in the audit protocol) Both these sets of overall scores together with the rounded-down and actual section scores are presented in TABLE 1 on page 9.
- i) Inevitably the audit protocol cannot totally keep pace with changes. This means, as was the case here, the more modern practices and approaches, e.g. EMM and topic-based inspection, although partly taken account of in the existing protocol, are not as prominent as they will be in the next revision.
- j) A reassuring point is that there were many accounts of how close were the details of the scores derived independently by the two members of the audit team. Also many auditors, although wishing they had had more time for a more thorough audit to include accompanied inspections etc., felt that they had formed a good impression of an authority's performance by the end of the audit day. However given that different teams were doing the all audits there is a consideration with comparability and consistency between the audits.
- k) Primary refs to the audit process are 1. (HSW Act 74) Section 18 guidance to LA's and associated LAC 23/17, 2. LAC 23/19, the protocol description and the framework, and 3. LAC 23/20, the performance indicator i.e. "scoring".

4. THE AUDIT IN WALES 04/05

a) the following criteria were agreed.

- Neighbouring local authorities would audit one another.
- Although examples of best practice were being sought for possible future sharing the best practice element of the audit would not be used. This meant the maximum score would be 3.
- For the most part different HSE inspectors and LA officers would make up the 2 person audit team. No pairing was the same throughout. 1 HSE inspector took part in 3 audits, 4 HSE inspectors in 2; 1 LA officer took part in 2 audits. All other officers took part in one audit only.
- All LA officers and HSE inspectors were deemed competent to conduct the audits.

b) The audits took place between October 04 – March 05 with one delayed until June 05. They generally took one day with key documents being supplied ahead.

c) A few audits had been conducted on individual LA's previously but it was agreed that all LAs would participate.

d) Although local authority officers (mainly EHO's) would be the lead auditors it was agreed with HSE that a HSE Inspector s would partner a lead auditor – primarily as a moderator – to form an audit team. As well as assisting in the audit it was felt this would add both independence and a useful extra perspective to the audits. A beneficial co-incidence is that this joint LA-HSE exercise has been both timely and valuable in fostering partnership working: arising from the audits some 80+ officers/inspectors have worked together throughout Wales. As well as those benefits both parties have gained extensively in their awareness and understanding of how each other work. Although not part of this report the HSE in Wales was subjected to the same audit process by an LA team.

e) As might be expected this exercise was not without its difficulties and shortcomings. These are recorded not only for the record but also for the benefit of others who may wish to attempt a similar exercise in future, see Appendix 1, "lessons arising from the conduct of the audit"

f) Before and throughout the exercise liaison was maintained with LAU who had provided the initial training and advice throughout. They were also keen to have feedback from the exercise.

5. LAE1 data analysis

a)The LAE1 return is completed annually by LA's for LAU. It contains key data and can be analysed to give a part picture of an LA's performance. The figures for 2002-03 were analysed by the audit co-ordinator prior to audits and the auditors alerted to gross variations from respective averages for the UK.

B)However some of these figures need to be caveated: premises; some authorities are better than others in adding/removing premises from their databases; the guidance notes to the return may be interpreted differently by LAs.

c) Some interesting comparisons arise, the range involved is remarkable. There is no target or ideal so it cannot be said that any particular figure is satisfactory or acceptable. But the figures do suggest that better use could be made of this data for comparisons. It also illustrates how differently S18 requirements are being delivered.

- Premises per FTE inspector range from 400 to 2,730.
- The number of persons making up team varies from 5 - 15.
- Accident investigations as a % of those reported are between 13 – 100.
- Revisit rate as % of preventative inspections range from 0 – 100.
- The number of Cat A premises vary by a factor of 100x when expressed as a % of the total premises figure.
- The % of visits that are combined [food and h&s] range from 0 – 90.

6. THE RESULTS – performance indicators for LAs in Wales.

Organisation

There were numerous models here. Some teams dealt only with health and safety; others had shared roles, generally covering food and communicable diseases in addition to H&S, and may only spend a [small] fraction of their time on H&S enforcement. Some had other safety related duties such as petroleum licensing Teams were often, but not exclusively, led by a senior EHO, and included both full time and part time officers, and were mainly EHOs and/or Technical Officers though in some instances trading standards officers or health and safety advisers could be part of the team.

Higher management was provided by persons who varied in both title (some still Principal or even Chief EHO) but with titles more often now reflecting their multiple roles such as Health and Food and Licensing Managers, and the extent of their duties. Some manage a wide range of activities. They had varying degrees of health and safety background or experience.

The audit gave no clear conclusion on what works well or poorly.

However, it is worth recording some reported perceptions.

- Those teams who spent all or the majority of their time on health and safety appeared to have more job satisfaction and felt more focussed and effective in their work.
- Both EHOs and TOs attracted positive comments on their work, commitment and enthusiasm.
- Some concern was expressed where officers were managed by persons with no health and safety background; in particular where discussing more complex issues.
- The mixing of subjects with health and safety, in particular food safety, received a mixed reception. Some welcomed the variety, others found it difficult and confusing. Some indicated that health and safety at times received scant attention when compared to food safety.
- Smaller authorities performed as well as larger authorities.

Audit results

The results represent a snapshot in time. All LAs would now score higher because of actions taken following the audits. Several authorities have used the audit report to raise the profile of H&S within their authority and to successfully argue the case for more resources.

- a) The results are given in TABLE 1. An * indicates those where the report has yet to be agreed. The meaning of the overall score figure is as follows:
 - 0 - no compliance with s18 guidance;
 - 1 - requirements infrequently met;
 - 2 - frequently met;
 - 3 - fully met.
- b) The individual section **actual** scores are arguably more important than the overall scores.
- c) The whole figure overall scores range from 0 (no compliance) – 3 (requirements fully met).
- d) The **original** scoring scheme gives one 3, eleven 2's, eight 1's, and two 0's.
- e) Under the **revised** scheme there are three 3's, twelve 2's, five 1's, and two 0's.
- f) The level of compliance with s 18 guidance for each section is shown in Table 2.
- g) This shows higher levels of compliance for Competency where 19 LAS score 2 or higher indicating frequent or full compliance, and for Investigations where 18 LAs score 2 or higher.
- h) Lower levels of competence are shown for Enforcement Policies & Practices where 8 LAs meet the standard infrequently and for Performance Management where 5 meet the standard infrequently and 2 show no compliance

It was felt that the audit results were influenced by the background and standards of the (LA officer) lead auditor's own authority. Their own authority's standards *relative* to those of the authority being audited were a factor in how the auditor viewed the audited.

The influence of the inspections required by the Food Standards Agency (FSA) is relevant to the health and safety enforcement role in some authorities. This area was the subject of a lot of comment during the audits. Although there may now be something of a counter reaction under way there is agreement that in recent years the requirements of food safety inspection and the associated audit regime have been dominant, relegating h&s as a topic in terms of both priority and resource. FSA requirements for LA's are more detailed, quantitative and prescribed than those of HSC's S18 requirements.

Table 1. AUDIT SCORES BY LOCAL AUTHORITY; overall and by section.

* report not yet agreed/compiled. – actual fig not available

LOCAL AUTHORITY	OVERALL SCORE		SECTION & SCORES				
	Current Scheme	Revised Scheme	whole fig/actual				
			A	B	C	D	E
ANGLESEY	2	2	2/2.0	3/3.0	2/2.6	2/2.0	2/2.1
BLAENAU GWENT	2	2	2/2.5	2/2.2	3/3.0	2/2.3	2/2.1
BRIDGEND	1	2	1/ 1.7	2/ 2.3	2/ 2.1	2/ 2.1	1/ 1.9
CARDIFF	2	[3]	3/3.4	3/3.2	2/2.7	3/3.0	3/3.0
CAERPHILLY	2	2	3/ 3.1	2/ 2.8	2/ 2.7	2/ 2.9	2/ 2.4
CARMARTHEN	1	1	1/ -	1/ -	1/ -	1/ -	1/ -
CEREDIGION	2	[3]	3/3.0	2/2.6	3/3.0	3/3.0	2/2.0
CONWY	2	2	3/ -	2/ -	3/ -	2/ -	2/ -
DENBIGHSHIRE	0	0	1/1.7	1/1.1	0/0.8	1/1.4	0/0.6
FLINTSHIRE	2	2	2/ 2.3	2/ 2.6	2/ 2.2	2/ 2.4	2/2.0
GWYNEDD	1	1	2/2.3	1/1.0	2/2.6	2/2.3	1/1.8
MERTHYR TYDFIL	2	2	2/ 2.7	2/ 2.6	2/ 2.6	2/ 2.5	2/ 2.4
MONMOUTHSHIRE	2	2	2/2.5	2/2.5	2/2.7	2/2.8	2/2.3
NEATH PORT TALBOT	1	2	1/1.8	2/2.7	2/2.0	2/2.2	3/3.0
NEWPORT	1	1	1/ 1.0	1/ 1.8	2/ 2.1	1/ 1.8	1/ 1.0
PEMBROKESHIRE	1	2	1/1.9	2/2.5	2/2.3	2/2.3	2/2.6
POWYS *	2	2	2/2.1	3/3.0	2/2.1	2/2.1	2/2.1
RHONDDA CYNON TAFF	0	0	1/ -	0/ -	2/ -	2/ -	0/ -
SWANSEA	3	3	3/3.1	3/3.0	3/3.0	3/3.0	3/3.1
TORFAEN	1	1	2/ 2.2	2/ 2.0	1/ 1.9	1/ 1.7	2/ 2.1
VALE OF GLAMORGAN	2	2	2/ 2.4	3/ 3.2	2/ 2.6	2/ 2.7	3/ 3.3
WREXHAM	1	1	1/ -	1/ -	2/ -	2/ -	1/-

Table 2: Level of compliance for each section

Level of Compliance	No.s of Local Authorities reaching level of compliance for each section				
	Enforcement policy & procedures	Risk-based Managed work programme	Competency	Investigations	Performance Management
0		1	1		2
1	8	5	2	4	5
2	9	11	15	15	11
3	5	5	4	3	4

7. DISCUSSION – INCLUDING CONNECTIONS TO THE PROTOCOL SECTIONS

Consideration should be given to the following matters arising from the audit reports. Taking forward those points that are deemed worthy of further consideration will be a matter for the Wales Heads of Environmental Health, Health & Safety Technical Panel. Many, if not most, of the points raised can be resolved simply by identifying and sharing good or best practice.

Enforcement Policies & Practices

Enforcement Policy

- a) There is a requirement for an LA to have an enforcement policy that is consistent with the published HSC enforcement policy. Some audits reported multiple policies in existence with doubt as to which applied and/or were current. This must be clarified with a clear H&S enforcement policy, appropriate links and references may well be needed to relate it to other departmental or council wide policies.
- B) LA's varied in their use of the web. Some found that putting certain items on the council's web site not only facilitated their maintenance but also allowed easy reference to them in any correspondence.

Enforcement Practices

- a) **Enforcement Notices** This was the most marked and common issue identified at audits. Many notices seen in many authorities were defective to some greater or lesser degree. Some could have been legally invalid, some were not to best practice, others simply not as sound as they could have been including creating difficulties when it came to discharging them. However, it should be noted that no adverse reactions to notices whatsoever, i.e. appeals, has been reported

Training action was taken on this issue as it soon became clear from the earlier audits in the programme that it was a major issue.
- b) **EMM** The Enforcement Management Model is the means whereby consistency and proportionality are achieved. Its use is relatively new to LAs and subsequently there was substantial variation in its use within LAs. However from the audit reports there was little reference by auditors to inappropriate action being taken either from letters or notices seen.
- c) **Correspondence** Many authorities still operate a procedure whereby a letter has to be sent after every visit regardless of the seriousness of what

was found at that visit. Several officers reported that they found this element an unnecessary use of their time.

Some authorities used an up to date topic inspection based instant report form i.e. a manuscript copy is left on site. Some others still used limited and somewhat dated short reports with only certain basics e.g. H&S W Act poster, first aid box, covered. However it is worth noting that opinion on the use of such forms varies.

Letters varied from the well crafted to the unhelpfully abrupt.

Management of enforcement activity

- a) All authorities held team meetings where health and safety issues were discussed.
- b) The regional task groups set up under the H&S Technical Panel are well attended and promote a consistent approach across Wales. It should be noted however that some authorities do not attend regularly.

Managed work programme

Risk-based programme

- a) Many authorities as audited have yet to move substantial resource into approaches other than the traditional inspection of rated premises. However there is greater evidence of this in current working. Many authorities have elected to run local campaigns and some events. There has also been joint working with HSE in Wales.
- b) All used a balance of enforcement from advice to formal action.
- c) Combining food safety with health and safety visits was considered by some to result in an unbalanced overall programme in terms of risk if overdone

Priority planning system

- a) The protocol requires that authorities have an accurate database. Some LAs had up to date databases and these are regularly updated using information from surveys, business rates sections, telephone directories etc. At some LAs the databases were not up to date.

- b) Variations were noted on different IT systems and the ability of the user to generate useful data.
- c) The primary objective of IT or written record alike must be to readily give a brief, readable and relevant account of the history of a site. Adequate records are essential for EMM considerations. Some computer held and some paper records seen did not achieve this. It was difficult to access a full history from some computer held records and some paper files were in a tidy, sub divided (e.g. health and safety separate from food), state where relevant information could be easily accessed but others were not.

Service Plan

- a) Some service plans did not include measurable targets or detail the resources needed to deliver the work programme.
- b) Service Plans should reflect the “new” ways of working by detailing contributions to National campaigns and to joint working initiatives.
- c) This is probably the most appropriate point to record that officers working in health and safety said they often felt they were operating in the Cinderella area of their departments with little priority given to and little interest shown in health & safety enforcement.
- d) The lack of published performance indicators for H&S often means that resources are diverted away from H&S to Food enforcement

Competency

Authorisation linked to competence

- a) Auditors felt authorisation was reasonably well dealt with although some practices did attract comment; there were examples seen of authorisation purely by grade rather than competence.
- b) As regards competence the overall view was that officers were competent to do what was required of them.
- c) The competence of officers answering calls out of hours was questioned. Some have received little or no health & safety training and others have very limited authorisation.
- d) Many officers were not authorised to issue prohibition (PN's) notices – either at all or without checking with other colleagues or their manager.

Assessment of competence

- a) Only a few authorities had a formal system whereby officers periodically visit accompanied by a [senior] manager for review purposes.

Maintenance of competence

- a) Where officers spent just a small fraction of their time on health and safety and primarily at food premises it becomes more difficult to maintain competency and gain experience in the whole range of H&S.
- b) Most authorities were happy to send officers to Wales-based training events so to some extent training was determined by what was available within Wales.
- c) A recommendation made on many reports, and this would have come from the HSE involvement, was the value of a “training matrix” i.e. a simple record of what subject has been done what form the training took, and when. This enables easy assessment of where an individual stands training wise in both content and currency.
- d) The demise of the health and safety certificate course at UWIC has left a training gap for those in South Wales new to the health and safety function which has had to be filled by local efforts.
- e) Most reports stated that officers had access to sites such as the HELA training website and use them. Some had extensive hard copy libraries of HSE documents; a few access to commercial sites. Exceptionally a few did not. An example was met where officers were not aware of the existence of the HELA site.

Investigations

Policies & Procedures

- a) Policies and procedures for dealing with accidents and complaints varied greatly. Some LAs investigate all accidents, most investigate all complaints. It must be considered whether this represents the best use of limited resources; it is certainly worthy of review across Wales, with a view to agreeing a consistent approach.

Investigations are carried out effectively

- a) Generally investigations are carried out effectively in most authorities.

Management of enforcement activity

- a) It was noted that some authorities do not regularly attend the regional H&S task groups

Performance Management

Measures and monitors regulatory activity

- a) Meaningful monitoring by senior managers was often lacking; where it did exist it was commonly limited to considering the numbers of inspections carried out.
- b) At the other end of the spectrum some authorities had detailed and periodic progress reports on current individual and/or team performance; more wished to do this but their recording/IT systems make it difficult.

Monitor and review LA's policies, procedures and plans

- a) Some LAs reported a lack of reporting due to members only considering reports that require a decision and not wanting to receive reports for information.
- b) Some LAs had developed questionnaires to evaluate inspections and investigations. These could be considered by other LAs.

Benchmarking, peer review and auditing

- a) The use of benchmarking is considered in the audit. There was a health and safety benchmarking club in Wales to which most authorities subscribed but this fell into disuse two years ago. Some authorities had used it for comparisons, some achieving extra resource thereby.
- b) It would be a relatively simple task to draw up a (largely comparative of course) table of certain key figures off the annual LEA1 returns that would simply tell any LA where it lay in regard to the average LA within Wales. Significant variations could then be addressed.
- c) All LAs must draw up and implement an Action Plan following the audit.

CONCLUSION

There was general agreement from the participants is that this has been a valuable and worthwhile exercise – for the joint working experience as well as the audit per se. As regards the audits their value clearly depends on the implementation of the specific recommendations. Some information arising will be of value to LAU.

The audits also indicated areas worth considering for the sharing of best practices. These could include; a report form for topic inspections completed and left at site; systems for maintaining data bases; consistent criteria across Wales for accident investigations and complaints. There is a considerable appetite for such moves among LA officers and their managers particularly where increased efficiency results.

Each LA should complete and implement their Action Plan to address those issues arising from the individual audits.

The H&S Technical Panel should produce an Action Plan to ensure best practice identified during the audits is not lost but is disseminated to all LAs.

APPENDIX 1 – AREAS FOR IMPROVEMENT IN THE AUDIT PROCESS

These hindsight points are recorded in approx chronological order both for the record but primarily for the information of anyone considering a similar exercise in future.

1. Clarify the exact role of the HSE inspector i.e. moderator/co-auditor/co-author.
2. Provide similar training for both auditors and those responding to that audit: having identified those people.
3. Provide that training based on a stage by stage work through the audit process and as close as possible to the start of the audit process.
4. Arrange to audit and subsequently (agree the) report at the best time of year for those involved.
5. Agree a realistic but robust timetable, particularly for the completion of draft reports and then the agreement on it thereafter.
6. Clarify and agree just what state of play is being audited; existing plans, current practice, future plans even. In times of rapid change this can be both important and confusing.
7. Although auditing neighbours may have logistical merit this may not be the best approach given existing connections. An auditing group of 3 or 4 LAs should be considered.
8. Make self-completion of the audit protocol framework a compulsory item in the pre audit day shopping list.
9. Supply a succinct shopping list with its timetable ahead of audit day based on existing examples as is agreed appropriate.
10. All found, in practice, that the time taken for various stages was longer than in the LAC guidance; at least 2 days were required for the audit visit and feedback session.
11. Publish the actual scores as well as the whole figure ones; the sub-section scores were found to be helpful for authorities considering their reports.
12. Consider some form of arbitration process for those cases that may arise where parties cannot readily agree that final report.
13. For improved efficiency and consistency in a large exercise such as this one consider the merits of some of the personnel doing all or a good part of the audits. This would reduce the joint working benefits however.