

Health and Safety Management Profile (HASMAP)



HASMAP RECORD

JULY 2017 – INDICATOR A: LEADERSHIP

JULY 2017 – INDICATOR B: PLANNING FOR EMERGENCIES

**PLEASE NOTE THIS IS SAMPLE.
IT DOES NOT REPRESENT ANY
DEPARTMENT WITHIN IMPERIAL COLLEGE
LONDON.**

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Introduction

Higher Education is a diverse and complex sector in which each institution has its own list of workplace hazards and risks that it must manage. This so-called Risk Profile sits on a continuum, one end of which represents relatively straight-forward 'office' hazards and the other end includes a variety of complex and high risk activities. No matter where an institution sits on this continuum, it has a duty to manage workplace hazards and their associated risks. The efficient adoption of a systematic and robust approach to the discharge of this duty is the motivation behind HASMAP.

HASMAP (Health and Safety Management Profile) is a management standard developed for use in Higher Education Institutions (HEI) by the Universities Safety & Health Association (USHA) and has been accepted by the Universities and Colleges Employers Association (UCEA) as a valid scheme for measuring health and safety management performance in the Higher Education sector. It was originally launched in 2007 and used successfully by a number of HEI to develop their basic health and safety management standards and as an auditing tool for monitoring of these arrangements. The standard though has been reviewed and updated, following consultation with HEI, and to reflect changes to the HSE's 'HSG65 - Managing for Health and Safety' document, the British Standard 'BS OHSAS 18001 - Occupational Health and Safety Management' and UCEA/USHA guidance 'Leadership and Management of Health and Safety for Higher Education Institutions'.

The 2015 HASMAP standard has been put together in such a way as to offer a robust and efficient system for the management of health and safety, with the specific aim of providing the flexibility to allow it to be used across the sector. Some elements will be relevant to you, whilst others may not. Similarly, some elements will be relevant to the institution as a whole, whilst others are more applicable to localised functions or areas. HASMAP gives you these elements and the flexibility for you and your institution to decide which to adopt and to what degree. HASMAP is your train set and you can decide which bits to take out of the box and use, rather than a rigid expectation that all HEI will be using the standard in exactly the same way and for all circumstances.

HASMAP - an overview:

At its heart HASMAP is a description of how health and safety can be managed and maps to the third edition of HSG65 (the HSE's guidance on managing health and safety) and UCEA/USHA 'Leadership and Management of Health and Safety for Higher Education Institutions'. The description is not prescriptive as it does not state that you must do 'this' or 'that', rather it is expressed as a series of questions. This allows the standard itself to be flexible in meeting individual needs and can be adopted as an audit tool as described below.

The standard is divided into modules called 'Indicators' each of which maps to HSG65's 'Plan, Do, Check, Act'. Each Indicator is divided into themes. This follows the original 2007 HASMAP format, but the indicators have been reorganised and amended to provide a clear structure (Table 1).

HASMAP Standard

Table 1

| Indicator | Theme |
|-------------------------------------|--|
| PLAN | |
| A: Leadership | A.1 Health and Safety Policy A.2 Management Commitment and Engagement A.3 Risk Profile A.4 Objective Setting |
| B: Planning for Emergencies | B.5 Critical Incident Management B.6 Protocols for Immediate Response B.7 Protocols for Recovery |
| DO | |
| C: Health and Safety Arrangements | C.8 Institutional Arrangements C.9 Local Arrangements |
| D: Risk Assessment and Risk Control | D.10 Hazard and Risk Register D.11 Arrangements for Risk Assessments D.12 Application of Arrangements D.13 Implementation of Controls |
| E: Competence | E.14 Health and Safety Training E.15 Health and Safety Competence |
| F: Communication | F.16 Institutional Communication F.17 Local Communication |
| G: Consultation | G.18 Institutional Consultation G.19 Local Consultation |
| CHECK | |
| H: Health and Safety Monitoring | H.20 Inspection / Audit H.21 Action Tracking H.22 Statutory Checks (equipment) H.23 Data Collection and Analysis |
| I: Accidents and Incidents | I.24 Accident / Incident Arrangements I.25 Compliance with Arrangements I.26 Conduct of Investigations |
| ACT | |
| J: Review | J.27 Self-Review J.28 Improvement Planning |

Each Indicator has its own summary sheet, and it is here that the questions referred to above are listed. Sometimes an auditor will refer to this as a 'question set'. Here is an example of part of an Indicator summary sheet relating to Theme D12 'Application of Risk Assessment Arrangements'

D12 Application of Risk Assessment Arrangements

| Basic | Substantial | High |
|---|--|---|
| 12.1.1 Sources of imminent danger/ acute ill health have been subject to risk assessment and a record of the assessment exists. | 12.2.1 The formal risk assessment process adopted by the function has been applied to all activities/ tasks that pose a significant risk. | 12.3.1 Risk assessments are incorporated into a document control system. |
| 12.1.2 Controls have been identified for sources of imminent danger/ acute ill health and are designed to fail safe in order to mitigate serious consequences. | 12.2.2 Specified controls are consistent with relevant standards and guidance. | 12.3.2 Risk assessments relating to highly significant hazards have been subject to peer review where appropriate. |
| 12.1.3 Staff and students are aware of workplace controls | 12.2.3 Risk assessments are up to date and authorised. | 12.3.3 Training records exist for individuals undertaking and authorising risk assessments. |
| 12.1.4 Persons at risk are identified. | 12.2.4 Appropriate people have been involved in the creation of the assessment and determination of controls. | 12.3.4 Actions arising out of risk assessments are assigned to named individuals and given suitable timescales. |
| | 12.2.5 The level of detail contained in risk assessments is commensurate with the level of risk associated with the task. | |

Note that the questions are divided into columns headed 'Basic', 'Substantial' and 'High' corresponding to a level of assurance you will be able to give, if you can answer 'yes' to all the questions in that column. The definition of these levels of assurance and an explanation of how they can be used is given below.

Getting started - Some key questions

Before you implement HASMAP at your institution you need to explore two key questions;

- Are you formally adopting the HASMAP management standard or only using the audit tool?
- Which parts of HASMAP will you adopt (or use in your audit)?

Management standard or audit tool?

If you formally adopt HASMAP as a management standard you will need to review your existing systems and arrangements by applying the HASMAP question set to the health and safety arrangements you currently have in place. This will allow you to identify what works and what does not, and to create a systematic framework in which your existing protocols operate. You may encounter some resistance when first introducing the HASMAP standards, particularly amongst those with limited experience of health and safety management systems and may perceive this to be too restrictive to their teaching or research. As HASMAP is specifically tailored towards HEI and provides a flexible framework, these concerns can be resolved. A commitment from senior management though is essential as this can be a resource intensive process and can include a period of training and explanation in order to implement the standard and embed it within your institution.

If you start by deploying the audit tool without formally adopting the standard, you are effectively carrying out this 'gap analysis' as you go. The recommendations that arise from your audits then steer you towards the management standard by stealth.

Typically HASMAP is deployed as an audit tool in the first instance and the systems are 'grown in' via audit recommendations.

Which parts of HASMAP to use?

HASMAP is constructed in a modular format and it is your decision as to which of these modules ("Indicators") you use within your institution. You may decide that only a limited number of Indicators are useful to you, you may use them all, or you may opt for a phased approach - starting with a few Indicators and introducing others in stages over time.

The HASMAP Indicators are grouped together under the 'Plan, Do, Check, Act' headings described in HSG65, so they each represent an important aspect of the way health and safety is managed. If you want to begin with a limited number of Indicators, it is recommended that you pick D - Risk Assessment and Risk Control and I - Accidents and Incidents. These indicators are highlighted as they test the robustness of how you assess and control risks (D) and the robustness of what you do if things unravel and you have an accident (I). You can of course adopt whichever Indicators you feel represent the most value to your institution.

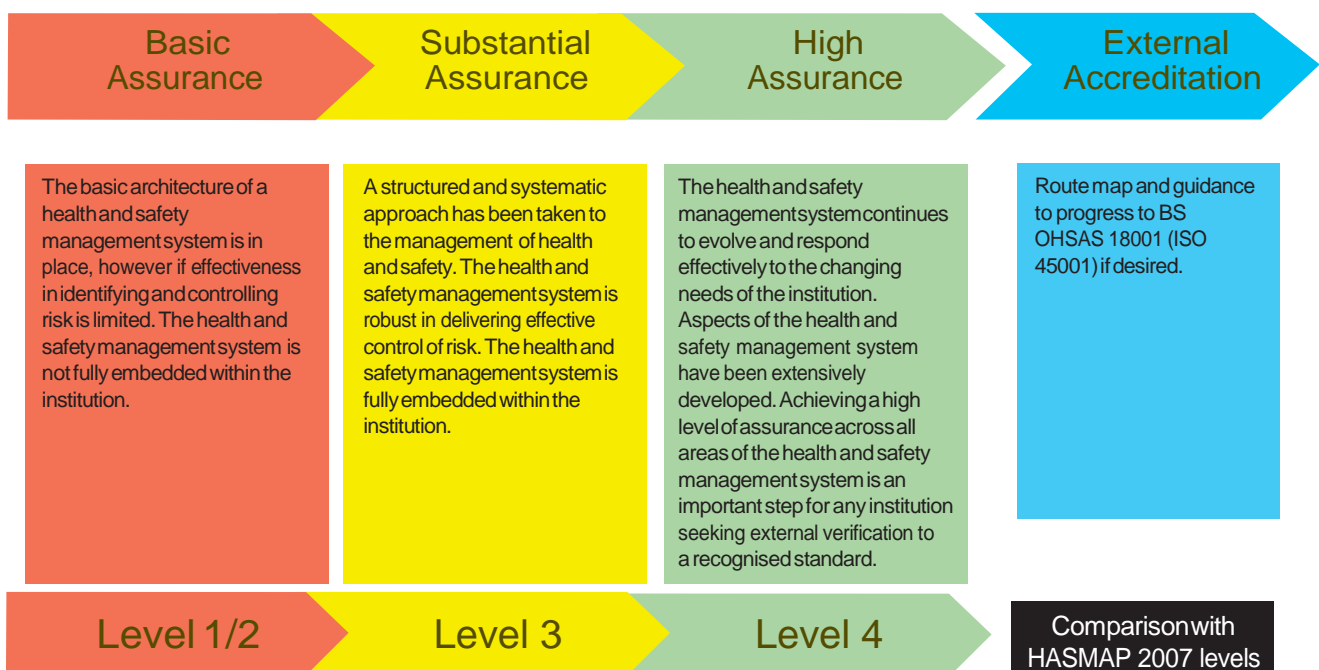
Your decision may be based on a number of factors:

- Are you auditing the Institution as a whole or a specific Function, be that an individual school, department, unit, laboratory, workshop etc.
- How complex is the area to be audited, both in terms of the number & type of people and the range of hazards?
- What auditing resources do you have, in terms of number of auditors, time, competency and experience?
- What level of assurance are you looking for?
- Are you auditing to check a specific issue or looking to monitor improvements and trends across the institution or from one year to the next?
- Are there any common themes arising from committee discussions, inspections, or incident reports that have highlighted the need to prioritise certain indicators e.g. Leadership, Planning for Emergencies or Competence?

The HASMAP standard will enable you to tailor the standards to address these factors.

Levels of assurance

The purpose of a health and safety audit (an audit being defined as 'a systematic and independent review of evidence') is to provide assurance to the controlling minds of an institution, that health and safety is being adequately managed. HASMAP has been constructed such that evidence gathered within an audit can be assessed in order to give one of three levels of assurance. As an institution improves and embeds the way it manages health and safety, then the level of assurance should move from *basic*, to *substantial*, to *high*. These levels can be thought of as follows:



How to use HASMAP to audit

The first part of any audit process is to define and agree the terms of reference. This will require clarification of the area to be audited, the specific hazards that will be considered, the type of people who will be involved, including the auditors and those being audited, and which of the HASMAP standards will be used to gauge the level of assurance. Depending on the size and complexity of the audit, this scoping exercise may in itself require a degree of planning in order to obtain approval from the senior manager of the function.

Once the terms of reference have been agreed, you and your fellow auditors will then formulate a plan for obtaining evidence, which can then be used to assess the assurance level against the HASMAP standards. The evidence is likely to be a mix of documentation, interview notes, photographs, and witnessing of activities. This is common to any audit process, but a clear understanding of the HASMAP standards helps the auditors target their question sets and observations so as to obtain sufficient and relevant evidence. Guidance is provided on each indicator worksheet to clarify the meaning of certain standards and provide some indication of the type of evidence that should be looked for and obtained. As the evidence is gathered, the HASMAP standards are checked, starting with the basic statements and then working towards substantial and high. You, and your fellow auditors, will assess whether evidence provided meets the criteria for each standard and you will record your decision on the relevant worksheet.

If all standards are met for a specific assurance level, then that level is assigned as fully met in the resulting profile. If not, then the assurance is recorded as partially met. For a basic level of assurance to be given, a function should be meeting their minimum legal requirements. Therefore, you are looking to check that the people who need to 'do' health and safety are doing it and doing it properly. As the level of assurance increases, the quality of the systems supporting and driving health and safety improves. So a substantial or high level of assurance correlates to increasing robustness and consistency of systems (which are described in question form within the Indicator sheets). Each level incorporates the preceding level, such that substantial cannot be awarded until all the elements listed under basic are achieved.

It is important to remember that you, as the auditor, of the function will make this judgment based on the evidence provided. As part of the evidence gathering you should provide the function with ongoing feedback and opportunity to clarify any misunderstandings or lack of evidence. However, an audit is ultimately a sampling exercise and there will come a time when you need to stop gathering evidence and an assessment will be made. The updated standards and accompanying guidance should make that assessment process easier.

At the end of this assessment, you will formulate a 'profile' of a function's arrangements, normally with a mixture of assurance levels for each of the indicators used to audit the function. Although the final report will outline the findings and recommendations in greater detail, the 'profile' helps senior management and other members of the institution understand where gaps exist and which indicators might require greater focus in the future.

Further information

Each of the HASMAP indicators includes guidance on to how the type of evidence to gather and how to assess the assurance levels. Further information is then available from the following sources:

- USHA Training
- USHA- 'Leadership and Management of Health and Safety for Higher Education Institutions' [any others e.g. HSE65]

Indicator summary A: Leadership (July 2017 Audit Indicator)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|--|-----------------|-------|-------|-----------------------|-------|-------|----------------|-------|-------|
| | YEAR | | | YEAR | | | YEAR | | |
| | JUL 2017 | | | | | | | | |
| A1 Health and safety policy | 1.1.1 | 1.1.1 | 1.1.1 | 1.2.1 | 1.2.1 | 1.2.1 | 1.3.1 | 1.3.1 | 1.3.1 |
| | 1.1.2 | 1.1.2 | 1.1.2 | 1.2.2 | 1.2.2 | 1.2.2 | 1.3.2 | 1.3.2 | 1.3.2 |
| | 1.1.3 | 1.1.3 | 1.1.3 | 1.2.3 | 1.2.3 | 1.2.3 | 1.3.3 | 1.3.3 | 1.3.3 |
| | 1.1.4 | 1.1.4 | 1.1.4 | 1.2.4 | 1.2.4 | 1.2.4 | | | |
| | 1.1.5 | 1.1.5 | 1.1.5 | 1.2.5 | 1.2.5 | 1.2.5 | | | |
| | 1.1.6 | 1.1.6 | 1.1.6 | 1.2.6 | 1.2.6 | 1.2.6 | | | |
| A2 Management commitment and engagement | 2.1.1 | 2.1.1 | 2.1.1 | 2.2.1 | 2.2.1 | 2.2.1 | 2.3.1 | 2.3.1 | 2.3.1 |
| | 2.1.2 | 2.1.2 | 2.1.2 | 2.2.2 | 2.2.2 | 2.2.2 | 2.3.2 | 2.3.2 | 2.3.2 |
| | 2.1.3 | 2.1.3 | 2.1.3 | 2.2.3 | 2.2.3 | 2.2.3 | 2.3.3 | 2.3.3 | 2.3.3 |
| | 2.1.4 | 2.1.4 | 2.1.4 | 2.2.4 | 2.2.4 | 2.2.4 | 2.3.4 | 2.3.4 | 2.3.4 |
| | 2.1.5 | 2.1.5 | 2.1.5 | 2.2.5 | 2.2.5 | 2.2.5 | | | |
| | | | 2.2.6 | 2.2.6 | 2.2.6 | | | | |
| A3 Risk profile | 3.1.1 | 3.1.1 | 3.1.1 | 3.2.1 | 3.2.1 | 3.2.1 | 3.3.1 | 3.3.1 | 3.3.1 |
| | 3.1.2 | 3.1.2 | 3.1.2 | 3.2.2 | 3.2.2 | 3.2.2 | 3.3.2 | 3.3.2 | 3.3.2 |
| | | | | | | | 3.3.3 | 3.3.3 | 3.3.3 |
| A4 Objective setting | 4.1.1 | 4.1.1 | 4.1.1 | 4.2.1 | 4.2.1 | 4.2.1 | 4.3.1 | 4.3.1 | 4.3.1 |
| | 4.1.2 | 4.1.2 | 4.1.2 | 4.2.2 | 4.2.2 | 4.2.2 | | | |
| | | | | 4.2.3 | 4.2.3 | 4.2.3 | | | |
| | | | | 4.2.4 | 4.2.4 | 4.2.4 | | | |
| | | | | 4.2.5 | 4.2.5 | 4.2.5 | | | |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

A1: Health and safety policy (July 2017 Audit Theme)

| Basic | Substantial | High |
|---|--|--|
| 1.1.1 A code of practice (CoP) exists and is up to date. | 1.2.1 The CoP defines key safety related roles and responsibilities. | 1.3.1 A formal and fundamental review of the CoP is periodically undertaken in consultation with appropriate members of the workforce. |
| 1.1.2 The CoP is communicated to relevant persons including staff and students. | 1.2.2 The CoP is formally reviewed at an appropriate frequency. | 1.3.2 The CoP is supported by strategic plans and health and safety objectives. |
| 1.1.3 The CoP is signed by the senior manager (if at an institutional level, this should be the most senior manager). | 1.2.3 The CoP makes an explicit commitment to improving health and safety performance with reference to measures of performance. | 1.3.3 The CoP forms an integral part of the health and safety management system. |
| 1.1.4 The CoP contains a commitment to compliance with relevant health and safety legislation. | 1.2.4 There is a formal system through which the code of practice is communicated to all staff and students. | |
| 1.1.5 The CoP contains a commitment to the provision of a safe and healthy working environment. | 1.2.5 Functions are explicitly linked to College's health and safety policy. | |
| 1.1.6 The CoP makes a commitment to the prevention of injury and ill health in the workplace. | 1.2.6 A person with authority within the function coordinates and monitors CoP implementation. | |
| | | |

A2: Management commitment and engagement (July 2017 Audit Theme)

| Basic | Substantial | High |
|--|---|--|
| <p>2.1.1 Managers are aware of their responsibilities and legal duties.</p> | <p>2.2.1 A senior leader is formally given the responsibility for the management of health and safety within the function and this individual is aware of this aspect of their role.</p> | <p>2.3.1 Any local health and safety management structure is consistent with and links to the College's health and safety management structure.</p> |
| <p>2.1.2 Managers can demonstrate an understanding of the hazards present in the work area for which they are responsible.</p> | <p>2.2.2 Resources are made available for health and safety.</p> | <p>2.3.2 There are systems in place to facilitate the reporting of health and safety issues to senior leaders.</p> |
| <p>2.1.3 If there are examples of health and safety issues arising, managers have supported the development of a solution in a timely manner.</p> | <p>2.2.3 Managers attend formal health and safety meetings with an appropriate group of attendees. A senior manager chairs these meetings.</p> | <p>2.3.3 Where deficiencies in health and safety have wider learning value the findings have been shared with other functions or areas.</p> |
| <p>2.1.4 Managers attend a meeting or forum at which health and safety issues are discussed.</p> | <p>2.2.4 Leaders have attended Health and safety training.</p> | <p>2.3.4 Opportunities are taken to seek and adopt learning from external institutions or bodies.</p> |
| <p>2.1.5 Managers provide adequate resources where additional controls are identified through risk assessment or following revisions to guidance and standards.</p> | <p>2.2.5 Engagement of senior leaders in health and safety issues is visible to staff at all levels within the function.</p> | |
| | <p>2.2.6 Individuals with key health and safety responsibilities (i.e. management and safety advisors) are adequately supported, specifically with respect to the time and training required to fulfil the role.</p> | |

A3: Risk profile (July 2017 Audit Theme)

| Basic | Substantial | High |
|--|--|---|
| <p>3.1.1 The Head of Function can describe the significant hazards present within their function.</p> | <p>3.2.1 There is a formally maintained document accurately depicting the risk profile of the function.</p> | <p>3.3.1 There is a specified systematic method to be adopted in the production of a risk profile.</p> |
| <p>3.1.2 The hazards recognized by the Head of the Function are consistent with those dealt with in HASMAP Section D10.</p> | <p>3.2.2 There is a mechanism in place to trigger a review of the risk profile at appropriate intervals and following appropriate or significant changes.</p> | <p>3.3.2 The production and review of risk profiles within the function are consistent with the institution's procedures/ codes of practice.</p> |
| | | <p>3.3.3 There is a formal communication of the function risk profile to the institution's management.</p> |

A4: Objective setting (July 2017 Audit Theme)

| Basic | Substantial | High |
|--|---|---|
| <p>4.1.1 Health and safety objectives are set. <i>The topic for this item in 2017, is the College Driving policy and COP, introduced in April 2016.</i> <i>Expected evidence; the COP has been circulated to staff and discussed at H&S committee; actions recorded, prioritised.</i></p> | <p>4.2.1 The Function has a formal health and safety plan which is forward looking and is used to identify health and safety objectives. <i>Identifies relevant persons (e.g. grey fleet drivers) and annually remind staff and students of the need for personal business risk insurance if using their own vehicle for College business.</i></p> | <p>4.3.1 Health and safety objectives are consistent with and are linked to the institutional objectives. <i>Division undertakes occasional monitoring of the policy, for example by checking if those driving abroad have used the ASIRT link on the driving policy pages to download country-specific road travel reports.</i></p> |
| <p>4.1.2 Managers with health and safety objectives know and understand them. <i>All staff and line managers who drive or direct others to drive to other campuses and workplaces, or use their vehicle for business purposes, understand the insurance and risk assessment requirements.</i></p> | <p>4.2.2 Health and safety objectives are determined through a process of gap analysis and are relevant to the Function. <i>There is a system for:</i></p> <ul style="list-style-type: none"> • <i>Checking if departmental drivers have valid driving licences (only relevant where there are drivers whose specific role is to drive a College vehicle).</i> • <i>Ensuring driving risk assessments are suitable and sufficient particularly if driving abroad.</i> • <i>Monitoring of the petrol claim allowance</i> | |
| | <p>4.2.3 Metrics are in place for the management of health and safety objectives.</p> | |
| | <p>4.2.4 Managers with health and safety objectives are held accountable for their delivery.</p> | |
| | <p>4.2.5 Health and safety objectives are consistent across the Function.</p> | |

Guidance for auditors

A1 Health and safety code of practice (COP)

1.1.1

A policy exists and is up to date, is communicated and is signed by the most senior manager.

At Imperial we would expect departments, sections, institutions (functions), to comply with and reference College policy. Functions should describe their commitments and arrangements in a **Code of Practice**, which must be communicated appropriately and be up to date.

1.2.5

Functions are explicitly linked to the institution's health and safety policy.

If the function has its own health and safety code of practice, it must be consistent with that of the institution. If the function has no COP of its own, there must be an explicit statement that the institution's policy is adopted by the function. This statement could exist in a number of locations, for example it could be present in the institution's policy (top-down) or could be present in the terms of reference of a function's health and safety committee.

1.3.1

A formal and fundamental review of the COP is periodically undertaken in consultation with appropriate members of the workforce.

There should be a formal requirement to review the policy at an appropriate frequency. This should include guidance on who should undertake the review and be consulted during the review.

1.3.2

The policy is supported by strategic plans and health and safety objectives.

Where workplace hazards are associated with strategic plans (such as expansion into new areas, significant new build etc.), these plans must make suitable provision for the control of these hazards.

A2 Management commitment and engagement

2.1.3

If there are examples of health and safety issues arising, managers have supported the development of a solution in a timely manner.

Look for the engagement of managers, for example in terms of their allocation of time and financial support to workplace safety issues. If you have no examples of issues then ignore 2.1.3.

2.1.4

Managers attend a meeting or forum at which health and safety issues are discussed.

Managers attend any meeting or forum at which health and safety issues can be raised and discussed.

2.1.5

Managers provide adequate resources where additional controls are identified through risk assessment or following revisions to guidance and standards.

This differs from 2.1.3 in that it specifically looks at controls identified by risk assessment. Is there evidence that such controls are not being implemented in a timely manner, and if so is there evidence that adequate time and money is not being made available by managers?

2.2.2

Resources are made available for health and safety that has been identified as required.

Basic assurance can be given if resources have been provided; even if this is not a formal system (2.1.3 and 2.1.5 refer/ refer to 2.1.3 and 2.1.5).

You should look for some mechanism by which funding can be allocated should health and safety issues be identified. This might take the form of a stated route, such as making a case to a specific committee or manager for funding. This mechanism should be triggered by both reactive (arising from accidents or incidents) and proactive health and safety measures.

2.2.3

Managers attend formal health and safety meetings with an appropriate group of attendees. A senior manager chairs these meetings.

These meetings must be minuted, actions must be tracked, they must periodically consider health and safety planning activity, must have representatives from the local area and be chaired by a senior manager from within the function. The objective of 2.2.3 is to ensure that workplace hazards that are actually present in the workplace are discussed and considered.

2.3.3

Where deficiencies in health and safety have wider learning value the findings have been shared with other functions or areas.

This point is about upward and wider engagement of the function with the rest of the institution. Look for a formal route whereby any issues identified within the function can and have been communicated to a wider audience.

2.3.4

Opportunities are taken to seek and adopt learning from external institutions or bodies.

Look for evidence that relevant professional bodies and others with specific expertise (such as research groups from other institutions) are identified and consulted by managers. If the workplace hazards are such that no such bodies exist for the function, ignore 2.3.4

A3 Risk profile

3.1.2

The hazards recognised by the Head of the function are consistent with those dealt with in section D10 (hazard and risk register).

Theme D10 (hazard and risk register) is focused on operational controls in the workplace. In 3.1.2 you should check that the Head of function has an understanding of workplace hazards that is consistent with those recognised in D10 (hazard and risk register).

3.3.1

There is a specified systematic method to be adopted in the production of a risk profile.

Look for a description of how a risk profile is to be determined. This should be capable of identifying workplace hazards accurately. You will need to make a judgment around which workplace hazards you would expect to be included.

3.3.3

There is a formal communication of the function risk profile to the institution's management.

Any entries on a function's risk profile must be communicated to the institution's senior management team. Look for an established route for this communication and evidence that this has taken place.

A4 Objective setting

4.1.1

Health and safety objectives are set.

Both reactive and proactive health and safety measures will typically require some action to be taken by specific individuals. Look for such objectives being allocated to certain individuals and that these are understood (refer to 4.1.2). For example, you could look for any controls that are identified via risk assessment which require actions from individuals (such as delivery of training or purchase of equipment), and check to see that these are translated into objectives (formal or informal).

4.2.1

The Function has a formal health and safety plan which is forward looking and is used to identify health and safety objectives.

An annual or other plan should be in place in which necessary improvements in the management of workplace hazards are identified and actions allocated to appropriate individuals.

4.2.4

Metrics are in place for the management of health and safety objectives.

Metrics may take a number of forms, such as key performance indicators, action plans which are tracked by line management or committees, or entries on annual staff reviews. Look for some mechanism by which objectives can be tracked and progress monitored by managers.

4.2.5

Managers with health and safety objectives are held accountable for their delivery.

Look for evidence that any mechanism you identify in 4.2.4 has been adopted and used.

4.3.1

Health and safety objectives are consistent with and are linked to the Institutional objectives.

If the institution has no formal health and safety objectives but the function has achieved, all points in 4.2, 4.3.1 can be ignored and 'high' assurance awarded.

Indicator summary B: Planning for emergencies (July 2017 Audit Indicator)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|---|-----------------|-------|-------|-----------------------|-------|-------|----------------|-------|-------|
| | YEAR | | | YEAR | | | YEAR | | |
| | JUL 2017 | | | | | | | | |
| B5 Critical incident management | 5.1.1 | 5.1.1 | 5.1.1 | 5.2.1 | 5.2.1 | 5.2.1 | 5.3.1 | 5.3.1 | 5.3.1 |
| | 5.1.2 | 5.1.2 | 5.1.2 | 5.2.2 | 5.2.2 | 5.2.2 | 5.3.2 | 5.3.2 | 5.3.2 |
| | 5.1.3 | 5.1.3 | 5.1.3 | 5.2.3 | 5.2.3 | 5.2.3 | | | |
| | | | | 5.2.4 | 5.2.4 | 5.2.4 | | | |
| B6 Procedures for immediate response | 6.1.1 | 6.1.1 | 6.1.1 | 6.2.1 | 6.2.1 | 6.2.1 | 6.3.1 | 6.3.1 | 6.3.1 |
| | 6.1.2 | 6.1.2 | 6.1.2 | 6.2.2 | 6.2.2 | 6.2.2 | 6.3.2 | 6.3.2 | 6.3.2 |
| | 6.1.3 | 6.1.3 | 6.1.3 | 6.2.3 | 6.2.3 | 6.2.3 | | | |
| | | | | 6.2.4 | 6.2.4 | 6.2.4 | | | |
| | | | | 6.2.5 | 6.2.5 | 6.2.5 | | | |
| | | | 6.2.6 | 6.2.6 | 6.2.6 | | | | |
| B7 Procedures for recovery | 7.1.1 | 7.1.1 | 7.1.1 | 7.2.1 | 7.2.1 | 7.2.1 | 7.3.1 | 7.3.1 | 7.3.1 |
| | 7.1.2 | 7.1.2 | 7.1.2 | 7.2.2 | 7.2.2 | 7.2.2 | 7.3.2 | 7.3.2 | 7.3.2 |
| | 7.1.3 | 7.1.3 | 7.1.3 | 7.2.3 | 7.2.3 | 7.2.3 | 7.3.3 | 7.3.3 | 7.3.3 |
| | | | | 7.2.4 | 7.2.4 | 7.2.4 | | | |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

B5: Critical incident management (July 2017 Audit Theme)

| Basic | Substantial | High |
|--|---|--|
| 5.1.1 The findings of risk assessments have led to the identification of potential critical incidents. | 5.2.1 There is a list of the critical incidents or residual risks. | 5.3.1 The critical incident plan is linked to business continuity plans and is regularly reviewed by a competent person. |
| 5.1.2 Critical incidents have been recognized and are known. | 5.2.2 A documented critical incident plan has been developed and is in place. | 5.3.2 A business impact analysis has been undertaken to measure the impact of the identified emergencies. |
| 5.1.3 Staff are aware of the action to take if an emergency occurs. | 5.2.3 Relevant staff are aware of the critical incident plan. | |
| | 5.2.4 The critical incident plan is reviewed after all critical incidents and updated as necessary. | |

B6: Procedures for immediate response (July 2017 Audit Theme)

| Basic | Substantial | High |
|---|---|---|
| <p>6.1.1 There are procedures to deal with critical incidents in the area.</p> | <p>6.2.1 There are written procedures for all emergencies identified in the critical incident plan.</p> | <p>6.3.1 The written procedures for emergencies include how and when to escalate each type of incident.</p> |
| <p>6.1.2 There is equipment available to deal with any identified emergencies.</p> | <p>6.2.2 The equipment and resources for each type of emergency are identified and available.</p> | <p>6.3.2 The procedures for emergencies are tested periodically to ensure their effectiveness, with support from external agencies as appropriate.</p> |
| <p>6.1.3 Staff have been trained to respond to emergencies.</p> | <p>6.2.3 Staff in the area have been trained in the correct procedure for all relevant emergency and this is recorded.</p> | |
| | <p>6.2.4 There are identified disposal/ decontamination protocols for equipment used to deal with emergencies.</p> | |
| | <p>6.2.5 Staff are aware of how to gain access to specialist advice.</p> | |
| | <p>6.2.6 The equipment used for emergencies is regularly inspected and tested.</p> | |

B7: Procedures for recovery (July 2017 Audit Theme)

| Basic | Substantial | High |
|--|--|--|
| 7.1.1 There are procedures for recommencement of work following an emergency. | 7.2.1 There are written procedures for the immediate and short term recovery of work areas and activities following emergency incidents. | 7.3.1 Recovery plans for the area are linked to the institutional business recovery plans. |
| 7.1.2 Arrangements are in place to notify staff of the procedures for recovery. | 7.2.2 Staff are aware of the process for recovery after a major incident. | 7.3.2 The business recovery plans are available remotely from the site. |
| 7.1.3 There is a method of recording the nature of the emergency and the outcomes. | 7.2.3 All staff responsible for activities have been trained in the recovery procedures. | 7.3.3 Debriefs take place after incidents and lessons learnt are shared. |
| | 7.2.4 There are agreed arrangements for how other areas are required to respond to/ assist with recovery from the emergency. | |

Guidance for auditors

B5 Critical incident management

5.1.1

The findings of risk assessments have led to the identification of potential critical incidents.

A critical incident is an event which has the foreseeable potential to disrupt the activities in the area and may cause serious harm to the occupants of the area; this could be a spill of a hazardous material, an escape of a hazardous substance, a fire or other foreseeable event.

5.2.1

There is a list of the critical incidents or residual risks.

There should be a record of the types of critical incidents or residual risks that might foreseeably occur.

5.2.2

A documented critical incident plan has been developed and is in place.

The list in 5.2.1 helps develop a documented plan, outlining the potential impact on the function, specifically as to those who might be affected, and what protocols are required to deal with the outcome of the critical incident.

5.3.1

The critical incident plan is linked to business continuity plans and is regularly reviewed by a competent person.

The critical incident plan is linked to business continuity plans to ensure that key risks to the function/ institution are recognised and appropriate resource can be made readily available.

5.3.2

A business impact analysis has been undertaken to measure the impact of the identified emergencies.

This enables the critical incident plan/ business continuity plans to be considered and the risks identified prioritised. It provides a level of assurance to the institution that its critical incidents and the impacts arising from them are being managed.

B6 Procedures for immediate response

This section addresses the immediate situation, evacuation, containment and making the area safe.

6.3.1

The written procedures for emergencies include how and when to escalate each type of incident.

The level of escalation may vary dependent upon the situation and the procedures should identify when and who to notify.

6.3.2

The procedures for emergencies are tested periodically to ensure their effectiveness, with support from external agencies as appropriate.

This may include agreeing arrangement with external agencies e.g. Public Health, Fire Rescue Service, Highways, Police, press etc.

B7 Procedures for recovery

This addresses the clean-up, decontamination, disposal, alternative accommodation and return to an operational condition following the emergency.

7.1.1

There are procedures for recommencement of work following an emergency.

This could be as simple as when to re-enter a building after the fire alarm has been activated or the procedures for clean-up and re-entry into a laboratory after a chemical spill.

Indicator summary C: Health and safety arrangements (Not Included in July 2017 Audit)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|----------------------------------|-----------------|-------|-------|-----------------------|-------|-------|----------------|-------|-------|
| | YEAR | | | YEAR | | | YEAR | | |
| | | | | | | | | | |
| C8 Institutional arrangements | 8.1.1 | 8.1.1 | 8.1.1 | 8.2.1 | 8.2.1 | 8.2.1 | 8.3.1 | 8.3.1 | 8.3.1 |
| | 8.1.2 | 8.1.2 | 8.1.2 | 8.2.2 | 8.2.2 | 8.2.2 | 8.3.2 | 8.3.2 | 8.3.2 |
| | 8.1.3 | 8.1.3 | 8.1.3 | 8.2.3 | 8.2.3 | 8.2.3 | 8.3.3 | 8.3.3 | 8.3.3 |
| | | | | 8.2.4 | 8.2.4 | 8.2.4 | 8.3.4 | 8.3.4 | 8.3.4 |
| | | | | 8.2.5 | 8.2.5 | 8.2.5 | | | |
| | | | | 8.2.6 | 8.2.6 | 8.2.6 | | | |
| | | | | | | | | | |
| C9 Local arrangements | 9.1.1 | 9.1.1 | 9.1.1 | 9.2.1 | 9.2.1 | 9.2.1 | 9.3.1 | 9.3.1 | 9.3.1 |
| | 9.1.2 | 9.1.2 | 9.1.2 | 9.2.2 | 9.2.2 | 9.2.2 | 9.3.2 | 9.3.2 | 9.3.2 |
| | 9.1.3 | 9.1.3 | 9.1.3 | 9.2.3 | 9.2.3 | 9.2.3 | | | |
| | | | | 9.2.4 | 9.2.4 | 9.2.4 | | | |
| | | | | 9.2.5 | 9.2.5 | 9.2.5 | | | |
| | | | | 9.2.6 | 9.2.6 | 9.2.6 | | | |
| | | | | 9.2.7 | 9.2.7 | 9.2.7 | | | |
| | | | | 9.2.8 | 9.2.8 | 9.2.8 | | | |
| | | | | 9.2.9 | 9.2.9 | 9.2.9 | | | |
| | | | | | | | | | |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

This indicator is intended to allow you to explore the structures and systems which your institution has in place. The word 'arrangements' refers to things like committees, key safety critical jobs and written procedures. The division of this indicator into two themes is intended to differentiate between those arrangements determined and defined at an institutional level and those determined and defined at a local level.

C8: Institutional arrangements (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|---|
| <p>8.1.1 Arrangements are in place for the assessment and control of significant hazards.</p> | <p>8.2.1 Health and safety responsibilities are clearly defined for all relevant roles.</p> | <p>8.3.1 A formal document control system has been adopted and is comprehensively used.</p> |
| <p>8.1.2 There is some framework of health and safety responsibilities and key individuals understand their position within it.</p> | <p>8.2.2 Arrangements state that individuals in safety critical posts have an appropriate level of authority and competency.</p> | <p>8.3.2 Competency requirements have been determined for all staff with health and safety responsibilities.</p> |
| <p>8.1.3 There are meetings conducted at various levels within the institution, during which health and safety is discussed.</p> | <p>8.2.3 Formal institutional arrangements are in place for the assessment and control of all workplace hazards.</p> | <p>8.3.3 Where appropriate, reviews of procedures include gap analysis and formal consultation.</p> |
| | <p>8.2.4 There is a system in place to manage all documents in which institutional safety arrangements are described.</p> | <p>8.3.4 There are arrangements in place between the institution and partner organisations.</p> |
| | <p>8.2.5 Arrangements are formally reviewed at an appropriate frequency.</p> | |
| | <p>8.2.6 A consistent health and safety committee structure is defined for the institution.</p> | |

C9: Local arrangements (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|--|
| <p>9.1.1 Arrangements are in place for the assessment and control of significant risks.</p> | <p>9.2.1 The roles and responsibilities for key individuals are defined and individuals are formally appointed where required.</p> | <p>9.3.1 A formal document control system is used.</p> |
| <p>9.1.2 There is a written protocol describing the controls to be adopted for all significant risks.</p> | <p>9.2.2 Arrangements state that individuals in safety critical posts have an appropriate level of authority and competency.</p> | <p>9.3.2 Competency requirements have been determined and are stated for all staff with health and safety responsibilities.</p> |
| <p>9.1.3 Key individuals with safety critical roles are identified and understand their duties.</p> | <p>9.2.3 Formal arrangements are in place for the assessment and control of all significant hazards present in the workplace.</p> | |
| | <p>9.2.4 All local arrangements must be consistent with institutional arrangements.</p> | |
| | <p>9.2.5 There is a system in place to manage documents for all local safety arrangements.</p> | |
| | <p>9.2.6 Local arrangements are formally reviewed at an appropriate frequency.</p> | |
| | <p>9.2.7 There is a local, formally convened health and safety committee or health and safety is an agenda item on another committee/ meeting.</p> | |
| | <p>9.2.8 Local arrangements are consulted upon during their development.</p> | |
| | <p>9.2.9 Local arrangements for the assessment of risk are of a consistent format and follow consistent methodologies.</p> | |

Guidance for auditors

C8 Institutional arrangements

8.1.1

Arrangements are in place for the assessment and control of significant hazards.

Look for some form of risk assessment process. This must be capable of identifying relevant risks and determining suitable workplace controls.

8.1.2

There is some framework of health and safety responsibilities and key individuals understand their position within it.

Look for a statement which identifies individuals with key health and safety roles. This would typically include senior managers, line managers, safety officers, staff and students and give a description of their duties under UK Health and Safety legislation.

Question individuals identified in this statement to confirm that they are aware of the extent of their duties and understand how to fulfil them.

8.1.3

There are meetings conducted at various levels within the institution, during which health and safety is discussed.

Look for formally constituted committees or groups with terms of reference that require them to discuss health and safety issues. You will need to make a judgement around the appropriateness of the frequency with which they meet. Ensure that you consider areas where significant hazards arise, i.e. do not give 8.1.3 if committees exist but areas with significant hazards are not included in their terms of reference.

8.2.1

Health and safety responsibilities are clearly defined for all relevant roles.

Look for a formal definition of responsibilities for all key roles. As a minimum the health and safety responsibilities of the Head of the function, the competent person, and staff/ students must be defined.

8.2.2

Formal institutional arrangements are in place for the assessment and control of all workplace hazards.

The nature of the authority given to staff in safety critical posts will depend on the Institution's Risk Profile. It may, for example, be appropriate that a radiation protection officer must be consulted when new work with ionising radiation is planned and that they have the power of veto over such work. This should be clearly stated within the Institution's arrangements if this is the case. You will need to make a judgment as to what the appropriate level of authority is in your context. Those given authority should also have the necessary competencies for their role and the competency requirements should be stipulated.

8.2.3

Formal Institutional arrangements are in place for the assessment and control of all workplace hazards.

Look for a formally defined method for carrying out a risk assessment and a statement of when it must be deployed. This must encompass all significant workplace hazards and may entail a single system or a number of systems relating to specific hazards. Identify any instances of significant workplace hazards not being included in the risk assessment arrangements by referring to theme A3 (risk profile) and D10 (hazard and risk register) if these are included in your audit.

8.2.4

There is a system in place to manage all documents in which institutional safety arrangements are described.

The purpose of such a system is to enable a manager or coordinator to be able to identify the most current version of any arrangements and thus ensure these are being worked to. This could take the form of electronic management, or simply a numbering system with an up to date list of current version that is available and consulted. You will need to make a judgment as to what level of sophistication is commensurate with the hazards dealt with by the arrangement in question.

8.2.6

A consistent health and safety committee structure is defined for the institution.

The appropriate locations for health and safety committees will vary between institutions. The risk profile of the institution will help determine the number and types of committees required. In the case of multiple committees, consider the interaction that exists between them.

8.3.2

Competency requirements have been determined for all staff with health and safety responsibilities.

Look for formally defined competency requirements which as a minimum must cover safety professionals, heads of function and staff with safety critical roles. The competency requirements may relate to formal qualifications, in-house training or informal provision of information. You will need to make a judgment on the appropriate competency requirements in the context of your audit.

C9 Local arrangements

9.1.1

Arrangements are in place for the assessment and control of significant hazards.

Look for some form of risk assessment process. This must be capable of identifying relevant risks and determining suitable workplace controls.

9.1.2

There is a written protocol describing the controls to be adopted for all significant risks.

For 'basic' assurance to be awarded a written description of workplace controls (such as would occur in a risk assessment) must exist for any hazard that could cause significant injury or harm. You will need to make a judgment as to the meaning of 'significant' in this context. As a minimum standard you must include anything that would trigger a report under RIDDOR.

9.1.3

Key individuals with safety critical roles are identified and understand their duties.

Look for statements in the function's health and safety arrangements (procedures/ policy) which identify individuals with key health and safety roles. This would typically include senior managers, line managers, safety officers, staff and students, and give a description of their duties under UK Health and Safety legislation. Check that these individuals recognise themselves and their duties in these statements.

9.2.2

Arrangements state that individuals in safety critical posts have an appropriate level of authority and competency.

The nature of the authority given to staff in safety critical posts will depend on the workplace hazard in question. It may, for example, be appropriate that a radiation protection officer must be consulted when new work with ionising radiation is planned and that they have the power of veto over such work. This should be clearly stated within the function's arrangements if this is the case. You will need to make a judgment on what the appropriate level of authority is in each context. Look for formal statements that ensure individuals in safety critical roles are appropriately consulted and that their advice is given sufficient consideration. Those given authority should also have the necessary competencies for their role and the competency requirements should be stipulated.

9.2.3

Formal arrangements are in place for the assessment and control of all significant hazards present in the workplace.

Look for a formally defined method for carrying out a risk assessment and a statement as to when it must be deployed. This must encompass all significant workplace hazards and may be either a single system or a number of systems relating to specific hazards. Identify any instances of significant workplace hazards not being included in the risk assessment arrangements by referring to themes A3 (risk profile) and D10 (hazard and risk register) if these are included in your audit.

9.2.4

All local arrangements must be consistent with institutional arrangements.

Individual functions may decide to introduce their own arrangements for individual hazards. If this is the case, they should be in line with and consistent with the institution's arrangements. They should at least provide a similar standard of control or if this is not the case, it should be clear as to why the institution's standard is not relevant or applicable. In some cases, there will be no institutional arrangement, so functions will need to develop their own arrangements with input from relevant people at both the function and institutional level, as appropriate.

9.2.5

There is a system in place to manage documents for all local safety arrangements.

The purpose of such a system is to enable a manager or coordinator to be able to identify the most current version of any arrangements and thus ensure these are being worked to. This could take the form of an electronic document management system, or simply a numbering system with an up-to-date list of current versions that is available and consulted. You will need to make a judgment as to what level of sophistication is commensurate with the hazards dealt with by the arrangement in question.

9.2.7

There is a local, formally convened health and safety committee or health and safety is an agenda item on another committee/meeting.

If no local committee is convened, 9.2.7 may be omitted ONLY if matters relating to the function are adequately discussed at an institutional or other appropriate committee/ meetings as an agenda item.

Health and safety committee should;

- have terms of reference
- be chaired by suitable management leads
- have appropriate membership
- be minuted
- ensure actions are tracked

Terms of reference must include the review of accident and ill health data; accident investigations; inspection of the workplace by enforcement bodies; emergency procedures; and changes in the workplace affecting the health, safety and wellbeing of staff and students. Not all of these issues need to be discussed at all meetings of all committees. For example, you may determine that some issues should be dealt with frequently and others only annually. You will need to make a judgment as to how these terms of reference should be put into practice in your Institution.

Membership must include management representatives with sufficient authority to give proper consideration to views and recommendations, employee representatives, and people with specific competences (e.g. health and safety advisors, technical specialists).

9.3.2

Competency requirements have been determined and are stated for all staff with health and safety responsibilities.

Look for formally defined competency requirements which as a minimum must include safety professionals, heads of function and staff with safety critical roles. The competency requirements may relate to formal qualifications, in-house training or informal provision of information. You will need to make a judgment on the appropriate competency requirements in the context of your audit.

Indicator summary D: Risk assessment and control (Not Included in July 2017 Audit)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|---------------------------------------|-----------------|--------|--------|-----------------------|--------|--------|----------------|--------|--------|
| | YEAR | | | YEAR | | | YEAR | | |
| | | | | | | | | | |
| D10 Hazards and risk register | 10.1.1 | 10.1.1 | 10.1.1 | 10.2.1 | 10.2.1 | 10.2.1 | 10.3.1 | 10.3.1 | 10.3.1 |
| | | | | | | | 10.3.2 | 10.3.2 | 10.3.2 |
| D11 Arrangements for risk assessments | 11.1.1 | 11.1.1 | 11.1.1 | 11.2.1 | 11.2.1 | 11.2.1 | 11.3.1 | 11.3.1 | 11.3.1 |
| | | | | 11.2.2 | 11.2.2 | 11.2.2 | 11.3.2 | 11.3.2 | 11.3.2 |
| | | | | 11.2.3 | 11.2.3 | 11.2.3 | 11.3.3 | 11.3.3 | 11.3.3 |
| | | | | 11.2.4 | 11.2.4 | 11.2.4 | 11.3.4 | 11.3.4 | 11.3.4 |
| D12 Application of arrangements | 12.1.1 | 12.1.1 | 12.1.1 | 12.2.1 | 12.2.1 | 12.2.1 | 12.3.1 | 12.3.1 | 12.3.1 |
| | 12.1.2 | 12.1.2 | 12.1.2 | 12.2.2 | 12.2.2 | 12.2.2 | 12.3.2 | 12.3.2 | 12.3.2 |
| | 12.1.3 | 12.1.3 | 12.1.3 | 12.2.3 | 12.2.3 | 12.2.3 | 12.3.3 | 12.3.3 | 12.3.3 |
| | 12.1.4 | 12.1.4 | 12.1.4 | 12.2.4 | 12.2.4 | 12.2.4 | 12.3.4 | 12.3.4 | 12.3.4 |
| | | | | 12.2.5 | 12.2.5 | 12.2.5 | | | |
| D13 Implementation of controls | 13.1.1 | 13.1.1 | 13.1.1 | 13.2.1 | 13.2.1 | 13.2.1 | 13.3.1 | 13.3.1 | 13.3.1 |
| | 13.1.2 | 13.1.2 | 13.1.2 | 13.2.2 | 13.2.2 | 13.2.2 | 13.3.2 | 13.3.2 | 13.3.2 |
| | 13.1.3 | 13.1.3 | 13.1.3 | | | | | | |
| | 13.1.4 | 13.1.4 | 13.1.4 | | | | | | |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

This indicator is intended to allow you to explore the structures and systems which your institution has in place. The word 'arrangements' refers to things like committees, key safety critical jobs and written procedures. The division of this indicator into two themes is intended to differentiate between those arrangements determined and defined at an institutional level and those determined and defined at a local level.

D10: Hazard and risk register (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|---|---|---|
| 10.1.1 Managers within the function can identify relevant hazards present in the workplace. | 10.2.1 Hazards and risks within the function are identified and recorded in a maintained risk register. | 10.3.1 The control of risks is commensurate with their significance. |
| | | 10.3.2 The significant risks from the function are communicated to the institutional risk register owner. |

D11: Arrangements for risk assessment (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|---|--|---|
| 11.1.1 Some procedures exist for the assessment of risk. | 11.2.1 A formal methodology exists for the assessment of risks. This must contain the following elements: <ul style="list-style-type: none"> • a means of determining the level of risk (threshold of significance) • a definition of who may authorise an assessment • the adoption of a hierarchy of controls in determining workplace controls • the participation of appropriate stakeholders | 11.3.1 There is a document control system for risk assessments. |
| | 11.2.2 The arrangements must stipulate the risk assessments are reviewed: <ul style="list-style-type: none"> • periodically • following accidents or incidents • when the task has significantly changed. | 11.3.2 There is a formal requirement to peer review risk assessments in complex cases. |
| | 11.2.3 Risk assessment arrangements must incorporate mechanisms for consultation of competent persons. | 11.3.3 There is a system for recording the training given to all individuals undertaking and authorising risk assessments. |
| | 11.2.4 Training needs are defined for individuals undertaking and authorising risk assessments. | 11.3.4 Systems are in place to check that control measures are consistent with stipulated standards. |

D12: Application of risk assessment arrangements

(Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|--|
| <p>12.1.1 Sources of imminent danger/ acute ill health have been subject to risk assessment and a record of the assessment exists.</p> | <p>12.2.1 The formal risk assessment process adopted by the function has been applied to all activities/ tasks that pose a significant risk.</p> | <p>12.3.1 Risk assessments are incorporated into a document control system.</p> |
| <p>12.1.2 Controls have been identified for sources of imminent danger/ acute ill health and are designed to fail safe in order to mitigate serious consequences.</p> | <p>12.2.2 Specified controls are consistent with relevant standards and guidance.</p> | <p>12.3.2 Risk assessments relating to highly significant hazards have been subject to peer review where appropriate.</p> |
| <p>12.1.3 Staff and students are aware of workplace controls.</p> | <p>12.2.3 Risk assessments are up to date and authorised.</p> | <p>12.3.3 Training records exist for individuals undertaking and authorising risk assessments.</p> |
| <p>12.1.4 Persons at risk are identified.</p> | <p>12.2.4 Appropriate people have been involved in the creation of the assessment and determination of controls.</p> | <p>12.3.4 Actions arising out of risk assessments are assigned to named individuals and given suitable timescales.</p> |
| | <p>12.2.5 The level of detail contained in risk assessments is commensurate with the level of risk associated with the task.</p> | |

D13: Implementation of controls (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|---|---|--|
| <p>13.1.1 Staff and students are aware of the workplace controls that apply to them.</p> | <p>13.2.1 Workplace controls detailed in risk assessments including foreseeable incidents/ accidents/ emergencies or events are being consistently applied.</p> | <p>13.3.1 Workplace controls are proportionate to the level of risk and implemented in a manner that does not in itself cause any additional hazards.</p> |
| <p>13.1.2 Workplace controls are implemented and effectively controlling sources of imminent danger.</p> | <p>13.2.2 Where the risk assessment requires a safe system of work to be adopted, it will cover:</p> <ul style="list-style-type: none"> • specific control measures • provision and recording of suitable training • supervision <p>The requirements outlined in the safe system of work have been implemented.</p> | <p>13.3.2 Actions are monitored and registered as complete</p> |
| <p>13.1.3 Workplace controls meet legislative requirements.</p> | | |
| <p>13.1.4 Personal protective equipment stipulated as necessary is judged to be appropriate, available and in good condition</p> | | |

Guidance for auditors

D10 Hazard and risk register

10.1.1

Managers within the function can identify relevant hazards present in the workplace.

You need to satisfy yourself that managers are aware of the hazards which they need to manage. For a basic level of assurance this need not be formally written. You will need to cross reference any hazards identified by managers during interviews with those you find in the workplace.

10.2.1

Hazards and risks within the function are identified and recorded in a maintained register.

For substantial assurance to be awarded a formal log of workplace hazards must exist. This can be electronic or hard copy but must include those hazards you judge to be significant and be maintained: the log must be subject to review periodically and when workplace hazards change.

10.3.1

The control of risks is commensurate with their significance.

You should look for evidence that effort and resources are being focused appropriately. For example, look for formally organised projects around hazards you judge to be of high significance, such as the setting up of new research teams associated with hazardous chemicals, processes or environments. Conversely, try to identify situations where excessive work is undertaken around hazards of a low significance, such as complex risk assessments being undertaken around insignificant hazards. In order to award high, the function should be working within an environment where the effort associated with the control of workplace hazards is commensurate with the level of risk.

10.3.2

The significant risks from the function are communicated to the institutional risk register owner.

There is an element of duplication between these 10.3.2 and 3.3.3: this is to allow these Indicators to be used independently. 10.3.2 looks for consistency with 3.3.3 (if both indicators are used) and checks that the hazards identified within the Function are communicated to the Institution (if Indicator D is used 'stand-alone').

D11 Arrangements for risk assessment

11.1.1

Some procedures exist for the assessment of risk.

In order for basic to be awarded, there must be a formally stated procedure by which risks are to be assessed and controls determined. This must be consistent with the current guidance on how to perform a risk assessment provided by the Health and Safety Executive. It must prompt the identification of hazards, those that might be harmed, and determine suitable workplace controls.

11.2.1

A formal methodology exists for the assessment of risks. This must contain the following elements:

- a means of determining the level of risk (threshold of significance)
- a definition of who may authorise an assessment
- the adoption of a hierarchy of controls in determining workplace controls
- possible impact on other processes
- the participation of appropriate stakeholders

In order for substantial to be awarded, the arrangements that a function has in place for the assessment of risk will need to provide guidance as to what should be subject to assessment and with respect to how to carry out a risk assessment. The arrangements should support the assessor in ensuring that the effort associated with the assessment of workplace hazards and the implementation of controls is commensurate with the level of risk.

11.2.2

The arrangements must stipulate the risk assessments are reviewed:

- periodically
- following accidents or incidents
- when the task has significantly changed

In order for risk assessments to remain relevant, there is a need for them to be regularly reviewed. The arrangements should indicate what might prompt a review, whether that is a prescribed timescale, following an accident, or after a change in the task that might introduce new hazards or alter the level of risk e.g. new equipment, new facilities, new people, new legislation etc..

11.2.3

Risk assessment arrangements must incorporate mechanisms for consultation of competent persons.

This relates to any hazards whose controls need to be determined by people with a specific technical understanding (such as ionising radiation, hazardous chemicals, pathogens, asbestos etc.). The risk assessment arrangements must state that such persons are to be consulted in appropriate circumstances. Arrangements must also state that advice from such competent persons is given a sufficient level of authority. 11.2.3 can be omitted if you judge that all hazards present in the workplace can adequately be assessed and controls determined by non-specialists.

11.3.2

There is a formal requirement to peer review risk assessments in complex cases.

If the function has highly specialised and significant work place hazards it may be appropriate for the assessment to be peer reviewed by other assessors or committees. You will need to make a judgment as to whether or not this is appropriate in the case of the function you are auditing. You may wish to consider the consequences associated with mistakes being made within a risk assessment and the likelihood of an assessor making such a mistake when determining this. In other words, you may choose to 'risk assess' the risk assessment process. If the consequence of an assessor making a mistake is serious, and the likelihood high, you may judge that some form of peer review is appropriate.

D12 Application of risk assessment arrangements

12.2.2

Specified controls are consistent with relevant standards and controls

In order to determine the appropriateness of controls you should consider where each control sits within any hierarchy stipulated by legislation. For example, the Control of Substances Hazardous to Health (COSHH) regulations or the Provision and Use of Work Equipment Regulations (PUWER) each specify a hierarchy of controls. Determine if the controls you are looking at within the Function are correctly located within any such hierarchy. If there is no formally defined hierarchy of controls for a workplace hazard then you should consider using a generic hierarchy based on the principals of engineering out the risk first, then administrative controls, with the use of personal protective equipment (PPE) as the final option. In the case of PPE you will need to confirm that the type and specification is appropriate.

12.2.3

Risk assessments are up to date and authorised.

Look for examples where risk assessments have not been reviewed within their stated interval or following accidents/ incidents or for examples where assessments do not reflect the way in which tasks are actually conducted.

12.2.4

Appropriate people have been involved in the creation of the assessment and determination of controls.

Look for evidence that those undertaking and authorising risk assessments are trained and have the necessary technical competence (both in risk assessment process and the hazards being assessed).

12.2.5

The level of detail contained in risk assessments is commensurate with the level of risk associated with the task.

Look for examples of 'too little' and 'too much'. This includes the effort involved in producing the risk assessment, the number and type of people involved, as well as the detail recorded as a result of the assessment. You may find examples of hazards and risks that have not been considered during an audit and you will need to make a judgment as to the significance of these when considering awarding 12.2.5.

12.3.2

Risk assessments relating to highly significant hazards have been subject to peer review where appropriate.

If such peer review is identified under 11.3.2 check that this has been undertaken.

D13 Implementation of controls

13.1.3

Workplace controls meet legislative requirements.

In order to award basic you must consider both the controls themselves and any recording requirements stipulated in legislation (such as for testing of lifting equipment or extract systems).

13.2.1

Workplace controls detailed in risk assessments including foreseeable incidents/ accidents/ emergencies or events are being consistently applied.

You will need to make a judgment as to what level (if any) of inconsistency you tolerate when you award 13.2.1. A small number of low significance non-compliances may present no risk to individuals but may be evidence of a poor safety culture within the function. Toleration of low-level inconsistencies by a function may therefore represent the 'tip of the iceberg'. You should also look for a positive culture of challenge whereby the non-adoption of workplace controls is open to challenge. It is recommended that the threshold you choose around non-adoption of controls is one of low tolerance.

13.2.2

Where the risk assessment requires a safe system of work to be adopted, it will cover

- specific control measures
- provision and recording of suitable training
- supervision

The requirements outlined in the safe system of work have been implemented.

The effective implementation and subsequent use of any controls identified via risk assessment is key to workplace safety. As noted in 11.2.1 and 12.2.2 the choice of controls will depend on a hierarchy of control. As part of this hierarchy there may be a need to formally prescribe how a task should be done, including who is permitted to undertake the task and what additional training or supervision is required. For consistency and to avoid uncertainty, particularly amongst higher risk activities, then this safe system of work should be documented. Safe systems of work may be known locally by a variety of terms, such as formal permit to work systems or standard operating procedures, method statements, local rules, etc. You should consider the need for a safe system of work, with reference to the risk assessment, and whether the requirements of the safe system of work have been adopted and appropriately controlling the risk.

Indicator summary E: Health and safety competency (Not Included in July 2017 Audit)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|-------------------------------------|-----------------|--------|--------|-----------------------|--------|--------|----------------|--------|--------|
| | YEAR | | | YEAR | | | YEAR | | |
| | | | | | | | | | |
| E14 Health and safety training | 14.1.1 | 14.1.1 | 14.1.1 | 14.2.1 | 14.2.1 | 14.2.1 | 14.3.1 | 14.3.1 | 14.3.1 |
| | 14.1.2 | 14.1.2 | 14.1.2 | 14.2.2 | 14.2.2 | 14.2.2 | 14.3.2 | 14.3.2 | 14.3.2 |
| | 14.1.3 | 14.1.3 | 14.1.3 | 14.2.3 | 14.2.3 | 14.2.3 | | | |
| | 14.1.4 | 14.1.4 | 14.1.4 | 14.2.4 | 14.2.4 | 14.2.4 | | | |
| | | | | 14.2.5 | 14.2.5 | 14.2.5 | | | |
| E15 Health and safety competency | 15.1.1 | 15.1.1 | 15.1.1 | 15.2.1 | 15.2.1 | 15.2.1 | 15.3.1 | 15.3.1 | 15.3.1 |
| | 15.1.2 | 15.1.2 | 15.1.2 | 15.2.2 | 15.2.2 | 15.2.2 | 15.3.2 | 15.3.2 | 15.3.2 |
| | 15.1.3 | 15.1.3 | 15.1.3 | 15.2.3 | 15.2.3 | 15.2.3 | 15.3.3 | 15.3.3 | 15.3.3 |
| | 15.1.4 | 15.1.4 | 15.1.4 | 15.2.4 | 15.2.4 | 15.2.4 | 15.3.4 | 15.3.4 | 15.3.4 |
| | 15.1.5 | 15.1.5 | 15.1.5 | 15.2.5 | 15.2.5 | 15.2.5 | | | |
| | | | | 15.2.6 | 15.2.6 | 15.2.6 | | | |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

This indicator is intended to allow you to consider both the training and competencies requirements within your institution.

Training refers to the practice of providing training courses, workshops, coaching, mentoring, or other learning opportunities to employees and students to inspire, challenge, and motivate them to perform the functions of their position to the best of their ability and within set standards.

Competency refers to the ability of a person to successfully apply health and safety skills, knowledge and training in the context of contractor, staff, student's roles and/or activities.

E14: Health and safety training (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|---|---|--|
| 14.1.1 Minimum levels of health and safety training have been identified. | 14.2.1 Structured analysis of training needs has led to the development of a training matrix (training needs analysis). | 14.3.1 There is a procedure detailing the arrangements for recording training and maintaining records. |
| 14.1.2 Staff, students and contractors are provided with a minimum level of information about health and safety on their arrival. | 14.2.2 There is training that addresses identified health and safety training needs. | 14.3.2 There is a systematic way of keeping training records. |
| 14.1.3 There is an ongoing training programme in place. | 14.2.3 Training records are in place and maintained. | |
| 14.1.4 Staff with key health and safety roles are provided with training or instruction. | 14.2.4 An annual review of training needs is undertaken. | |
| | 14.2.5 Training needs are reviewed after any relevant accident and incident or when the task has significantly changed. | |

E 15: Health and safety competency (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|---|
| 15.1.1 The health and safety competency of individuals is developed through supervision and instruction. | 15.2.1 Health and safety competencies of contractors is formally assessed prior to appointment. | 15.3.1 Health and Safety competencies have been defined and are maintained for all staff groups. |
| 15.1.2 There is a way of recognising where competency already exists. | 15.2.2 There are records of health and safety competency checks or methods of signing off staff as competent. | 15.3.2 There are checks that people signing off staff as competent have a higher level of experience, skills or knowledge. |
| 15.1.3 The competency of staff in safety critical roles has been assessed and approved by line managers. | 15.2.3 Managers and staff have access to health and safety advice and assistance relevant to the hazard and risk profile from a competent person. | 15.3.3 The health and safety advice and assistance is provided by competent individuals who have sufficient authority and independence. |
| 15.1.4 In areas where health and safety is critical, there are arrangements to ensure suitable cover for staff absences. | 15.2.4 Competency is assessed prior to appointment of staff with key health and safety roles. | 15.3.4 There is a procedure detailing the institution's (institutional or local) arrangements for setting and determining competency. |
| 15.1.5 Contractors are assessed before appointment. | 15.2.5 There are competency criteria for safety critical activities. | |
| | 15.2.6 There are systems for identifying areas where health and safety competency needs to be improved. | |

Guidance for auditors

E14 Health and safety training

'E14 health and safety training' refers to the practice of providing training courses, workshops, coaching, mentoring, or other learning opportunities to employees and students to inspire, challenge, and motivate them to perform the functions of their position to the best of their ability and within standards set by the institution or local function.

14.1.1

Minimum levels of health and safety training have been identified.

The institution or local function should have considered the significant health and safety issues that will affect new staff, students and contractors and identified the procedures that need to be explained to them when they start. They should also have identified how this information is to be delivered e.g. as part of a general induction programme, pre-contract meetings etc.

14.1.2

Staff, students and contractors are provided with a minimum level of information about health and safety on their arrival.

There should be evidence that the information and processes in 14.1.1 are being delivered. This could be through questioning individuals or through the production of induction training records.

14.1.3

There is an ongoing training programme in place.

After the minimum level of information has been supplied to a new person, there should be a health and safety training programme in place to provide further information and instruction relevant to that person's activities. At a basic level this could be a generalised programme set an institutional / local level or both.

14.1.4

Staff with key health and safety roles are provided with training and or instruction.

Staff with key health and safety roles such as safety officers, co-ordinators, fire wardens, first aiders, or those persons tasked with undertaking a specific safety related activity (e.g. inspecting & maintaining equipment) are provided with suitable training or instruction.

14.2.1

Structured analysis of training needs has led to the development of a training matrix (training needs analysis).

A training needs analysis is a systematic look at the type of activities being undertaken and the identification of what skills and knowledge staff will need to undertake them in a safe manner.

14.2.2

There is training that addresses identified health and safety training needs.

Once the training needs have been identified a programme should be in place to address them. Often this is a combination of institutional and local training programmes, but can often require external training that may also include a standard qualification (e.g. food hygiene, electrician, safety, abrasive wheels, etc.). It should be clear that where training needs have been identified, that individuals have undertaken the required training or there are at least plans in place to address this in a reasonable timeframe.

14.2.3

Training records are in place and maintained.

Records of training need to be in place. They can be electronic or paper, but will need to be easily retrievable and kept up-to-date.

14.2.4

An annual review of training needs is undertaken.

The annual review of training needs can be done as part of the individual staff review / performance process, or as part of an overarching annual review process (this links with the indicator 'J: Review'). This should identify any gaps or requirements for further training needs.

14.2.5

Training needs are reviewed after any relevant accident and incident or when the task has significantly changed.

As part of the accident/ incident investigation training should be considered. In addition, training needs may change if the task significantly changes, such as the introduction of new equipment, alterations to the control measures. Any additional training needs identified for the individual or the activity should be added to the training matrix.

14.3.1

There is a procedure detailing the arrangements for recording training and maintaining records.

Training records need to be kept for a suitable time and in a manner that makes them readily available and easily understood. It should also be clear as to how these records are reviewed and updated. These procedures could be set at an institutional level, but if not then the function should have a local procedure in place.

14.3.2

There is a systematic way of keeping training records.

The procedures identified in 14.3.1 should be in place, ensuring training records have been consistently applied and relate to the training matrix/ needs analysis.

E15 Health and safety competency

'E15 health and safety competency' refers to the ability of a person to successfully apply their health and safety skills, knowledge, training and experience in the context of their role and/ or activities.

15.1.1

The health and safety competency of individuals is developed through supervision and instruction.

When discussing training, staff and supervisors will be able to explain the process of ensuring that individuals are competent. This can mean that they have been on a specific training course where competency is checked as part of the course, e.g. a first aid course where a practical exam measures the ability of the individual to transfer the theory into practical application. It can also mean that individuals are supervised until the individual has demonstrated the necessary competency.

15.1.3

The competency of staff in safety critical roles has been assessed and approved by line managers.

Where there are safety critical activities, line managers need to be involved in the process of determining competency e.g. asbestos responsible person is appointed and deemed competent by the senior manager or laboratory managers are appointed by the Heads of School etc.

15.1.4

Where health and safety is critical, there are arrangements to ensure competent cover for staff absences.

Deputies are appointed for safety critical roles or other means of support are available e.g. through another specialist within the function or institution, partnership with other specialist services.

15.2.1

Health and safety competency of contractors is formally assessed prior to appointment.

Health and safety competency of contractors is often done as part of the purchasing criteria, but on occasion contractors are appointed locally. In either case, the health and safety information may include a pre-qualification questionnaire (PQQ) (e.g. a review of their policy, commitment to trained staff, acceptance of the institution's arrangements, any prosecutions etc.). If no PQQ is in place then a consistent method of checking contractors should be in place, e.g. a health and safety checklist.

15.2.2

There are records of health and safety competency checks or methods of signing off staff as competent.

Where it has been identified that competency needs to be checked, evidence should be available. This is often part of the training record, but can be a certificate, electronic or paper record. Competency records should include the criteria (e.g. demonstrated the correct technique in lifting and handling) and identify the person who determined that the necessary competency had been achieved.

15.2.3

Managers and staff have access to health and safety advice and assistance relevant to the hazard and risk profile from a competent person.

Access to adequate health and safety advice relevant to the hazard and risk profile need not only be provided by health and safety staff - many local staff have the expertise and knowledge to provide specific support.

15.2.4

Competency is assessed prior to appointment of staff with key health and safety roles.

This requirement generally relates to those with a specific safety role, but you may find that at an institutional level there is a section on health and safety in every job description and the level of detail will depend on the risk profile. In other situations where safety is critical there may be very specific criteria.

15.2.6

There are systems for identifying areas where health and safety competency needs to be improved.

There may be situations where health and safety competency needs to be improved, and the identification of this can come from many different sources, e.g. a number of near misses, outcome of accidents/ incidents, staff review process, supervisor observation, lack of attainment of competency criteria etc.

15.3.2

There are checks that people signing staff off as competent have a higher level of experience, skills or knowledge.

Those that are making the judgement that someone is competent should not be appointed solely due to their seniority within the institution. The person who determines others as competent must have the correct level of experience, knowledge and skills themselves. This could, for example, be a manager, a peer, or an external body.

15.3.3

The health and safety advice and assistance is provided by competent individuals who have sufficient authority and independence.

Health and safety advice and assistance can be provided by staff in the local areas provided they have been given the necessary authority e.g. Head of function has formally appointed fire wardens etc. Access to other specialist advice and assistance should also be available (e.g. from health and safety staff, radiation protection advisers, fire officers) as required against the risk profile. It should be clear that advice provided by these individuals is acknowledged and acted upon.

15.3.4

There is a procedure detailing the institution's (institutional or local) arrangements for setting and determining competency.

Often this is part of the training procedure which details the institution's (institutional or local) arrangements for setting and determining competency. For specific tasks or activities though, this might also be set within safe systems of work arising out of the risk assessment process.

Indicator summary F: Communication (Not Included in July 2017 Audit)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|------------------------------------|-----------------|--------|--------|-----------------------|--------|--------|----------------|--------|--------|
| | YEAR | | | YEAR | | | YEAR | | |
| | | | | | | | | | |
| F16 Institutional communication | 16.1.1 | 16.1.1 | 16.1.1 | 16.2.1 | 16.2.1 | 16.2.1 | 16.3.1 | 16.3.1 | 16.3.1 |
| | 16.1.2 | 16.1.2 | 16.1.2 | 16.2.2 | 16.2.2 | 16.2.2 | 16.3.2 | 16.3.2 | 16.3.2 |
| | 16.1.3 | 16.1.3 | 16.1.3 | 16.2.3 | 16.2.3 | 16.2.3 | 16.3.3 | 16.3.3 | 16.3.3 |
| | 16.1.4 | 16.1.4 | 16.1.4 | 16.2.4 | 16.2.4 | 16.2.4 | | | |
| F17 Local communication | 17.1.1 | 17.1.1 | 17.1.1 | 17.2.1 | 17.2.1 | 17.2.1 | 17.3.1 | 17.3.1 | 17.3.1 |
| | 17.1.2 | 17.1.2 | 17.1.2 | 17.2.2 | 17.2.2 | 17.2.2 | 17.3.2 | 17.3.2 | 17.3.2 |
| | 17.1.3 | 17.1.3 | 17.1.3 | 17.2.3 | 17.2.3 | 17.2.3 | 17.3.3 | 17.3.3 | 17.3.3 |
| | 17.1.4 | 17.1.4 | 17.1.4 | | | | 17.3.4 | 17.3.4 | 17.3.4 |
| | 17.1.5 | 17.1.5 | 17.1.5 | | | | | | |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

F16: Institutional communication (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|--|---|
| <p>16.1.1 Staff are aware of relevant health and safety arrangements.</p> | <p>16.2.1 There is a system in place for the communication of health and safety arrangements within the institution.</p> | <p>16.3.1 The system used for communication of health and safety arrangements includes a step which demonstrates that the most up to date versions have been communicated to the appropriate audience.</p> |
| <p>16.1.2 Emergency services have been supplied with appropriate information.</p> | <p>16.2.2 There is a system that responds to requests for information from emergency services.</p> | <p>16.3.2 There is a formal requirement that communication needs are periodically assessed and the effectiveness of communications is evaluated.</p> |
| <p>16.1.3 Information coming from sources external to the institution is being communicated appropriately within the institution.</p> | <p>16.2.3 There is a mechanism in place by which information from external parties can be communicated and, where relevant, this has been used.</p> | <p>16.3.3 There is a documented process that enables external communication (i.e. enforcement notices) to be escalated.</p> |
| <p>16.1.4 There is a system for key managers to be made aware of significant failings in the management of health and safety.</p> | <p>16.2.4 Formal arrangements for the communication of health and safety performance are documented.</p> | |

F17: Local communication (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|--|---|
| <p>17.1.1 Point of use information is readily available.</p> | <p>17.2.1 There is a system in place to ensure relevant health and safety information on arrangements is communicated to staff and students.</p> | <p>17.3.1 The system used for communication of health and safety arrangements demonstrates that the most up to date versions have been communicated to the appropriate audience.</p> |
| <p>17.1.2 Staff are aware of the content of safe systems of work.</p> | <p>17.2.2 There is a system in place that requires the provision of relevant information to the emergency services.</p> | <p>17.3.2 The communication system itself stipulates that communication needs are periodically assessed and its effectiveness evaluated.</p> |
| <p>17.1.3 Changes to risk assessments are communicated to the staff following reviews or updates.</p> | <p>17.2.3 There is a mechanism in place by which information from external parties can be communicated and where relevant this has been used.</p> | <p>17.3.3 Documented processes for setting out the communication routes are in place.</p> |
| <p>17.1.4 Information has been supplied to the emergency services where necessary.</p> | | <p>17.3.4 Local communication systems are consistent with those of the institution.</p> |
| <p>17.1.5 There is a system for key managers to be made aware of significant failings in the management of health and safety.</p> | | |

Guidance for auditors

F16 Institutional communication

16.1.1

Staff are aware of relevant health and safety arrangements.

Where the institution produces arrangements (protocols identifying who must do what with respect to health and safety), staff must be aware of the content of any arrangements which are relevant to them. If no such arrangements have occurred, because this is left to the function to produce, then 16.1.1 can be ignored.

16.1.2

Emergency services have been supplied with appropriate information.

Emergency services such as the fire and rescue service may need to be supplied with information relating to the location of people, the location of certain hazards (such as pressurised cylinders and toxic chemicals) and the construction of buildings. When conducting an audit of an institution the auditor should first ascertain what the requirements of the local emergency services are and then seek evidence that such information has been supplied.

16.1.3

Information coming from sources external to the institution is being communicated appropriately within the institution.

There are a number of external sources of information, such as the Health and Safety Executive (for regulatory matters), the Foreign and Commonwealth Office (for travel warnings and advice), or Public Health England (for health alerts and guidance). Where these, or other external bodies, are providing information relevant to the institution, look for evidence that this information is being circulated to appropriate people and places.

16.1.4

There is a system for key managers to be made aware of significant failings in the management of health and safety.

If significant failings have occurred, test to see if key managers are aware of these failings. 'Key Managers' in this context are likely to be those who are considered to be the controlling minds of the organisation.

16.2.2

There is a system through which the information needs of the emergency services are ascertained and information supplied.

Such a system may take the form of a regular formal meeting with representatives of the emergency services, or a less formal point of contact (such as an individual within the institution being given the task of liaising with these agencies). Look for evidence that the system is in place and operates effectively. Check that if information is requested, it is, where appropriate, supplied.

16.2.3

There is a mechanism in place by which information from external parties can be communicated and, where relevant, this has been used.

When information is received from an external body (for example advice from the Foreign and Commonwealth Office that travel to a specified area should be avoided), this information needs to be disseminated to the correct audience in a timely manner. Look for the existence of a mechanism that achieves this. Key elements which should be in place in order for 16.2.3 to be given are: recognition of key sources of information, a means of disseminating health and safety information, and guidance as to where the information should be sent.

F17 Local communication

17.1.1

Point of use information is readily available.

Point of use information includes any information that should be available at the workplace itself. This might include safety signage or operating procedures containing safety critical information. You will need to make a judgement as to what this should look like within the function you are auditing by identifying those elements of a safe system of work that should be supported by point of use information.

17.1.2

Staff are aware of the content of safe systems of work.

Using observation and interviews test for individuals understanding of the safe system of work, any safety critical rules and their knowledge of where these protocols and rules are documented/ available.

17.1.4

Information has been supplied to the emergency services where necessary.

The emergency services may need to be made aware of any significant hazards in the workplace (such as pressurised cylinders). If there is no such requirement from the emergency services then 17.1.4 can be ignored.

17.1.5

There is a system for key managers to be made aware of significant failings in the management of health and safety.

Typically the 'key manager' will be the head of the function. Test through interviews that they are aware of any significant failings that are currently affecting the function.

17.2.1

There is a system in place to ensure relevant health and safety information on arrangements is communicated to staff and students.

The institution or function should have developed arrangements for the assessment and control of all workplace hazards (see Indicator C: Health and Safety Arrangements). The function should have a system in place to check these arrangements and make sure the relevant people are informed of the requirements. This might take the form of localised policies, handbooks, rules or procedures or communicated through meetings or training programmes.

As part of the audit, check that these systems are appropriate both to the level of risk and the number/type of people that are being informed. Check available documentation to make sure it matches the requirements of the specified arrangements and through witnessing or interviewing people, check that they understand the requirements. Speak to managers to understand how they communicate these requirements themselves and check that they are consistently applying the arrangements through their visible actions e.g. laboratory managers failing to wear personal protective equipment when working in the laboratories.

17.3.2

The communication system itself stipulates that communication needs are periodically assessed and its effectiveness evaluated.

It is possible for functions to rely heavily on the distribution of information through email or written correspondent. This may be appropriate for the communication of clear and easily understood procedures, but may not ensure an appropriate understanding by all persons for higher risk or complicated requirements. The function should therefore be able to demonstrate that they have checked this themselves through inspections, training or competency assessments, personal reviews. This section is looking at how well that has been considered and whether changes have been made to the communication processes in response to those checks.

Indicator summary G: Consultation (Not Included in July 2017 Audit)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|-----------------------------------|-----------------|--------|--------|-----------------------|--------|--------|----------------|--------|--------|
| | YEAR | | | YEAR | | | YEAR | | |
| | | | | | | | | | |
| G18 Institutional consultation | 18.1.1 | 18.1.1 | 18.1.1 | 18.2.1 | 18.2.1 | 18.2.1 | 18.3.1 | 18.3.1 | 18.3.1 |
| | 18.1.2 | 18.1.2 | 18.1.2 | 18.2.2 | 18.2.2 | 18.2.2 | 18.3.2 | 18.3.2 | 18.3.2 |
| | 18.1.3 | 18.1.3 | 18.1.3 | 18.2.3 | 18.2.3 | 18.2.3 | | | |
| G19 Local consultation | 19.1.1 | 19.1.1 | 19.1.1 | 19.2.1 | 19.2.1 | 19.2.1 | 19.3.1 | 19.3.1 | 19.3.1 |
| | 19.1.2 | 19.1.2 | 19.1.2 | 19.2.2 | 19.2.2 | 19.2.2 | | | |
| | 19.1.3 | 19.1.3 | 19.1.3 | 19.2.3 | 19.2.3 | 19.2.3 | | | |
| | 19.1.4 | 19.1.4 | 19.1.4 | 19.2.4 | 19.2.4 | 19.2.4 | | | |
| | | | | 19.2.5 | 19.2.5 | 19.2.5 | | | |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

Staff involvement and participation in health and safety is promoted by structures and processes which generate co-operation between individuals and groups. This should ensure that health and safety becomes a collaborative effort and there is agreement on, and ownership of, the approach to health and safety. The division of this indicator into two themes is intended to differentiate between those arrangements determined and defined at an institutional level and those determined and defined at a local level.

In your context

You will need to determine which of these themes will apply in your audit. It may make sense to use one or other or both in the context of your institution. You will note that there is overlap between Themes 18 and 19.

G18: Institutional consultation (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|--|
| <p>18.1.1 Consultation on health and safety takes place between senior managers and employee representatives.</p> | <p>18.2.1 There is an institutional requirement that health and safety committees are formally convened for consultation and are minuted.</p> | <p>18.3.1 The health and safety consultation system is consistent across the institution.</p> |
| <p>18.1.2 Staff health and safety representatives are afforded adequate time and resources to fulfil their role.</p> | <p>18.2.2 The institution stipulates the membership requirements, terms of reference, broad agenda items and meeting frequency of health and safety committees, and these are consistent with relevant guidance.</p> | <p>18.3.2 The institution requires a periodic review of its own arrangements around consultation.</p> |
| <p>18.1.3 Staff health and safety representatives are appropriately trained to allow them to make an informed contribution on health and safety issues.</p> | <p>18.2.3 The health and safety committees are involved in reviewing institutional objectives and health and safety plans and establishing performance measures.</p> | |

G19: Local consultation (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|--|
| <p>19.1.1 Consultation takes place between managers and employee representatives on relevant matters.</p> | <p>19.2.1 There is a formally convened health and safety committee meeting.</p> | <p>19.3.1 Locally convened health and safety meetings are consistent with the institution's arrangements.</p> |
| <p>19.1.2 Staff health and safety representatives are afforded adequate time and resources to fulfil their role.</p> | <p>19.2.2 The formal health and safety committees have terms of reference that are subject to review.</p> | |
| <p>19.1.3 Staff health and safety representatives are appropriately trained to allow them to make an informed contribution on health and safety issues.</p> | <p>19.2.3 The formal health and safety committees have minutes or records of meeting outcomes.</p> | |
| <p>19.1.4 Staff are consulted about health and safety issues that directly affect them.</p> | <p>19.2.4 The local health and safety committees are involved in reviewing institutional/ local health and safety plans and establishing local performance measures.</p> | |
| | <p>19.2.5 Managers encourage their staff to participate in the consultation processes especially in regards to risk assessment and development of local controls.</p> | |

Guidance for auditors

G18 Institutional consultation

18.1.1

Consultation on health and safety takes place between senior managers and employee representatives.

To award 18.1.1 there must be evidence that the Institution has a mechanism to consult on health and safety matters in order to ensure compliance with relevant legislation. This consultation should, at the very least, cover:

- The arrangements that improve/ address health and safety at work
- The arrangements for consulting with competent persons in order to help with legal compliance
- The information to be provided to employees on the risks arising from their work
- The planning and organisation of health and safety training
- The health and safety consequences of introducing new technology.

Typically an institution will have a health and safety committee (or committees) at which this consultation takes place. If so, check the minutes and agendas to determine if the above are discussed. There is no legal requirement for a health and safety committee to be convened (unless formally requested by employee representatives), so for Basic assurance, a formal consultation is not necessary provided there is evidence of the above being covered elsewhere.

18.2.1

There is an institutional requirement that health and safety committees are formally convened for consultation and minuted.

Regardless of whether or not a formal request has been made by employee representatives for management to convene a safety committee, for substantial to be awarded such a committee or committees must be in place and convened.

18.2.2

The Institution stipulates the membership requirements, broad agenda items and meeting frequency of health and safety committees, and these are consistent with relevant guidance.

Consideration will need to be made as to the format and membership of the committee. The institution should have considered the following points when developing their consultation processes:

- Membership
 - Management representatives who have the authority to give proper consideration to views and recommendations
 - Employee representatives
 - Representatives of others in the workplace (such as students, contractors)
 - Co-opted workers and others who have specific relevant competencies.
- Format
 - Process for producing and circulating the agenda and/ or minutes
 - Accident and ill health statistics
 - Consideration of work related sickness absence statistics
 - Examination of management's safety audits
 - Any information provided by an enforcing authority
 - Consideration of safety representatives' reports
 - Consideration of the effectiveness of health and safety training
 - Consideration of the adequacy of health and safety information.

18.3.1

The health and safety consultation system is consistent across the institution.

Depending on the range of hazards and complexity of the organisation, the institution may require more than one type of health and safety committee. For example, there may be separate committees covering occupational health, genetically modified organisms or ionising radiation. Where this is the case, you should check that the membership and format is generally consistent, and it should be clear as to how these various committees report or relate to each other.

G19 Local consultation

19.1.1

Consultation takes place between senior managers and employee representatives on relevant matters.

Within a specific function, it may not be appropriate or necessary to have a formal or separate health and safety committee, but the need should have been considered, especially if there has been some form of request from employee representatives. You will need to judge whether this is required within the function or whether the consultation process undertaken at an institutional level is adequate. There should, at the very least, be opportunities for employee representatives to discuss health and safety concerns with the senior managers. Where there is formal health and safety consultation within a function, then 19.1.2 and 19.1.3 will also need to be considered.

19.1.4

Staff are consulted about health and safety issues that directly affect them.

In addition to specific health and safety committees, there should be evidence that staff are consulted about health and safety issues that directly affect them. This might occur through direct one-to-one discussions with their managers or as part of other meetings. Look for examples of current topics or issues that might affect staff to understand what involvement they have had.

19.2.1

There is a formally convened health and safety committee meeting.

Where local health and safety committees exist, then consideration will need to be made as to the format and membership of the committee. The function should have considered the following points when developing their consultation processes:

- Membership
 - Management representatives who have the authority to give proper consideration to views and recommendations
 - Employee representatives
 - Representatives of others in the workplace (such as students, contractors)
 - Co-opted workers and others who have specific relevant competencies.
- Format
 - Process for producing and circulating the agenda and/ or minutes
 - Accident and ill health statistics
 - Consideration of work related sickness absence statistics
 - Examination of management's safety audits
 - Any information provided by an enforcing authority
 - Consideration of safety representative's reports
 - Consideration of the effectiveness of health and safety training
 - Consideration of the adequacy of health and safety information.

Indicator summary H: Health and safety monitoring (Not Included in July 2017 Audit)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|-------------------------------------|-----------------|--------|--------|-----------------------|--------|--------|----------------|--------|--------|
| | YEAR | | | YEAR | | | YEAR | | |
| | | | | | | | | | |
| H20 Inspection/audit | 20.1.1 | 20.1.1 | 20.1.1 | 20.2.1 | 20.2.1 | 20.2.1 | 20.3.1 | 20.3.1 | 20.3.1 |
| | 20.1.2 | 20.1.2 | 20.1.2 | 20.2.2 | 20.2.2 | 20.2.2 | 20.3.2 | 20.3.2 | 20.3.2 |
| | 20.1.3 | 20.1.3 | 20.1.3 | 20.2.3 | 20.2.3 | 20.2.3 | 20.3.3 | 20.3.3 | 20.3.3 |
| | 20.1.4 | 20.1.4 | 20.1.4 | 20.2.4 | 20.2.4 | 20.2.4 | 20.3.4 | 20.3.4 | 20.3.4 |
| | | | | 20.2.5 | 20.2.5 | 20.2.5 | | | |
| | | | | 20.2.6 | 20.2.6 | 20.2.6 | | | |
| | | | | 20.2.7 | 20.2.7 | 20.2.7 | | | |
| | | | | 20.2.8 | 20.2.8 | 20.2.8 | | | |
| H21 Action tracking | 21.1.1 | 21.1.1 | 21.1.1 | 21.2.1 | 21.2.1 | 21.2.1 | 21.3.1 | 21.3.1 | 21.3.1 |
| | 21.1.2 | 21.1.2 | 21.1.2 | 21.2.2 | 21.2.2 | 21.2.2 | 21.3.2 | 21.3.2 | 21.3.2 |
| | | | | 21.2.3 | 21.2.3 | 21.2.3 | | | |
| | | | | 21.2.4 | 21.2.4 | 21.2.4 | | | |
| | | | | 21.2.5 | 21.2.5 | 21.2.5 | | | |
| H22 Statutory checks (equipment) | 22.1.1 | 22.1.1 | 22.1.1 | 22.2.1 | 22.2.1 | 22.2.1 | 22.3.1 | 22.3.1 | 22.3.1 |
| | 22.1.2 | 22.1.2 | 22.1.2 | 22.2.2 | 22.2.2 | 22.2.2 | 22.3.2 | 22.3.2 | 22.3.2 |
| | 22.1.3 | 22.1.3 | 22.1.3 | 22.2.3 | 22.2.3 | 22.2.3 | 22.3.3 | 22.3.3 | 22.3.3 |
| | 22.1.4 | 22.1.4 | 22.1.4 | 22.2.4 | 22.2.4 | 22.2.4 | | | |
| | 22.1.5 | 22.1.5 | 22.1.5 | 22.2.5 | 22.2.5 | 22.2.5 | | | |
| | 22.1.6 | 22.1.6 | 22.1.6 | 22.2.6 | 22.2.6 | 22.2.6 | | | |
| H23 Data collection and analysis | 23.1.1 | 23.1.1 | 23.1.1 | 23.2.1 | 23.2.1 | 23.2.1 | 23.3.1 | 23.3.1 | 23.3.1 |
| | | | | 23.2.2 | 23.2.2 | 23.2.2 | 23.3.2 | 23.3.2 | 23.3.2 |
| | | | | | | | 23.3.3 | 23.3.3 | 23.3.3 |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

This indicator is intended to allow you to explore the structures and systems which your institution has in place. The word 'arrangements' refers to things like committees, key safety critical jobs and written procedures. The division of this indicator into two themes is intended to differentiate between those arrangements determined and defined at an institutional level and those determined and defined at a local level.

H20: Inspection/audit (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|--|--|
| <p>20.1.1 Staff complete day-to-day (regular) checks.</p> | <p>20.2.1 Defined schedule for past and future inspections is in place based upon the risk profile; the schedule is followed.</p> | <p>20.3.1 Individuals independent to the function will be involved in the inspections.</p> |
| <p>20.1.2 Inspections are undertaken by the owner of the risk.</p> | <p>20.2.2 Records of local inspections exist.</p> | <p>20.3.2 Significant findings from inspections are discussed at health and safety committee and management meetings.</p> |
| <p>20.1.3 Formal inspections are undertaken once a year by a supervisor / manager, and result in a basic list of actions.</p> | <p>20.2.3 Other staff are involved, as appropriate to the risk profile of the area being inspected.</p> | <p>20.3.3 A procedure is in place to determine the frequency and scope of monitoring requirements.</p> |
| <p>20.1.4 General checklist/ aid memoire used.</p> | <p>20.2.4 Checklists are targeted to specific areas/ hazards.</p> | <p>20.3.4 Audits are undertaken by staff or external bodies which are independent of the function.</p> |
| | <p>20.2.5 An action plan is produced following inspection.</p> | |
| | <p>20.2.6 Equipment/ resources required for monitoring are available.</p> | |
| | <p>20.2.7 Equipment used for monitoring is calibrated and records maintained as required.</p> | |
| | <p>20.2.8 Self-audits against any of the function's activities/ procedures are taking place.</p> | |

H21: Action tracking (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|---|
| 21.1.1 Immediate action has been taken to resolve serious hazards/ risk. | 21.2.1 Actions are identified from monitoring activities. | 21.3.1 The status of actions is reported upon at health and safety committee and management meetings. |
| 21.1.2 Records of remedial actions are available. | 21.2.2 Measures to prevent recurrence (where actions identify non-conformities) are taken. | 21.3.2 There is a formal escalation procedure for when actions are not completed. |
| | 21.2.3 Actions are allocated to specific individuals and timescales for completion are set. | |
| | 21.2.4 Adequate resources are made available to rectify identified actions. | |
| | 21.2.5 There is a system for recording and tracking the status of actions until completed. | |

H22: Statutory checks (equipment) (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|---|--|---|
| <p>22.1.1 There is understanding of what equipment within the function requires statutory inspection, testing or examination.</p> | <p>22.2.1 Actions arising from statutory inspection, testing or examination are completed.</p> | <p>22.3.1 Records of statutory inspection, testing or examination are formally reviewed on an annual basis to ensure they include all relevant equipment and checks.</p> |
| <p>22.1.2 All equipment requiring statutory inspection, testing or examination is identifiable.</p> | <p>22.2.2 Records of actions/repairs are maintained.</p> | <p>22.3.2 Staff are appointed to have control/ ownership of equipment or processes.</p> |
| <p>22.1.3 Responsibilities for those arranging and undertaking statutory inspection, testing or examination are defined and understood.</p> | <p>22.2.3 Processes are in place to update records whenever new equipment requiring statutory inspection, testing or examination is introduced or when relevant equipment is disposed of.</p> | <p>22.3.3 A procedure on the management of equipment requiring statutory inspection, testing or examination is in place.</p> |
| <p>22.1.4 Statutory inspection, testing or examination is being undertaken.</p> | <p>22.2.4 A system is in place to enable users to identify if equipment is within its statutory inspection, testing or examination period.</p> | |
| <p>22.1.5 Records of statutory inspection, testing or examination period(s) are being maintained.</p> | <p>22.2.5 A system is in place for staff to notify specific person(s) if equipment has exceeded its statutory inspection, testing or examination period.</p> | |
| <p>22.1.6 Systems are in place to immediately remove from service defective (safety critical) work equipment. Such equipment should be locked off, isolated, removed and/ or labelled, as appropriate.</p> | <p>22.2.6 A system is in place to check records of statutory inspection, testing or examination are up to date.</p> | |

H23: Data collection and analysis (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|---|
| 23.1.1 Data regarding health and safety performance is collected. | 23.2.1 Health and safety data is reviewed to establish trends or patterns. | 23.3.1 Results from data analysis are used for planning and objective setting. |
| | 23.2.2 There is a mechanism in place to use the information from the review of health and safety data. | 23.3.2 Attainment of health and safety objectives is monitored. |
| | | 23.3.3 Guidance includes the system to be used for data collection and analysis. |

Guidance for auditors

H20 Inspection / audit

20.1.1

Staff complete day-to-day (regular) checks.

At a basic level there should at least be verbal reports of basic tours or checks with evidence of job repairs being raised for action.

20.1.2

Inspections are undertaken by the owner of the risk.

Staff report that managers are also completing basic tours or checks, and raising health and safety concerns for action.

20.1.3

Formal inspections are undertaken once a year by a supervisor/ manager, and result in a basic list of actions.

This can be judged by the evidence provided of an annual record of inspection of the work area.

20.2.1

Defined schedule for past and future inspections is in place based upon the risk profile; the schedule is followed.

There should be a defined schedule of inspection for the past period. Where no schedule exists, you should check institutional arrangements as to the expected frequency of inspections or consider whether all areas should have been formally inspected in the past year. By looking for evidence of action plans, inspection reports, completed checklists etc, you can determine whether this schedule has been covered over the specified period. There should also be a schedule or plan to inspect areas in the forthcoming period (e.g. 6 months or year).

20.2.7

Equipment used for monitoring is calibrated and records maintained as required.

Equipment used for monitoring that requires calibration should be identified and records maintained e.g. dust monitors, personal dosimeters, noise meters.

20.2.8

Self-audits against any of the function's activities/ procedures are taking place.

Staff within the function undertake their own audits or checks on arrangements against any of their local procedures, audit indicators or activities. There is evidence of audit reports, audit finding reports etc.

20.3.1

Individuals independent to the function/ unit will be involved in the inspections.

Those involved in the inspection should be noted on the relevant report form which includes their role and whether they are internal or external to the area being inspected.

20.3.2

Significant findings from inspections are discussed at health and safety committee and management meetings.

Monitoring (inspections, audits etc.) are on meeting agendas or copies of meeting minutes and notes showing when these matters have been discussed.

20.3.3

A procedure is in place to determine the frequency and scope of monitoring requirements.

A procedure is in place that describes what the requirements for monitoring are.

20.3.4

Audits are undertaken by staff or external bodies which are independent of function.

Audit reports showing audits undertaken by staff from other functions, health and safety advisors or external bodies.

H21 Action tracking

21.1.1

Immediate action has been taken to resolve serious hazards/ risk.

Staff report that serious health and safety concerns are resolved in a timely manner when raised.

21.1.2

Records of remedial actions are available.

Evidence is provided of repairs or actions being undertaken.

21.2.1

Actions are identified from all monitoring activities.

Actions from various sources of monitoring are either retained as separate plans or combined into one overarching action plan, including inspections, accidents, incidents, risk assessments, faults, defects, day-to-day monitoring (not resolved at the time), complaints etc.

21.2.2

Measures to prevent recurrence (where actions identify non-conformities) are taken.

Issues that could have an impact upon other areas or could reoccur have been considered and acted upon. This could be as part of an accident/ incident report or as a local discussion about what when wrong and why, and how it can be prevented from happening again.

21.2.3

Actions are allocated to specific individuals and timescales for completion are set.

Specific actions are assigned to relevant individuals and named. This could be an individual or a group of people, e.g. all first aiders to check first aid boxes in their areas, or a specific named person to ensure all equipment on a list is calibrated.

21.2.4

Adequate resources are made available to rectify identified actions.

Resources in terms of time, money, equipment, training is available when actions have been identified as required.

21.2.5

There is a system for recording and tracking the status of actions until completed.

Actions are signed off as completed. (i.e. to award substantial the actual completion on the action must have been checked as complete and signed off. To award basic the action needs only to have been raised).

21.3.1

The status of actions is reported upon at health and safety committee and management meetings.

The status of actions as complete, ongoing, overdue or escalated is reported upon at various levels of the function or institution e.g. local actions reported to Head at quarterly/ six monthly meetings. (The exact timescale should be defined as part of each institution's procedure).

21.3.2

There is a formal escalation process/ procedure for when actions are not completed.

A procedure is in place (this can be covered in one generic procedure that covers all monitoring) identifying an escalation process for when actions exceed the agreed timescale, require more senior decisions etc. (this can be a flow chart).

H22 Statutory checks (equipment)

Statutory checks include formal inspection. This covers pieces of equipment that, due to their function, pose a more significant risk or hazard of causing injury or ill-health if not operating correctly e.g. fire precautions, pressure vessels, local exhaust ventilations, lifting equipment etc.

22.1.1

There is understanding of what equipment within the function requires statutory inspection, testing or examination.

Staff and or managers should be able to identify equipment in their workplace that requires a statutory inspection, testing or examination. Often this is shown in an inventory, register, database, on labels etc.

22.1.3

Responsibilities for those arranging and undertaking statutory inspection, testing or examination are defined and understood.

It is important that person responsible for arranging and undertaking statutory inspection, testing or examination is clearly known. Those responsible must know that this is one of their roles. This may just be verbal confirmation. However, where confusion might arise because of the number of people or equipment, or specifically where more than one function shares a building, you should look for clear documented evidence of responsibilities.

22.1.5

Records of statutory inspection, testing or examination period(s) are being maintained.

Statutory inspection, testing or examination must be carried out and there should be records of this held locally or centrally.

22.1.6

Systems are in place to immediately remove from service defective (safety critical) work equipment. Such equipment should be locked off, isolated, removed and/ or labelled, as appropriate.

There needs to be a consistent way of removing from use equipment that fails its statutory inspection, testing or examination or has exceeded its check period. This can range from the use of out of order notices/ labels, the equipment being locked away, its plugs removed etc.

22.2.1

Actions arising from statutory inspection, testing or examination are completed.

All statutory checks will usually result in a report in which the defects are categorised and actions prioritised. If equipment remains in use a process of monitoring must be in place and any actions raised will need to be completed and a record kept. This can be a specific action log or can be added to an overarching one (see action tracking 21.2.1).

22.2.3

Processes are in place to update records whenever new equipment requiring statutory inspection, testing or examination is introduced or when relevant equipment is disposed of.

To ensure the accuracy of the equipment inventory, log, database etc. there needs to be a system in place that means new equipment is added and checked, as well as records of old equipment being removed or archived after disposal.

22.2.4

A system is in place to enable users to identify if equipment is within its statutory inspection, testing or examination period.

Users of the equipment should be able determine if the equipment is still within its statutory check or inspection period. Often this is a sticker with the dates clearly shown, although in some cases it may be necessary to refer to a list, certificate or other document. If this is the case, individuals should be able to demonstrate where this information is held.

22.2.5

A system is in place for staff to notify specific person(s) if equipment has exceeded its statutory inspection, testing or examination period.

This refers to a local or institutional procedure that identifies the process to remove a piece of equipment from use.

22.3.1

Records of statutory inspection, testing or examination are formally reviewed on an annual basis to ensure they include all relevant equipment and checks.

To ensure the accuracy of the equipment inventory, log, database etc. there needs to be a system in place that checks the accuracy of the information held against the actual equipment requiring statutory inspection, testing or examination.

22.3.2

Staff are appointed to have control / ownership of equipment.

A staff member/ team needs to be authorised to take control / ownership of the statutory check / formal inspection. This way it is clear who will manage the process.

22.3.3

A procedure on the management of equipment requiring statutory inspection, testing or examination is in place.

A procedure that covers the on management of equipment statutory inspection, testing or examination needs to be in place. This can be an individual one or one that covers work equipment as a whole.

H23 Data collection and analysis

23.1.1

Data regarding health and safety performance is collected.

Data can cover a number of different aspects including: collection of accident/ incident figures, number of ill health cases referred to occupational health, results from monitoring or statutory checks, actions completed following inspections, training attendance, risk assessment coverage, etc.

23.2.1

Health and safety data is reviewed to establish trends or patterns.

At this level the data is used in a more structured way and requires some form of analysis to identify any trends or patterns that might be emerging. Again, the range is varied dependent upon the activities/ work being undertaken. For example, the data might be reviewed to identify possible causes of ill health, areas where slips, trips or fall risks exist, or to check on the implementation of controls for particular activities or areas of concern.

23.2.2

There is a mechanism in place to use the information from the review of health and safety data.

The findings of any data review should have been used to identify how further instances can be avoided, or at least to confirm that the level of risk is acceptable under certain circumstances. This process provides an opportunity for areas of concern to be highlighted and an opportunity to improve in these areas ('plan, do, check, act' cycle). It links in and helps support the indicator 'J: Review'.

23.3.1

Results from data analysis are used for planning and objective setting.

The findings from any data collection or review should be analysed to enable new objectives to be set that actually reflect the current situation. Objectives and plans should be in place and should be able to demonstrate how these were set.

23.3.2

Attainment of health and safety objectives is monitored.

The findings from data analysis provide a way of determining if the objectives that have been set are being achieved or proving effective.

23.3.3

A procedure includes the process of data collection and analysis.

This can be covered in one generic procedure that covers monitoring or leadership objective setting etc.

Indicator summary I: Accidents and incidents (Not Included in July 2017 Audit)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|---|-----------------|--------|--------|-----------------------|---------|---------|----------------|--------|--------|
| | YEAR | | | YEAR | | | YEAR | | |
| | | | | | | | | | |
| I24 Accident and incident arrangements | 24.1.1 | 24.1.1 | 24.1.1 | 24.2.1 | 24.2.1 | 24.2.1 | 24.3.1 | 24.3.1 | 24.3.1 |
| | 24.1.2 | 24.1.2 | 24.1.2 | 24.2.2 | 24.2.2 | 24.2.2 | 24.3.2 | 24.3.2 | 24.3.2 |
| | 24.1.3 | 24.1.3 | 24.1.3 | 24.2.3 | 24.2.3 | 24.2.3 | 24.3.3 | 24.3.3 | 24.3.3 |
| | | | | 24.2.4 | 24.2.4 | 24.2.4 | | | |
| | | | | 24.2.5 | 24.2.5 | 24.2.5 | | | |
| | | | | 24.2.6 | 24.2.6 | 24.2.6 | | | |
| | | | | 24.2.7 | 24.2.7 | 24.2.7 | | | |
| | | | | 24.2.8 | 24.2.8 | 24.2.8 | | | |
| | | | | 24.2.9 | 24.2.9 | 24.2.9 | | | |
| | | | | 24.2.10 | 24.2.10 | 24.2.10 | | | |
| I25 Compliance with arrangements | 25.1.1 | 25.1.1 | 25.1.1 | 25.2.1 | 25.2.1 | 25.2.1 | 25.3.1 | 25.3.1 | 25.3.1 |
| | 25.1.2 | 25.1.2 | 25.1.2 | 25.2.2 | 25.2.2 | 25.2.2 | 25.3.2 | 25.3.2 | 25.3.2 |
| | 25.1.3 | 25.1.3 | 25.1.3 | 25.2.3 | 25.2.3 | 25.2.3 | 25.3.3 | 25.3.3 | 25.3.3 |
| | | | | 25.2.4 | 25.2.4 | 25.2.4 | | | |
| | | | | 25.2.5 | 25.2.5 | 25.2.5 | | | |
| | | | | 25.2.6 | 25.2.6 | 25.2.6 | | | |
| | | | | 25.2.7 | 25.2.7 | 25.2.7 | | | |
| I26 Conduct of investigation | 26.1.1 | 26.1.1 | 26.1.1 | 26.2.1 | 26.2.1 | 26.2.1 | 26.3.1 | 26.3.1 | 26.3.1 |
| | 26.1.2 | 26.1.2 | 26.1.2 | 26.2.2 | 26.2.2 | 26.2.2 | 26.3.2 | 26.3.2 | 26.3.2 |
| | 26.1.3 | 26.1.3 | 26.1.3 | 26.2.3 | 26.2.3 | 26.2.3 | 26.3.3 | 26.3.3 | 26.3.3 |
| | 26.1.4 | 26.1.4 | 26.1.4 | 26.2.4 | 26.2.4 | 26.2.4 | 26.3.4 | 26.3.4 | 26.3.4 |
| | 26.1.5 | 26.1.5 | 26.1.5 | | | | | | |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

I24: Accident and incident arrangements (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|---|--|--|
| <p>24.1.1 A system is in place to record accidents/ incidents.</p> | <p>24.2.1 There is a suitable system for the collection of accident/ incident data.</p> | <p>24.3.1 There is a system in place for the sharing of wider learning arising from accident/ incident investigations with appropriate sections of the Institution.</p> |
| <p>24.1.2 A system is in place to identify, record and report 'RIDDOR reportable' accidents.</p> | <p>24.2.2 There is a system in place by which accidents can be reported and this is accessible and communicated to all staff.</p> | <p>24.3.2 The accident/ incident data is controlled.</p> |
| <p>24.1.3 Information is gathered and recorded following significant accidents or incidents.</p> | <p>24.2.3 Accident reporting arrangements include a definition as to the types of accidents and incidents which should be reported and give appropriate timescales in which reports should be made.</p> | <p>24.3.3 Senior managers and staff representatives participate in accident/ incident investigations above a defined threshold.</p> |
| | <p>24.2.4 Staff are encouraged to report 'near misses'.</p> | |
| | <p>24.2.5 There is a system in place to:</p> <ul style="list-style-type: none"> • record instances of work-related ill health • refer staff to an occupational health service. | |
| | <p>24.2.6 Following accidents and incidents, there is a formal procedure for carrying out an investigation.</p> | |
| | <p>24.2.7 There is a formal requirement to periodically review accident and incident data including trend analysis.</p> | |
| | <p>24.2.8 Training requirements for individuals carrying out accident/ incident investigations must be specified and there must be a system for recording these.</p> | |
| | <p>24.2.9 The arrangements for reporting accidents, incidents and work-related ill health include an appropriate escalation procedure.</p> | |
| | <p>24.2.10 There are arrangements in place for recording work related sickness absence.</p> | |

I25: Compliance with arrangements (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|---|
| <p>25.1.1 There is some response to accidents and incidents that seeks to prevent a further similar occurrence.</p> | <p>25.2.1 Accidents and incidents are being reported in accordance with the function's arrangements.</p> | <p>25.3.1 Examples of wider learning from accidents and incidents exist.</p> |
| <p>25.1.2 There is a record of any 3-day lost time accidents/incidents.</p> | <p>25.2.2 There are records of 'near misses'.</p> | <p>25.3.2 Training records for individuals carrying out investigations are up to date.</p> |
| <p>25.1.3 There is evidence that RIDDOR reporting criteria are being applied and reports submitted.</p> | <p>25.2.3 Investigations have been completed to a satisfactory standard.</p> | <p>25.3.3 Work related sickness absence is being monitored.</p> |
| | <p>25.2.4 Periodic review of accident and incident data has been carried out in accordance with the function's arrangements.</p> | |
| | <p>25.2.5 Work-related ill health is being recorded in accordance with the function's arrangements.</p> | |
| | <p>25.2.6 Occupational health referrals are being made in accordance with the function's arrangements.</p> | |
| | <p>25.2.7 Work related sickness absence is being recorded in accordance with the function's arrangements.</p> | |
| | <p>25.2.8 There are records of dangerous occurrences should they have occurred.</p> | |

I26: Conduct of investigations (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|---|---|--|
| <p>26.1.1 People undertaking investigations are competent.</p> | <p>26.2.1 Investigations are carried out in accordance with the function's arrangements, i.e.:</p> <ul style="list-style-type: none"> • involve relevant people • carried out in a timely manner • determine causal factors and remedial actions. | <p>26.3.1 Senior managers and staff representatives have participated in investigations in accordance with the function's arrangements.</p> |
| <p>26.1.2 Investigations have been carried out following RIDDOR reportable accidents/ incidents.</p> | <p>26.2.2 Investigations are proportionate to the potential seriousness of the accident/ incident/ level of harm/ litigation.</p> | <p>26.3.2 There is evidence of wider learning being appropriately disseminated.</p> |
| <p>26.1.3 Investigations have identified causal factors.</p> | <p>26.2.3 Records of investigations are kept in accordance with the institution's document retention requirements.</p> | <p>26.3.3 Relevant leaders are aware of the following;</p> <ul style="list-style-type: none"> • The threshold above which senior managers and staff representatives must participate in investigations • The route by which wider learning is disseminated. |
| <p>26.1.4 Remedial actions have been put in place where identified as necessary following an accident or incident.</p> | <p>26.2.4 The outcome of investigations has been reported to relevant local managers.</p> | <p>26.3.4 Learning derived from accidents and incidents occurring outside the function has been sought and applied.</p> |
| <p>26.1.5 The outcome of investigations is reported locally.</p> | | |

Guidance for auditors

124 Accident and incident arrangements

24.1.2

A system is in place to identify, record and report 'RIDDOR reportable' accidents.

There must be a formal requirement to report any accidents or incidents that meet the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reporting criteria. For basic to be awarded there must be a formal arrangement which defines when such a report is made and who must submit it.

24.1.3

Information is gathered and recorded following significant accidents or incidents.

This should form the basic requirements of an accident or incident form, such that information on who was involved, when and where an accident/ incident occurred, what injuries were sustained, what medical treatment, if any, was provided, and an overview of what happened leading up to the accident/ incident. Depending on the seriousness of the accident/ incident, you might also expect other more detailed sources of information to be gathered such as photographs of the scene, CCTV records, witness statements etc.

24.2.4

Staff are encouraged to report 'near misses'.

A 'near miss' is defined as any unplanned occurrence which has or had the potential to cause injury or harm but did not.

24.2.6

Following accidents and incidents, there is a formal procedure for carrying out an investigation.

When you consider 24.2.6, it is appropriate for you to determine a threshold of accident or incident below which a formal investigation incorporating all the listed elements is not required. You will need to use your judgement as to what level is appropriate for your institution. As a minimum standard all elements must be applied to any RIDDOR reportable accidents or incidents.

'Impartial' in this context does not exclude the involvement of local managers in any investigation, rather it relates to the conduct of the investigation and the outcomes being impartial. Look for evidence where obvious failings have been missed or ignored when you consider this point.

When you consider the effectiveness of the determination of causal factors, look for guidance that prompts investigators to look at procedural, environmental and behavioural factors during an investigation.

24.3.3

Senior managers and staff representatives participate in accident/ incident investigations above a defined threshold.

For more serious accidents there must be a requirement for senior managers and staff representatives to be involved in investigations. The threshold above which this is triggered is not specified here as it should be determined by the institution or function in the context of their accident and incident data. For example, a function may decide to formally specify the participation of these groups in the investigation of any accidents or incidents resulting in RIDDOR reports or a sub-category or RIDDOR reports, or it may be considered more appropriate that these groups be involved following incidents belonging to an identified trend they wish to tackle. Such an approach is used as a tool to tackle real or perceived problems giving rise to injury.

125 Compliance with arrangements

25.1.1

There is some response to accidents and incidents that seeks to prevent a further similar occurrence.

If you have examples of accidents occurring within the function, make a judgement as to the quality of the response. Have reasonably practicable steps been taken to prevent a reoccurrence? If no accidents or incidents have occurred then you will need to question managers about hypothetical scenarios and come to a judgement about the nature of their response.

25.3.1

Examples of wider learning from accidents and incidents exist.

If no such wider learning is applicable 25.3.1 can be omitted.

Indicator summary J: Review (Not Included in July 2017 Audit)

| Theme | Basic assurance | | | Substantial assurance | | | High assurance | | |
|-----------------------------|-----------------|--------|--------|-----------------------|--------|--------|----------------|--------|--------|
| | YEAR | | | YEAR | | | YEAR | | |
| | | | | | | | | | |
| J27 Review | 27.1.1 | 27.1.1 | 27.1.1 | 27.2.1 | 27.2.1 | 27.2.1 | 27.3.1 | 27.3.1 | 27.3.1 |
| | 27.1.2 | 27.1.2 | 27.1.2 | 27.2.2 | 27.2.2 | 27.2.2 | 27.3.2 | 27.3.2 | 27.3.2 |
| | 27.1.3 | 27.1.3 | 27.1.3 | 27.2.3 | 27.2.3 | 27.2.3 | | | |
| | 27.1.4 | 27.1.4 | 27.1.4 | 27.2.4 | 27.2.4 | 27.2.4 | | | |
| | 27.1.5 | 27.1.5 | 27.1.5 | 27.2.5 | 27.2.5 | 27.2.5 | | | |
| J28 Improvement planning | 28.1.1 | 28.1.1 | 28.1.1 | 28.2.1 | 28.2.1 | 28.2.1 | 28.3.1 | 28.3.1 | 28.3.1 |
| | 28.1.2 | 28.1.2 | 28.1.2 | 28.2.2 | 28.2.2 | 28.2.2 | | | |
| | 28.1.3 | 28.1.3 | 28.1.3 | 28.2.3 | 28.2.3 | 28.2.3 | | | |

LEGEND:

| | |
|--|--------------------|
| | Full compliance |
| | Partial compliance |
| | Non compliance |
| | Not achieved |

This indicator allows you to review your health and safety performance and use the results to inform your planning process for the next period. Here you will look for evidence that a review takes place and cover the key requirements and that the findings are used to inform planning.

J27: Review (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|---|---|--|
| <p>27.1.1 Performance has been checked in terms of any aspects of the health and safety management system.</p> | <p>27.2.1 Reviews have been reported/ received by and discussed by the senior management team of the function.</p> | <p>27.3.1 The relevance and appropriateness of the standards and objectives to which the function is working are considered in the review.</p> |
| <p>27.1.2 Reviews have been carried out and documented.</p> | <p>27.2.2 Underlying causes and trends affecting performance are considered.</p> | <p>27.3.2 The guidance requires:</p> <ul style="list-style-type: none"> • Assessments of performance against objective and plans • The guidance requires assessments of performance of the health and safety management system • A written response to the review by the senior manager. |
| <p>27.1.3 Reviews include a summary of accident and incident data.</p> | <p>27.2.3 Reviews consider changes in pertinent health and safety related legislation.</p> | |
| <p>27.1.4 Managers of the function have been involved in producing and signing off reviews of the performance of the function.</p> | <p>27.2.4 Reviews include data on work related ill health.</p> | |
| <p>27.1.5 There is guidance on when reviews are carried out and by whom.</p> | <p>27.2.5 The guidance clarifies what should be evaluated as part of the review (inputs and outputs).</p> | |

J28: Improvement planning (Not Included in July 2017 Audit)

| Basic | Substantial | High |
|--|---|--|
| <p>28.1.1 There is evidence that remedial actions are being set and are being completed.</p> | <p>28.2.1 The extent of completion of actions arising from the review is reported.</p> | <p>28.3.1 The outputs from the management review include decisions and actions relating to possible changes in the function's or institution's:</p> <ul style="list-style-type: none"> • health and safety policy • objectives • resources • health and safety performance • other elements of the OH&S management system, and • consistent with the commitment to continual improvement. |
| <p>28.1.2 The findings from reviews are communicated to other managers, staff or their representatives.</p> | <p>28.2.2 Good practice identified in reviews is highlighted to staff and students.</p> | |
| <p>28.1.3 Progress against objectives and plans are reported.</p> | <p>28.2.3 Shortcomings identified in reviews have resulted, as relevant, in revision of standards, policies or strategies, objectives and plans.</p> | |

Guidance for auditors

J27 Review

27.1.1

Performance has been checked in terms of any aspects of the health and safety management system.

The indicator and themes outlined in the HASMAP standards give an indication of how the institution or function might develop their health and safety management system. In order to assign basic to this level, you should look for evidence that performance has been checked for any aspect of those indicators and themes. For example, the function may look at their accident and incident data each year to analysis whether the arrangements are being followed, whether they are effective at reporting and capturing information in a timely manner, and whether there are trends in the number and type of incidents being reported over the year.

J28 Improvement planning

28.3.1

The outputs from the management review include decisions and actions relating to possible changes in the function's or institution's:

- health and safety policy
- objectives
- resources
- health and safety performance
- other elements of the OH&S management system, and
- consistent with the commitment to continual improvement

As part of the 'Plan, Do, Check, Act/ Review' cycle, the institution or function should be aiming for continuous improvement or, at the very least, identifying where the current management system is adequate and ensuring arrangements are in place to maintain that level of performance. There should be evidence that reviews and planning outcomes have been considered at an appropriate level, be that within the function or the institution, and decisions made as to what improvements are required in the future to maintain or improve the health and safety management system.

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