

Procedure for Health and Safety Audits

Contents

1. Overview	2
2. Purpose.....	2
3. Scope.....	3
4. Definitions	3
5. Responsibilities	3
5.1. Senior leadership	3
5.2. Health and Safety Managers (HSMs)	3
5.3. Health and Safety Local Officers (HASLOs).....	4
5.4. (Central) Health and Safety Services (HSS)	4
6. Audit Procedure	4
6.1. Stage 1: Pre-audit meeting	4
6.2. Stage 2: Audit planning	4
6.3. Stage 3: Audit visit	5
6.4. Stage 4: Draft Audit Report	6
6.4.1. Levels of Performance	6
6.5. Stage 5: Final audit report.....	6
6.6. Stage 6: Faculty or Directorate action	6
6.7. Stage 7: Audit review	7
7. Further Guidance	7
7.1. Related University documents:	7
7.2. Other related guidance:	7
8. Document History.....	7
Appendix 1 – HaSMaP Indicators and Themes	8
Appendix 2 – HaSMaP Assurance Levels	9

1. Overview

In line with the University Health and Safety Policy, Faculties and Directorates are expected to make arrangements for managing their activities so as to ensure the health, safety and welfare of those who may be affected by those activities. Specific arrangements will differ from one Faculty or Directorate to another, but all are expected to comply with the requirements of the University's Health and Safety Policy.

As part of the University's commitment to continual improvement in health and safety standards and practices, each aspect of its undertaking should be monitored and reviewed to:

- identify how well the University and Faculty/Directorate health and safety management systems actually perform in meeting these requirements;
- share good practice, and
- where necessary, take actions to address weaknesses.

The purpose of a health and safety audit (an audit being defined as 'a systematic and independent review of evidence') is therefore to provide assurance to the controlling minds of an institution that health and safety is being adequately managed.

2. Purpose

Measuring health and safety performance through auditing is a useful mechanism for checking people are protected from harm and is an essential management tool for any organisation. Audits provide assurances to the Vice-Chancellor and Governing Body that health and safety is being effectively managed and promoted across the University and can also be used to identify potential areas of concern and make recommendations for improvements. Auditing is considered a “pro-active” management technique, and as such, should be regarded as a positive review process rather than a negative, fault-finding activity.

Performance Measurement, through audits, is also an element of the ‘plan-do-check-act’ management process for effective risk control, as described in the Health and Safety Executive (HSE) guidance document HSG 65 ‘Successful Health and Safety Management’. This is considered a National Standard for health and safety and is followed at all levels within the University. The primary aim of any H&S Audit is to identify the effectiveness of current Faculty and Directorate Health and Safety Management arrangements and to determine whether any amendments are required. This is done by evaluating the means used by a Faculty or Directorate to manage health and safety risks arising from its activities.

The audit cannot and **does not** attempt to provide a definitive or detailed report on workplace conditions or risk exposure; assessing the health and safety management performance by audit is a matter of sampling and is not designed to provide a complete picture. Audits will seek evidence of the arrangements, activities and plans mentioned in the Safety Statements and will examine their current suitability and effectiveness. This approach is designed to ensure ‘performance’ itself has been audited and not solely the ‘documentation’ that may or may not exist. The main purpose of the audit is to identify areas of strength and opportunities for improvement within a given Faculty or Directorate.

3. Scope

The internal health and safety audit programme covers all Faculties and Directorates, including Partner organisations such as University of Greenwich International College (UGIC) and Greenwich Students' Union (GSU).

The University of Greenwich follows the HASMaP management standard, developed for the Higher Education sector by the Universities Safety and Health Association (USHA). It is based on the HSE publication, Successful Health and Safety Management (HSG 65) and UCEA / USHAs 'Leadership and Management of Health and Safety for Higher Education Institutions' and aligns to BS ISO 45001:2018 Occupation Health and safety Management Systems. It is also endorsed by USHA as a robust framework for ensuring high standards of health and safety management. Its use is not mandatory but is recommended to Vice Chancellors as an effective auditing tool within the Higher Education sector.

4. Definitions

"Audit" - a systematic and independent review of evidence

"HASMaP" - **Health And Safety Management Profile** – a management standard developed for the Higher Education sector by the Universities Safety and Health Association (USHA).

"HSE" – Health and Safety Executive – the public body responsible for encouraging, regulating and enforcing workplace health, safety and welfare in Britain.

"Reporting year" – The H&S reporting year follows the academic year, running from 1st August to 31st July.

5. Responsibilities

5.1. Senior leadership

Faculty Operating Officers (FOOs) and (Executive) Directors of Service (DoS), with the assistance of Health & Safety Managers (HSMs), are required to carry out local monitoring and review of H&S performance. The annual H&S Self-assessment checklist is a means of recording this. The checklist describes the minimum duties the Faculty / Directorate are expected to complete, to demonstrate compliance with legal obligations and the overarching University Health and Safety Policy. The FOO / DoS should ensure they are comfortable with the content of the checklist by signing / approving it, prior to submission to Health and Safety Services.

5.2. Health and Safety Managers (HSMs)

HSMs act as the main point of contact between the Central Health and Safety Services team and the Faculty / Directorate, on matters related to the auditing of health and safety performance. They should therefore ensure the H&S checklist and / or H&S management audit report, has been reviewed by the FOO / DoS, typically via the local H&S committee / consultative forum, prior to submission. This review should ensure the information is a true representation of local performance and that an action plan, to address areas where requirements have not been met, has been included.

5.3. Health and Safety Local Officers (HASLOs)

HASLOs contribute to the audit process by conducting specific health and safety related tasks, such as completing / approving risk assessment, undertaking workplace inspections, etc, during the reporting year. They may be invited for interview during a management audit, to check their understanding of their role in this regard.

5.4. (Central) Health and Safety Services (HSS)

Central HSS oversee the programme of formal University wide health and safety management audits, which are based on the Faculty/Directorate checklists. These audits will cover all Faculties and Directorates on a rolling programme over a 5 year period. The frequency of audits is determined by the size, complexity and level of health and safety risk of the Faculty/Directorate and by the level of conformance with legal requirements and the University Health & Safety Policy, as identified in their annual self-assessment. The current standard period of frequency for audit is 5 years. But this may reduce if the basic level of conformance is not met, the area being audited is considered high risk, or if the area does not submit their annual self-assessment.

6. Audit Procedure

The HASMaP standard is divided into modules called 'Indicators', each of which reflects an element of the HSG65's 'Plan, Do, Check, Act'. Each Indicator is divided into detailed themes. A summary of these can be seen in Appendix 1, but for full details of the HASMaP audit, please refer to USHA document [Health and Safety Management Profile](#).

6.1. Stage 1: Pre-audit meeting

The HSS audit team will hold a pre-audit meeting with the FOO or DPS or a nominated Senior Manager and the local Health & Safety Manager for the Faculty or Directorate, at least four weeks in advance of the planned audit start date. The meeting will agree the scope and terms of reference for the audit, including the buildings, groups and activities being audited, the planned audit length*, outline timetable, and the designated key contact(s). A brief tour of the Faculty/Directorate may be included in the meeting to confirm agreed areas, groups and personnel. The HSS audit team will obtain written agreement from the Faculty Operating Officer/Director to verify that the audit can take place on the agreed dates.

*NOTE: The length of time that the HSS audit team will be onsite depends upon the size of the Faculty/Directorate and will normally be a minimum of two consecutive days. Alternative arrangements may be made, for example where the Faculty/Directorate operates on different campuses

6.2. Stage 2: Audit planning

At least two weeks before the agreed audit date, the HSS audit team will liaise with the designated contacts to confirm arrangements for the audit visit, for example:

- A suitable room for the auditors to be based and to conduct interviews
- Access to local hard copy or electronic documentation that will be required in the audit, for instance:
 - Latest self-assessment checklist

- Sample job descriptions
- Risk Register
- Minutes from Faculty/Directorate health and safety consultative group meetings
- Minutes from other meetings where health and safety was a specific agenda item, particularly senior management meetings
- Sample Faculty/Directorate risk assessments and local Codes of Practice
- Induction and task training materials and records for staff, students, visitors and contractors, particularly health and safety manuals or instructions
- Equipment examination and test records
- Workplace inspection reports and records of remedial actions taken
- Accident and incident reports
- Formal interviews with key individuals. These must be arranged in advance. As a minimum, this will be FOO/DPS, Faculty or Directorate Health & Safety Manager, and H&S Local Officer.
- Visits to specific groups in order to enable relevant individuals or groups to be represented during the audit.
- Any escorts or other arrangements that may be needed for the auditors' visits, for example in hazardous areas.
- Details of persons required to be present during the final audit summary meeting.
- The distribution of the draft and final report.

6.3. Stage 3: Audit visit

Where necessary, the Faculty/Directorate will provide the audit team with escorts and/or a briefing on local H&S procedures, welfare issues, emergency procedures and local rules. The audit team will review all hard copy and electronic documentation provided and will seek evidence and confirmation of arrangements, activities and plans described in the latest self-assessment checklist. Visits will be made to agreed areas to observe arrangements and activities in practice, and to review their suitability and effectiveness.

The audit team will carry out formal and informal interviews with selected individuals to confirm documentation reflects real practice and to confirm employee awareness of health & safety issues relevant to their activities. These interviews will seek to establish how things are done and what level of control is in place for health & safety risks. Typically, interviews will include H&S post holders such as:

- Fire Wardens
- First Aiders
- local managers
- individual members of staff, and
- students, where appropriate

The audit team may also seek the assistance of specialists in the area being audited if necessary, e.g., if specialist equipment is present which the auditors are not familiar with.

At the beginning of each day there will be the opportunity to discuss the day's proposed events; at the end of each day there will be the opportunity to discuss the day's findings. At the end of the audit, the audit team will hold a final meeting with the designated contacts to

summarise the overall findings and agree on the key points that will be included in the report.

6.4. Stage 4: Draft Audit Report

Within three weeks of the audit, the audit team will provide a draft report to the FOO/DoS setting out a summary of the H&S management performance identified during the audit, as well as any key findings and recommendations to attain the next level of assurance for each relevant element. The report will highlight identified strengths in the H&S management system as well as any significant weaknesses discovered. A 'Summary Chart' showing the level of performance attained for each element will be attached to the report, along with a recommended action plan to address any weaknesses.

6.4.1. Levels of Performance

The HASMaP standard describes how evidence gathered within an audit can be assessed, in order to give one of three levels of assurance. Full descriptions of the levels of performance can be referenced in Appendix 2.

The University expects all Faculties and Directorates to attain Basic assurance performance in all indicators. The annual self-assessment checklist is therefore based on the various criteria found under the "basic" assurance level.

As an area improves the way it manages health and safety, then the level of assurance should move from basic, through substantial, to high.

6.5. Stage 5: Final audit report

A three-week period is allowed for the Faculty or Directorate to discuss the draft report and to make comments on the findings and recommendations. Any clear discrepancies in the interpretation of the Faculty/Directorate health and safety arrangements can be rectified at this time.

Once agreed, the final audit report and associated action plan will be issued to the FOO/DPS and anyone else identified during the pre-audit stage. If requested to do so, the audit team will attend an agreed meeting to formally present the findings and recommendations.

The final audit report and action plan will be presented to the UHSSWB at its next meeting.

6.6. Stage 6: Faculty or Directorate action

If basic assurance has not been met, the audit report makes recommendations for attaining the expected level of performance in relevant elements. It is the FOO's/DoS's decision as to whether these recommendations are implemented. If the recommendations are not adopted, then clear details on why these were not adopted should be provided and suitable alternatives (i.e. those that provide the same level of compliance) should be identified.

In addition, all Faculties/Directorates are expected to provide evidence to central HSS, demonstrating that action has been taken to address the identified areas of non-conformance. This evidence must be provided within 12 weeks of an audit report / self-assessment checklist being finalise.

The FOO / DoS will be required to present updates on the progress against the action plan at subsequent meetings of the HSSWB and until such a time as all actions are complete.

6.7. Stage 7: Audit review

HSS will monitor progress against action plans and recommendations for improvement made in the audit report, in between meetings of the UHSSWB.

A summary of the audit programme, associated action plans and reviews will also be provided within the annual report issued by HSS to the Governing Body.

7. Further Guidance

7.1. Related University documents:

- H&S Self-assessment Checklist

7.2. Other related guidance:

- [HASMaP Audit Guidance](#)
- [HSG 65 'Successful Health and Safety Management'](#)
- [Leadership and Management of Health and Safety for Higher Education Institutions](#)

8. Document History

Details of previous reviews are as follows:

Review Date	Reviewer	Summary of Review
05-Jul-22	Vikki Wood (Head of HSU)	Annual review- no changes required
30-Mar-23	Chantelle Marriott (H&S Co-Ordinator)	Reviewed document accessibility
23-Sept-24	Vikki Wood (AD HSS)	Replaced reference to 'safety statement' with 'H&S self-assessment checklist'; Replaced reference to 'HSU' with 'HSS' Updated to new H&S document template

This document will be reviewed at least annually.

Appendix 1 – HaSMaP Indicators and Themes

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

Appendix 2 – HaSMaP Assurance Levels

Basic Assurance	The basic architecture of a health and safety management system is in place, However, its effectiveness in identifying and controlling risk is limited. The health and safety management system is not fully embedded within the institution
Substantial Assurance	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
High Assurance	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.
External Accreditation	Bridging document and guidance to progress to BS ISO 45001:2018