Health and Safety Management Profile (HASMAP)

Contents

Forward from the Chair of the Universities Safety and Health Association's Audit Group

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). HASMAP is based on the Health and Safety Executive publication, *Successful Health and Safety Management* (HSG 65) and aligned to BS ISO 45001:2018 Occupational Health and Safety Management Systems.

The HASMAP standard provides a framework to develop an institutions Health and Safety Management System and a flexible approach to measuring the level of assurance a HEI requires, based on its risk profile.

The HASMAP management standard is an accompanying document to the USHA guidance, Leadership and Management of Health and Safety in Higher Education Institutions. The leadership guidance identifies best practice actions that HEIs should be undertaking in health and safety and the HASMAP management standard identifies the details of how this should be achieved.

Adoption of the HASMAP standard is not mandatory but will provide senior management within your institution with evidence-based assurance of good standards of health and safety management, rather than blind reassurance that everything is in order.

We promote this document to all health and safety leaders and senior managers in HEIs to provide a robust framework of high standards of Health and Safety Management

Scott Trim
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Review from Eversheds Sutherland Limited (Eversheds Sutherland (International) LLP)

The legal obligation to ensure that employees and third parties are kept safe is a cornerstone of health and safety law. From the overarching obligation in the Health and Safety at Work etc. Act 1974 to provide a system of work that is, so far as is reasonably practicable, safe and without risks to health, through to the requirement to plan, organise, control, monitor and review preventive and protective measures which forms the basis of the Management of Health and Safety at Work Regulations 1999, HEIs are required to have in place an effective framework to audit system effectiveness. It is a matter for the HEI to decide which process it will follow, but it is noteworthy that HASMAP is built on HSG 65 and is aligned to BS ISO 45001: 2018, so has an excellent basis, with the added benefit of being sector-specific.

When representing duty holders following serious or fatal cases, we note a sad trend of failures in review processes and opportunities missed. An organisation may have excellent assurance at a main campus location, but fail to monitor non-core or satellite activities. A focus on lagging indicators may result in missed opportunities to learn from near misses. Reliance on zero reportable incidents as an adequate demonstration of safety excellence is a naïve management perspective. By contrast, the HASMAP Management standard is a structured programme which provides evidenced assurance (if implemented correctly) to resolve such concerns.

The ethos of the system is that safety is more than the absence of accidents; safety is, instead, better measured by scrutinising the robustness of the controls which stop human errors developing into life-changing incidents. Individuals at all levels need to recognise active scenarios and apply the right definitions to their work area, taking heed of hazards, equipped with the right mechanisms to make good decisions. System heuristics are essential; workers have to be able to do the right thing without constantly consulting written task sheets. For this to take place, the document hierarchy has to be straightforward, logical and iterative. This is the only way to ensure that the safety management system functions and survives once the current attention moves elsewhere. HASMAP encourages auditors to look at risk assessment and controls in conjunction with other indicators to understand how workers carry out their work : to see ‘work as done’ rather than ‘work as imagined.’

As good as a HEI’s workforce may be, there is regularly a need to call upon external, or specialist, resources to assist – whether that be in legionella control, radiation protection, ventilation or specialised mechanical maintenance. Many cases where university clients attract regulatory censure revolve around the competence of those chosen to carry out contract roles : are such persons competent and experienced in the delivery of services? Have contractors been procured appropriately and are they put to work safely? We are pleased to note that assessment of the continued competence of contract partners (evolved through checking) permeates this HASMAP standard.

In summary, the standard is to be commended : appropriate HASMAP auditing will go a long way to demonstrate that the HEI has a system in place to address risks to health and safety in the event of regulatory scrutiny.

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HASMAP – An overview

At its heart, HASMAP is a description of how health and safety can be managed, it maps to the third edition of HSG65 (the HSE's guidance on managing health and safety) and the Universities and Colleges Employers Association (UCEA)/ USHA–'Leadership and Management of Health and Safety for Higher Education Institutions'.

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).

Which parts of HASMAP to use?

HASMAP is constructed in a modular format, breaking the standard down into indicators and themes, It is for each institution to decide which Indicators to use, based on the health and safety structure in 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 and the robustness of what you do if things unravel and you have an accident or incident. You can of course adopt whichever Indicators you feel represents 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 and type of people and the range of hazards?
- What auditing resources do you have, in terms of number of auditors, time, 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?

Whatever your approach, HASMAP has the flexibility to be able to meet your institutional requirements.

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 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

Levels of Assurance

Each Indicator is subdivided into themes, each of these has a number of statements which form the standards. Each theme is 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 statements in that column. The definition of these levels of assurance is given below.

It is for each individual institution to decide on their required level of assurance based on the current stage of development of the Health and Safety Management System. For those in the early stages of development of health and safety systems basic assurance may be appropriate with a longer-term plan to develop assurance as the systems mature.

Each theme has its own summary sheet, and it is here that the standards referred to above are detailed. 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’

Basic Assurance	Substantial	High assurance	External Accreditation
The basic architecture of a health and safety management system is in place. However, if effectiveness in identifying and controlling risk is limited, the health and safety management system is not fully embedded within the institution.	A structured and systematic approach has been taken to the management of health and safety. The health and safety management system is robust in delivering effective control of risk. The health and safety management system is fully embedded within the institution.	The health and safety management system continues to evolve and respond effectively to the changing needs of the institution. Aspects of the health and safety management system have been extensively developed. Achieving a high level of assurance across all areas of the health and safety management system is an important step for any institution seeking external verification to a recognised standard.	Bridging document and guidance to progress to BS ISO 45001:2018

Getting Started – Some Key Considerations

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 standard 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.

Gap analysis

The HASMAP standard can be used to identify the current stage of development of the institutions health and safety management system by measuring the current arrangements with the HASMAP standard. This will support the institution to agree its health and safety development objectives and improvement strategy. Gap analysis can be effective at both institutional level or locally within a department or school.

Audit process

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 Senior Leadership (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 against 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.

It is strongly recommended that the audit follows the five-step process aligned to the BSI audit model, this will ensure that the audit process is robust and provides a no-surprises experience for the risk-owners being audited.

1. Scoping

The first part of any audit process is to define and agree the scope and terms of reference. This will require agreement with 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 themes and indicators will be considered in the audit. Depending on the size and complexity of the audit, this scoping exercise may require a degree of planning to obtain approval from the senior manager of the function. This stage enables the risk-owner to gain awareness of the process of the audit and recognise that the principal output of the process is a plan for continuous improvement. The audit process is not intended to interrogate the risk-owners or be considered to be punitive.

2. Planning

Once the scope and terms of reference have been agreed, the lead auditor 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 activities. This is common to any audit process, but a clear understanding of the HASMAP standards helps the auditors target their questions and observations so as to obtain sufficient and relevant evidence. Some 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. The plan of evidence collection should be shared with the risk-owner so they can effectively prepare for the audit.

3. Review and testing

As the evidence is gathered, the HASMAP standards are checked, starting with the basic statements and then working towards substantial and then high. Auditors will assess whether evidence provided meets the required criteria for each standard and will record their 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 can be recorded as partially met or not met. For a basic level of assurance to be given, a function should be meeting their minimum organisational requirements. Therefore, you are looking to check that the people who have a role in 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. 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 the auditor will make this judgment based on the evidence provided. As part of the evidence gathering, the auditor should provide the risk-owner 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 to stop gathering evidence and make an assessment. The HASMAP standards and accompanying guidance should make that assessment process easier so they can be shared with the risk-owner.

4. Findings and recommendations

At the end of the audit, a 'profile' of a function's arrangements will be formulated, 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.

5. Concluding the audit

The lead auditor owns the audit process and should be responsible for supporting the risk-owner to formulate an action plan for improvement based on the audit profile. Any actions should be agreed with the risk-owner and have responsibilities and realistic timescales for completion.

Guidance for Auditors and Risk-Owners

Each of the HASMAP indicators and themes includes guidance on the type of evidence to gather and how to assess the assurance levels (please note there is not specific guidance for each statement as many are self explanatory). This guidance is intended to be used by auditors, risk-owners and managers to understand the requirements of each level of assurance.

Further information is then available from the following sources:

- Regional USHA Audit Champions (www.usha.org.uk)
- USHA HASMAP Training sessions (www.usha.org.uk)
- USHA - 'Leadership and Management of Health and Safety for Higher Education Institutions'

Important Information

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Indicator Summary: A: Leadership

Theme	Basic assurance	Substantial assurance	High assurance
A1 Health and Safety Policy			
A2 Management Commitment and Engagement			
A3 Risk Profile			
A4 Objective setting			

This indicator is intended to allow you to explore the policy and management structures and systems which your institution has in place. The arrangements are addressed in Indicator C.

A1 Health and Safety Policy

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

A2 Management Commitment and Engagement

Basic	Substantial	High
2.1.1 Managers are aware of their responsibilities and legal duties.	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.	2.3.1 Any local health and safety management structure is consistent with and links to the institution's health and safety management structure.
2.1.2 Managers can demonstrate an understanding of the hazards present in the work area for which they are responsible.	2.2.2 A mechanism is in place by which funding can be allocated to address any identified health and safety issues.	2.3.2 There are systems in place to facilitate the reporting of health and safety issues to senior leaders.
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.	2.2.3 Managers attend formal health and safety meetings with an appropriate group of attendees. A senior manager chairs these meetings.	2.3.3 Where deficiencies in health and safety have wider learning value the findings have been shared with other functions or areas.
2.1.4 Managers attend a meeting or forum at which health and safety issues are discussed.	2.2.4 Leaders have attended health and safety management training.	2.3.4 Opportunities are taken to seek and adopt learning from external institutions or bodies.
2.1.5 Managers provide adequate resources where controls are identified through risk assessment or following revisions to guidance and standards.	2.2.5 Engagement of senior leaders in health and safety issues is visible to staff at all levels within the function.	
	2.2.6 Individuals with key health and safety responsibilities are adequately supported, specifically with respect to the time and training required to fulfil the role.	
	2.2.7 Managers are aware of the main health and safety controls present in the work area for which they are responsible.	

A3 Risk Profile

Basic	Substantial	High
3.1.1 The Head of the function can describe the significant hazards present within their function.	3.2.1 There is a formally maintained document accurately depicting the risk profile of the function.	3.3.1 There is a systematic method for the production of a risk profile.
3.1.2 The hazards recognised by the Head of the function are consistent with the risk profile of the function.	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.	3.3.2 The production and review of risk profiles within the function are consistent with the institution's procedures/codes of practice.
		3.3.3 There is a formal communication of the function risk profile to the institution's management.

A4 Objective Setting

Basic	Substantial	High
4.1.1 Health and safety objectives are set.	4.2.1 The function has a formal health and safety plan which is forward looking and is linked to or incorporates health and safety objectives.	4.3.1 Health and safety objectives are consistent with and are linked to the institutional objectives and the health and safety policy, and aim for continuous improvement.
4.1.2 Managers with health and safety objectives know and understand them.	4.2.2 Health and safety objectives are determined through a process of gap analysis and are relevant to the function.	
	4.2.3 Metrics are in place for the management of health and safety objectives.	
	4.2.4 Managers with health and safety objectives are held accountable for their delivery.	

Guidance for Auditors: A: Leadership

A1 Health and Safety Policy

1.1.1
A policy exists and is up-to-date.
This could be a policy created within the function in accordance with the institution's requirements or it could be the institutional policy formally or informally adopted by the function.

1.2.3
The policy makes an explicit commitment to improving health and safety performance
Health and safety performance can be measured in a number of ways, e.g. using key performance indicators and the tracking of completion of objectives and actions, with the aim to continuously improve.

1.2.5
Functions are explicitly linked to the institution's health and safety policy.
If the function has its own health and safety policy, it must be consistent with that of the institution. If the function has no policy 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 policy is periodically undertaken in consultation with appropriate members of the workforce.
There should be a formal requirement to review the health and safety 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 builds 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 make 2.1.3. (N/A)

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
A mechanism is in place to ensure that funding can be allocated to address any identified health and safety issues.
Basic assurance can be given if resources have been provided, even if this is not a formal system (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 and be representative of the composition of the workforce, 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.

2.2.4
Leaders have attended health and safety management training.
Leaders should be aware of their responsibilities in relation to the management of health and safety. This awareness could be obtained through a workshop format, as part of a management qualification or leadership training, or more formal health and safety qualifications e.g. IOSH managing safely.

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, indicate that 2.3.4 is not applicable.

A3 Risk Profile

3.1.2
The hazards recognised by the Head of the function are consistent with the risk profile of the function.
You should check that the Head of function has an understanding of workplace hazards that is consistent with the risk profile of the function.

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's 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 linked to or incorporates 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.

4.2.3
Metrics are in place for the management of health and safety objectives.
Metrics may take several 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.

4.2.4
Managers / Leaders 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.
You need to be determining progress against your objectives

4.3.1
Health and safety objectives are consistent with and are linked to the Institutional objectives, and aim for continuous improvement.
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 N/A and 'high' assurance awarded.

Indicator Summary: B: Planning for Emergencies

Theme	Basic assurance	Substantial assurance	High assurance
B5 Emergency Incident Management			
B6 Procedures for Immediate Response			
B7 Procedures for Recovery			

This indicator is intended for you to consider emergency responses required when residual risk identified in risk assessments are realised. These emergency responses range from local procedures to deal with spills in laboratories to wider scale emergencies to deal with floods or building services failures.

The emergency responses identified in this indicator would formally recorded and link to the general business continuity arrangements for the institution.

B5 Emergency/Incident Management

Basic	Substantial	High
5.1.1 There is a record of potential emergency incidents or residual risks.	5.2.1 A risk identification process has led to the identification of potential emergency incidents.	5.3.1 The incident plan is linked to business continuity plans and is regularly reviewed by a competent person.
5.1.2 Potential emergency incidents have been recognised and are understood by relevant staff.	5.2.2 A documented emergency / 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 emergency/ incident plan.	
	5.2.4 The incident plan is reviewed after all emergency / incidents and updated as necessary.	

B6 Procedures for Immediate Response

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

B7 Procedures for Recovery

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 an incident.	7.3.2 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 Staff responsible for recovery 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 on how to involve all relevant stakeholders in recovery from the emergency/incident.	

Guidance for Auditors: B: Planning for Emergencies

B5 Emergency Incident Management

An emergency/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.

In some institutions these are referred to as critical incidents.

5.1.1
There is a list of the emergency incidents or residual risks.
There should be a record of the types of emergency incidents or residual risks that might foreseeably occur. (Determine in your scope if considering Institutional, Local or both aspects)

5.2.1
A risk identification process has led to the identification of potential emergency incidents.
This can be a list/document develop via risk assessments, a log of potential emergencies or serious incidents that you have determined as possible or a risk register.

5.2.2
A documented emergency/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 incident.

5.3.1
The incident plan is linked to business continuity plans and is regularly reviewed by a competent person.
The emergency/incident plan is linked to business continuity plans to ensure that key risks to the function/institution are recognised and appropriate resources 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 incident plan/business continuity plans to be considered and the risks identified prioritised. It provides a level of assurance to the institution that its emergency/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 arrangements with external agencies e.g. Public Health, Fire Rescue Service, Highways, Police, Media 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.

7.2.1
There are written procedures for the immediate and short-term recovery of work areas and activities following emergency incidents.
These procedures should identify the required actions to move the activity into normal operations following the emergency situation.

Indicator Summary: C: Health and Safety Arrangements

Theme	Basic assurance	Substantial assurance	High assurance
C8 Institutional Arrangements			
C9 Local Arrangements			

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

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

C9 Local Arrangements

Basic	Substantial	High
9.1.1 Arrangements are in place for the assessment and control of significant risks.	9.2.1 The roles and responsibilities for key individuals are defined and individuals are formally appointed where required.	9.3.1 A formal document control system is used.
9.1.2 There is a document describing the controls to be adopted for all significant risks.	9.2.2 Arrangements state that individuals in safety-critical roles have an appropriate level of authority and competency.	9.3.2 Competency requirements have been determined and are stated for all staff with health and safety responsibilities.
9.1.3 Individuals with safety-critical/ key health and safety roles are identified and understand their duties.	9.2.3 Formal arrangements are in place for the assessment and control of all significant hazards present in the workplace.	
	9.2.4 All local arrangements must be consistent with institutional arrangements.	
	9.2.5 There is a system in place to manage documents for all local safety arrangements.	
	9.2.6 Local arrangements are formally reviewed at an appropriate frequency.	
	9.2.7 There is a forum for discussion of health and safety matters.	
	9.2.8 Local arrangements are consulted upon during their development.	
	9.2.9 Local arrangements for the assessment of risk are in line with the institution's requirements.	

Guidance for Auditors: C: Health and Safety Arrangements

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 judgment 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.

8.1.4
The institution has access to Health and Safety Legislation
This can be the HSE relevant body or a legal update system.

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 roles will depend on the Institution's Risk Profile. It may, for example, be appropriate that an institutional 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 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.

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.

8.3.1
A formal document control system has been adopted and is comprehensively used.
When creating /updating documented information, the institution needs to ensure that the version of the document and its owner/author and date of issue is recorded in a consistent way. The method used is for the institution to determine but this should be documented.

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/risk.
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
Individuals with safety-critical/key 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 at all levels. This would typically include senior managers, line managers, supervisors, safety officers, staff and students, and give a description of their duties, both locally and required under all applicable 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 roles have an appropriate level of authority and competency.
The nature of the authority given to staff in safety-critical roles will depend on the workplace hazard in question. It may, for example, be appropriate that a local 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 forum for discussion of health and safety matters.

If no local committee is convened, matters relating to health and safety within the function should be adequately discussed at an institutional or other appropriate committee/meeting (e.g. at Senior Management Teams) as an agenda item. For more guidance on the membership and format of health and safety committees see G18 and G19.

9.2.9

Local arrangements for the assessment of risk are in line with the institution's requirements.

If a mandatory requirement, the institution's methodology for risk assessment should be followed, but the format for recording risk assessments may vary.

9.3.1

A formal document control system has been adopted and is comprehensively used.

When creating/updating documented information, the institution needs to ensure that the version of the document and its owner/author and date of issue is recorded in a consistent way. The method used is for the institution to determine but this should be documented.

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

Theme	Basic assurance	Substantial assurance	High assurance
D10 Hazards and Risk Register			
D11 Arrangements for Risk Assessment			
D12 Application of Arrangements			
D13 Implementation of Controls			

This indicator can be used in isolation from the other HASMAP indicators. Consequently, you will find that some of the points raised in each theme cover similar ground to some other indicators.

D10 Hazard and Risk Register

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 health and safety risk register.	10.3.1 The control of health and safety 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

Basic	Substantial	High
11.1.1 Some procedures exist for the assessment of risk.	11.2.1 A formal written methodology exists for the assessment of risks.	11.3.1 There is a document control system for risk assessments.
	11.2.2 The arrangements must stipulate the risk assessments are reviewed: • 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 Arrangements state that individuals undertaking, and authorising risk assessments should be competent to do so.	11.3.4 Systems are in place to check that control measures are consistent with stipulated standards.

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 the relevant risks and control measures	12.2.3 Risk assessments are up-to-date and authorised, as appropriate in order to ensure that the assessments meet legal requirements.	12.3.3 Training records exist for individuals undertaking and authorising risk assessments.
12.1.4 Persons at risk are identified in the risk assessments.	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.	

D13 Implementation of Controls

Basic	Substantial	High
13.1.1 Staff and students are aware of the workplace controls that apply to them.	13.2.1 Workplace controls detailed in risk assessments are being consistently applied.	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.
13.1.2 Workplace controls are implemented and effectively controlling sources of imminent danger.	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.	13.3.2 Actions are monitored and registered as complete.
13.1.3 Workplace controls meet legislative requirements.	13.2.3 The requirements outlined in the safe system of work have been implemented.	
13.1.4 Where required, personal protective equipment is available, used correctly and maintained in good condition.		

Guidance for Auditors: D: Risk Assessment and Control

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 health and safety risk 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 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 written methodology exists for the assessment of risks.
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 on what should be subject to assessment and 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.

The methodology should 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.

11.2.2
The arrangements must stipulate that 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.

11.2.4
Arrangements state that individuals undertaking, and authorising risk assessments should be competent to do so.
The function should identify any training needs required to ensure that individuals understand the principles of prevention and the Institution's (or the function's) approach to risk assessment.

11.3.2
There is a formal requirement to peer-review risk assessments in complex cases.
If the function has highly specialised and significant workplace 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 guidance
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, as appropriate, in order to ensure that the assessments meet legal requirements.
Risk assessments should have been reviewed and authorised in accordance with local arrangements (see 11.2.1). Look for examples where risk assessments have not been reviewed within their stated interval or following accidents/incidents.

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 the 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. During an audit you may find examples of hazards and risks that have not been considered 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 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).

13.1.4
Where required, PPE is available, used correctly and maintained in good condition.
The requirement for the use of PPE derives from a risk assessment for a safe system of work.

13.2.1
Workplace controls detailed in risk assessments 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. Workplace controls may include controls relating to foreseeable incidents/ accidents/ emergencies or events.

13.2.2
Where the risk assessment requires a safe system of work to be adopted, it covers control measures, suitable training and supervision and the requirements 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 should include specific control measures, the level of supervision required, and provision and recording of suitable training.

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 are appropriately controlling the risk.

Indicator summary: E: Health and Safety Competence

Theme	Basic assurance	Substantial assurance	High assurance
E14 Health and Safety Training			
E15 Health and Safety Competence			

This indicator is intended to allow you to consider both the training and competency 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.

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

E14 Health and Safety Training

Basic	Substantial	High
14.1.1 Minimum levels of health and safety training, information or instruction have been identified for staff, students and contractors, based upon needs/requirements.	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 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 programme of information, instruction and training.	14.2.3 Training records are in place and maintained.	
14.1.4 Staff with key health and safety roles are provided with training and/or instruction.	14.2.4 An annual review of training needs is undertaken.	
	14.2.5 Training needs are reviewed after any relevant accident, incident or when the task has significantly changed.	

E15 Health and Safety Competency

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 competency 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 Where identified as necessary there are records of health and safety competency checks or methods of determining staff as competent.	15.3.2 There are checks that people signing off staff as competent have a suitable level of experience, skills or knowledge.
15.1.3 The competency of staff in safety-critical roles has been assessed.	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: E: Health and Safety Competence

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, information or instruction have been identified for staff, students and contractors, based upon needs/requirements.
The institution and/or local function should have considered the significant health and safety issues that will affect new staff, students and contractors and identified the Information that needs 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 programme of information, instruction and training.
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 at 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, coordinators, fire wardens, first aiders, or those persons tasked with undertaking a specific safety-related activity (e.g. inspecting and maintaining equipment, risk assessments, investigating accidents, carrying out audits, working with complex technical risks or specific hazards) 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, experience 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 could 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 or 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 or 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 how these records are reviewed and updated. These procedures could be set at an institutional level; 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.

15.1.2
There is a way of recognising where competency already exists.
There are a number of ways of checking health and safety competency, which include prior certification, competency-based training, observation or in-house tests.

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, or 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
Where identified as necessary, there are records of health and safety competency checks or methods of determining 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 it can be a certificate, electronic or paper record. Competency records may 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. Where the competency is achieved by a certificated technical course (e.g Asbestos, Electrical) this would be suitable evidence.

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 suitable level of experience, skills or knowledge.

Those that are making the judgment 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 advisors, 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

Theme	Basic assurance	Substantial assurance	High assurance
F16 Institutional Communication			
F17 Local Communication			

This indicator is intended for you to consider Communication both at an Institutional and local level.

The methods of communication can range from the informal to formal arrangements for sharing health and safety information within and external to the Institution.

The intention is that all individuals are in receipt of the necessary information to enable them to carry out their activities safely.

F16 Institutional Communication

Basic	Substantial	High
16.1.1 Staff are aware of relevant health and safety arrangements.	16.2.1 There is a system in place for the communication of health and safety arrangements within the institution.	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.
16.1.2 Emergency services have been supplied with appropriate information.	16.2.2 There is a system that responds to requests for information from the emergency services.	16.3.2 There is a formal requirement that communication needs are periodically assessed and the effectiveness of communications is evaluated.
16.1.3 Information coming from sources external to the institution is being communicated appropriately within the institution.	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.	16.3.3 There is a documented process that enables external communication (e.g. enforcement notices) to be escalated.
16.1.4 There is a system for key managers to be made aware of significant failings in the management of health and safety.	16.2.4 Formal arrangements for the communication of health and safety performance are documented.	

F17 Local Communication

Basic	Substantial	High
17.1.1 Point of use information is readily available.	17.2.1 There is a system in place to ensure relevant health and safety information on arrangements is communicated to staff, students and interested parties.	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.
17.1.2 Staff are aware of the content of safe systems of work and their health and safety responsibilities.	17.2.2 There is a system in place that requires the provision of relevant information to the emergency services.	17.3.2 The communication system itself stipulates that communication needs are periodically assessed, and its effectiveness evaluated.
17.1.3 Changes to risk assessments are communicated to the staff following reviews or updates.	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.	17.3.3 Documented processes for setting out the communication routes are in place.
17.1.4 Information has been supplied to the emergency services where necessary.		17.3.4 Local communication systems are consistent with those of the institution.
17.1.5 There is a system for key managers to be made aware of significant failings in the management of health and safety.		

Guidance for Auditors: F: Communication

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 are in place, because this is left to the function to produce, then 16.1.1 can be marked N/A.

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, 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 interested parties/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.

16.2.1
There is a system in place for the communication of health and safety arrangements within the institution.
The diversity of the community needs to be taken into account when communicating.

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 (e.g. 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 judgment 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 individual's 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 marked N/A

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, students and interested parties.

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 inductions, 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 who 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 correspondence. This may be appropriate for communicating clear and easily understood procedures but may not ensure an appropriate understanding by people, 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 and personal reviews. This section is looking at how well this has been considered and whether changes have been made to the communication processes in response to those checks.

Indicator Summary: G: Consultation

Theme	Basic assurance	Substantial assurance	High assurance
G18 Institutional Consultation			
G19 Local Consultation			

This indicator is intended for you to consider staff involvement and participation in health and safety promoted by structures and processes which generate cooperation between individuals and groups. This should ensure that health and safety become 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.

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 G18 and G19.

G18 Institutional Consultation

Basic	Substantial	High
18.1.1 Consultation on health and safety takes place between senior managers and employee representatives.	18.2.1 Consultation on health and safety takes place between senior managers and employee representatives.	18.3.1 The health and safety consultation system is consistent across the institution.
18.1.2 Staff health and safety representatives are afforded adequate time and resources to fulfil their role.	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.	18.3.2 The institution requires a periodic review of its own arrangements around consultation.
18.1.3 Staff health and safety representatives are appropriately trained to allow them to make an informed contribution on health and safety issues.	18.2.3 The health and safety committees are involved in reviewing institutional objectives and health and safety plans and establishing performance measures.	

G19 Local Consultation

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

Guidance for Auditors: G: Consultation

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 (agenda)
  - 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. (need to consider the needs and expectations of interested parties, e.g. volunteers etc).

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 or changes 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 local health and safety committee or health and safety is an agenda item on another committee/meeting

If no local health and safety committee is convened, 19.2.1 may be omitted if matters relating to the function are adequately discussed at an institutional or other appropriate committee/ meeting 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 on 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).

Indicator Summary: H: Health and Safety Monitoring

Theme	Basic assurance	Substantial assurance	High assurance
H20 Inspection/ Audit			
H21 Action Tracking			
H22 Statutory Checks (equipment)			
H23 Data Collection and Analysis			

This indicator is intended to allow you to consider the various mechanisms that can be used for monitoring, from informal day-to-day walk arounds through to formal inspections and audits.

This indicator considers both active and reactive monitoring.

H20 Inspection/Audit

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

H21 Action Tracking

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 at health and safety committee and management meetings.
21.1.2 Remedial actions are being raised/identified and addressed.	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, ensuring actions are addressed.	

H22 Statutory Checks (equipment)

Basic	Substantial	High
22.1.1 There is understanding of what equipment within the function requires statutory inspection, testing or examination.	22.2.1 Actions arising from statutory inspection, testing or examination are completed.	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.
22.1.2 All equipment requiring statutory inspection, testing or examination is identifiable.	22.2.2 Records of actions/repairs are maintained.	22.3.2 Staff are appointed to have control/ ownership of equipment or processes.
22.1.3 Responsibilities for those arranging and undertaking statutory inspection, testing or examination are defined and understood.	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.	22.3.3 A procedure for the management of equipment requiring statutory inspection, testing or examination is in place.
22.1.4 Statutory inspection, testing or examination is being undertaken.	22.2.4 A system is in place to enable users to identify if equipment is within its statutory inspection, testing or examination period.	
22.1.5 Records of statutory inspection, testing or examination periods are being maintained.	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.	
22.1.6 Systems are in place to immediately remove from service defective (safety-critical) work equipment identified through statutory inspection, testing or examination. Such equipment should be locked off, isolated, removed and/ or labelled, as appropriate.	22.2.6 A system is in place to check records of statutory inspection, testing or examination are up-to-date.	

H23 Data Collection and Analysis

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: H: Health and Safety Monitoring

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.

20.1.5
Where identified, as necessary, Inspection, testing or examination of equipment is being undertaken.
Equipment that is identified as requiring regular inspection, testing or examination from the risk assessment or manufacturer's guidance.

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 inspections and a record of previous ones. 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 should be 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, including 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 the requirements for monitoring.

20.3.4
Audits are undertaken by staff or external bodies which are independent of the 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, including defects with work equipment.

21.1.2
Remedial actions are being raised/identified and addressed.
Evidence is provided of repairs/actions raised and the repairs/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 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 went 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 and 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, ensuring actions are addressed.
A system should be in place for recording actions, e.g. in action plans, or as minutes or defect logs, and for tracking these actions until completion e.g. through health and safety committees or management team meetings.

21.3.1
The status of actions is reported 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 are 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 an 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 on an inventory, register, database, labels, etc.

22.1.3
Responsibilities for those arranging and undertaking statutory inspection, testing or examination are defined and understood.
It is important that the 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 periods 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 identified through statutory inspection, testing or examination. 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, to 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 for removing 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 management of statutory inspection, testing or examination of equipment 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 depending on 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

Theme	Basic assurance	Substantial assurance	High assurance
I24 Accident and Incident Arrangements			
I25 Compliance with Arrangements			
I26 Conduct of Investigations			

This indicator is intended to allow you to consider the arrangements and processes in place to both record and investigate accident and incidents in line with your institutional arrangements and the requirement to report under *The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations* (RIDDOR).

It also allows you to consider whether investigations into accidents and investigations is involving the appropriate level of staff (manager/leader).

I24 Accident and Incident Arrangements

Basic	Substantial	High
24.1.1 A system is in place to record accidents/ incidents.	24.2.1 There is a suitable system for the collection of accident/incident data.	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.
24.1.2 A system is in place to identify, record and report 'RIDDOR reportable' accidents.	24.2.2 There is a system in place by which accidents can be reported, and this is accessible and communicated to all staff.	24.3.2 The accident/ incident data is controlled.
24.1.3 Information is gathered and recorded following significant accidents or incidents.	24.2.3 Accident reporting arrangements include a definition of the types of accidents and incidents which should be reported and give appropriate timescales in which reports should be made.	24.3.3 Senior managers and staff representatives participate in accident/ incident investigations above a defined threshold.
24.1.4 There is a system in place to record instances of work-related ill health.	24.2.4 Staff are encouraged to report 'near misses'.	
	24.2.5 There is a system in place to refer staff to an occupational health service.	
	24.2.6 Following accidents and incidents, there is a formal procedure for carrying out an investigation.	
	24.2.7 There is a formal requirement to periodically review accident and incident data, including trend analysis.	
	24.2.8 Training requirements for individuals carrying out accident/ incident investigations must be specified and recorded.	
	24.2.9 The arrangements for reporting accidents, incidents and work-related ill health include an appropriate escalation procedure.	
	24.2.10 There are arrangements in place for recording work-related sickness absence.	

I25 Compliance with Arrangements

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

I26 Conduct of Investigations

Basic	Substantial	High
26.1.1 People undertaking investigations are competent.	26.2.1 Investigations identify additional causal factors, including underlying or root causes.	26.3.1 Relevant managers and staff representatives have participated in investigations in accordance with the function's arrangements.
26.1.2 Investigations have been carried out following RIDDOR reportable accidents/incidents.	26.2.2 Investigations are proportionate to the potential seriousness of the accident/incident/ level of harm/litigation.	26.3.2 There is evidence of wider learning being appropriately disseminated.
26.1.3 Investigations have identified immediate causal factors.	26.2.3 Records of investigations are kept in accordance with the institution's document retention requirements.	26.3.3 Relevant leaders are aware of when they need to be involved in an investigation and the route by which wider learning is disseminated.
26.1.4 Remedial actions have been put in place where identified as necessary following an accident or incident.	26.2.4 The outcome of investigations has been reported to relevant local managers/leaders.	26.3.4 Learning derived from accidents and incidents occurring outside the function has been sought and applied.
26.1.5 The outcome of investigations is reported locally.		
26.1.6 Investigations are carried out in accordance with the function's/ institution's arrangements.		

Guidance for Auditors: I: Accidents and Incidents

I24 Accident and Incident Arrangements

24.1.2
A system is in place to identify, record and report 'RIDDOR reportable' accidents or incidents.
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: information on who was involved, when and where the 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 considering 24.2.6, you will need to determine the threshold below which a formal investigation of an accident or incident incorporating all the listed elements not required. You will need to use your judgment 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.

When considering the causal factors/route cause analysis, look for evidence where obvious failings have been missed or ignored, 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 or incidents 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 of 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.

I25 Compliance with Arrangements

25.1.2
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 judgment as to the quality of the response. Have reasonably practicable steps been taken to prevent a reoccurrence? If no accidents or incidents have occurred, you will need to question managers about hypothetical scenarios and come to a judgment 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.

I26 Conduct of Investigations

26.2.1
Investigations identify additional causal factors, including underlying or root causes.
Investigations should have explored and considered any underlying causes such as a lack of robust systems, inadequate procedures, custom and practice, and lack of supervision. They should also have considered any root causes, such as lack of resources or management commitment, where relevant.

Indicator Summary: J: Review

Theme	Basic assurance	Substantial assurance	High assurance
J27 Review			
J28 Improvement Planning			

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 reviews are taking place and covering the key requirements and that the findings are used to inform planning.

J27 Review

Basic	Substantial	High
27.1.1 Performance has been checked in terms of any aspects of the health and safety management system.	27.2.1 There is guidance within the institution on when reviews are carried out and details of what should be evaluated as part of the review (inputs and outputs).	27.3.1 The relevance and appropriateness of the review process (inputs and outputs) is considered.
27.1.2 Reviews have been carried out and documented.	27.2.2 Reviews have been carried out in line with the institution's requirements.	27.3.2 The review includes assessments of performance against objectives and plans.
27.1.3 Reviews include a summary of accident and incident data.	27.2.3 Reviews have been reported/ received by and discussed by the senior management team of the function.	27.3.3 The review includes performance of the health and safety management system.
27.1.4 Managers of the function have been involved in producing and signing off reviews of the performance of the function.	27.2.4 The review identifies the status of outstanding actions as completed or carried forward.	27.3.4 The review takes into consideration opportunities to improve performance and develop the safety management system.

J28 Improvement Planning

Basic	Substantial	High
28.1.1 There is evidence that remedial actions are being set and are being completed.	28.2.1 The extent of completion of actions arising from the review is reported.	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 Occupational Health and Safety management system and be • consistent with the commitment to continual improvement.
28.1.2 The findings from reviews are communicated to other managers, staff or their representatives.	28.2.2 Good practice identified in reviews is highlighted to staff and students.	28.3.2 The outputs from the management review are integrated into the Institution's business processes.
28.1.3 Progress against objectives and plans are reported.	28.2.3 Shortcomings identified in reviews have resulted, as relevant, in revision of standards, policies or strategies, objectives and plans.	

Guidance for Auditors: J: Review

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 standard give an indication of how the institution or function might develop its 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 its accident and incident data each year to analyse 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 Occupational Health and Safety Management System, and be
- consistent with the commitment to continual improvement.

As part of the 'Plan, Do, Check, Act' 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 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 and business processes.

Notes

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