

Self-verification assurance assessment

|  |  |
| --- | --- |
| **Name of School/Service/Centre/Location** |  |
| **Head of School or Service** |  |
| **Name of person completing checklist** |  |
| **Date of completion** |  |
| **Date of review by senior management team\*** |  |
| **Assurance level\*\*** |  |
| **Approved by\*\*\*** |  |
| **Date approved** |  |
| **Date submitted to Dean/Divisional Head/Registrar\*\*\*\*** |  |
| **Date submitted to Safety and Health Services** |  |

\* It is encouraged that the assessment is reviewed by senior management within the school/service etc. before agreeing on the assurance level. The Head of the School or Service would still be accountable for the management of H&S.

\*\* **Substantial assurance** - There is an appropriate H & S management system in place that is working effectively. Some minor areas for improvement exist but these have been identified and clear plans are in place to address them.

**Reasonable assurance** - There is an appropriate H & S management system in place that is working effectively across most areas of operation. A few areas for improvement exist but these have been identified and clear plans are in place to address them.

**Partial** **assurance** - There is a H & S management system in place, but it is only working effectively in some areas. Numerous areas for improvement exist but these have been identified and clear plans are in place to address them.

**No assurance** - There is little or no evidence of any management system in place and there is no clear evidence that plans are in place to address areas for improvement.

\*\*\* The Assurance level can be agreed by the senior management team, but the Head of the School or Service would remain accountable.

\*\*\*\* This process has been designed to enable Heads of Schools and Services to meet their H&S responsibilities, drive improvements in H&S but also to provide assurance to the Dean/DivHead/Registrar as appropriate. Therefore, they need to be informed of the outcome of the assessment.

|  |  |
| --- | --- |
| **Summary of key actions to be taken following the assessment** | |
| **Action required** | **Date completed** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Part 1: Providing leadership and promoting a positive culture.**

|  |  |  |
| --- | --- | --- |
| **Q1: Do senior staff lead by example?** | | |
| **Guidance**  **Who are considered senior staff members?**   * Senior staff can include the Dean, Divisional Head, Head of School, Head of Service or Centre, School Manager, etc.   **How are senior staff considered visible in the workplace?**   * Chairing or attending meetings where Health and Safety is discussed. * Taking an interest in H&S issues or meeting with staff to discuss concerns. * Minutes of meetings. * Annual safety talks to staff and PGR’s. * Attending or organising safety days. * Attending or organising safety inspections. * Completing and participating in safety related training. * Seeking assurance/receiving reports or information from staff regarding arrangements for managing significant risks * Attending an induction at appointment, shadowing others etc to gain insight into work and significant risks in their area of accountability. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q2: Is H&S performance reviewed and discussed at school or service level on a regular basis?** | | |
| **Guidance**  **What is meant by school or service level?**   * This would usually take place at a school or service level H&S group or committee or as part of a School Board or Service Management meeting.   **What is considered occupational H&S performance?**  Performance can include,   * Discussions regarding accidents, incidents or near misses, * Training, * completed safety inspections, * health surveillance undertaken by Occupational Health, * reviewing risk assessments.   Further guidance on managing H&S performance [Key actions in measuring performance effectively (hse.gov.uk)](https://www.hse.gov.uk/managing/delivering/key-actions/measuring-performance.htm)  **What is considered evidence?**   * Evidence can include minutes of meetings, agendas, and subsequent emails. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q3: Is Health and Safety being considered as part of any planning or decision-making processes?** | | |
| **Guidance**   * The University has a vision to make H & S business as usual. To achieve this, we need to give due consideration to H & S as part of any planning or decision-making process. * Processes can include IPP, risk management framework, major projects or change activity, research grants, research, and ethics procedures etc. * Evidence can include liaising with Safety and Health Services at an early stage. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q4: Are you encouraging and promoting the reporting of work-related accidents, ill health and near misses?** | | |
| **Guidance**   * This is about creating a culture where such incidents are considered as learning opportunities rather than seeking blame. Some areas record such incidents and promote the reporting systems in place. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q5: Are you monitoring the accidents/injuries/near misses that have occurred in your School or Service to ensure lessons are learned for the future and appropriate action is taken to prevent recurrence?** | | |
| **Guidance**   * This directly links to the above questions. Again, minutes of meetings/agendas can be used for evidence. Evidence of actions taken as a result of any monitoring can be used | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q6: Are you monitoring staff sickness levels and workplace health and wellbeing to ensure that issues are identified and corrective action taken at an early stage?** | | |
| **Guidance**   * Are any records kept of sickness absence or ill health? (this can include psychological health). * Are return to work interviews undertaken to identify issues? * Do Occupational Health undertake any health surveillance of staff? (e.g. audiometry, fitness to practice, immunisation) * This can also include actions being taken following the staff survey. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q7: Are you ensuring that staff are competent to undertake their roles in a safe manner?** | | |
| **Guidance**  **How do you define staff competence?**   * Competence is defined as having the ability to undertake responsibilities and perform activities to a recognised standard (e.g. safely) on a regular basis. * It combines practical and thinking skills, knowledge, experience, qualifications, and training. This is very much focussed on those who undertake work which requires a level of competency that enables them to do that job safely. It is not about making the work environment safe. * Competency needs can be identified through risk assessments. They will identify controls that need to be in place to manage risks. Controls can be competency related and should be specified. Job descriptions and person specifications will also help identify the competencies required to undertake certain roles. Those undertaking primarily office/admin work generally do not need specific safety-related competencies to undertake their work safely. * Ensuring competence is not just about going on training courses. Pre-employment qualifications and experience, provision of information & instruction or work shadowing are other examples of how competence can be achieved.   **What is considered evidence?**   * Evidence can include training needs matrices, training records, records of staff supervision, notes from staff meetings, job descriptions, risk assessments, professional qualifications, and essential requirements on recruitment. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q8: Are you ensuring that the H & S training needs of all staff are being effectively addressed?** | | |
| **Guidance**  **How do you ensure staff training levels are appropriate?**   * Training needs should be focussed on staff being able to undertake their role safely. Some staff may only require corporate H & S training or local induction training. Some may be required to undertake first aid training or DSE assessors training. Others may be required to undertake more specialist training e.g. radiation or biological. * How do you know whether this training is being done? Do you record any training undertaken and is it recorded at a local level? * Evidence includes training records, induction records, training needs matrices. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q9: Do you have access to local H & S advice? Do you have a suitably supported, empowered & competent School or Service Safety Advisor?** | | |
| **Guidance**   * Local H & S advice includes, SSAs, DSE assessors, first aiders, fire wardens, Local biological safety officers, Radiation Protection Advisers, Laser Safety Officers, Trade Union Safety Reps, etc. * Does your SSA have sufficient time, resources & skills to undertake their role effectively? * Is local advice promoted or advertised across the school or service? Is relevant contact information included within your local rules? | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |

**Part 2: Ensuring practices within your area comply with local rules and relevant Occupational Health and Safety and emergency response policies and procedures.**

|  |  |  |
| --- | --- | --- |
| **Q1: Have your local rules been reviewed within the last 12 months to ensure they remain suitable and sufficient?** | | |
| **Guidance**   * Local safety rules should be reviewed at least every 12 months. * Local radiation rules which are a legislative requirement for designated radiation areas, should be reviewed by the Radiation Protection Supervisor every 12 months. * Reviews should not be done solely by the SSA but should involve consultation with key staff across the school or service. Evidence of consultation would be expected. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q2: Do you have procedures in place to ensure that changes to Occupational H & S procedures, policies and local rules are communicated to all relevant staff?** | | |
| **Guidance**  How do you advise staff of changes?   * Emails. * School or Divisional newsletter. * Cascaded through line management. * Staff and PGR intranet. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q3:** **Do you record and retain evidence that staff have read and understood relevant Occupational H & S policies, procedures, and local rules?** | | |
| **Guidance**   * Local induction record. * A sample survey of staff to ask if they have read and understood. * Signatures or a list of names confirming they have been advised of procedures. * Read receipts from emails. * A quiz or test. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q4: Do you have an annual plan to undertake audits, inspections, and other checks to ensure that Occupational H &S procedures, policies, and local rules are being implemented?** | | |
| **Guidance**   * An action plan with timescales to be completed within a minimum of 12 months. * Risk assessments undertaken or under review. * Inspection programme, checking that procedures and control measures identified by risk assessments are being implemented. * Training, raising awareness. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q5: Can relevant Occupational H & S procedures, policies and local rules be easily accessed by all staff?** | | |
| **Guidance**  Appropriate staff should have access to relevant information.   * Is information available via laptops, and/or iPads? If not, are staff given hard copies? * Do staff know where to find information? (e.g. staff and PGR intranet, shared folders, SharePoint site, etc). | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q6: Do you have procedures in place to ensure that all staff receive effective Occupational H & S awareness and training and, where appropriate undertake DSE assessments as part of their local induction when taking up a new post in your school/service/location?** | | |
| **Guidance**   * Local induction training and records. * How are training needs identified? * How do you ensure that DSE assessments are undertaken on taking up a new post? Is this done as part of the induction? | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q7: Do you have effective arrangements in place to respond to and manage an emergency?** | | |
| **Guidance**   * Do you have sufficient numbers of trained first aiders and fire wardens in place/on campus (numbers dependent on activities being undertaken, first aid risk assessment, coverage if blended working in place). * Do you have sufficient leadership available on campus who can manage an emergency incident until emergency services and/or Security arrive? (Taking into account blended working). * Do you liaise with other building users where premises are shared? Building Users Forums can be an ideal way of doing this. * These arrangements should be documented and made available to all appropriate staff and, where appropriate, students. * These arrangements should be tested at least annually (fire drill, desktop exercises). Guidance and advice is available via the ICMF SharePoint site. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |

**Part 3: Ensuring Health and Safety related risks are effectively managed within your area of responsibility.**

|  |  |  |
| --- | --- | --- |
| **Q1: What are the most significant Occupational H & S risks identified for your School/Service/Centre/Location?** | | |
| **Guidance**   * These may be different depending on the work activities & location. * All areas will need to cover risks that generally apply from DSE use, fire safety and work-related stress. Some lower-risk areas (such as primarily office/administrative) may only need to consider these key risks. Higher risk areas will also need to consider other significant risks. * Some lower risk areas (such as primarily office/administrative) may only need to consider the key risks above. Higher risk areas will also need to consider other significant risks. * Other more complex areas may like to/benefit from grouping risks together e.g. chemical risks, biological, biosecurity, radiation, noise, moving and handling elevated biocontainment (e.g., CL3 labs). * Schools and Services need to be aware of the risks. Some schools & services have risk registers that outline risks so they can review & monitor how risks are managed. * It is important to only focus on risks where it is foreseeable that injury or ill health could occur. If required, you can request copies of previous audits undertaken by Safety and Health Services or [contact a H&S advisor](http://bristol.ac.uk/safety/contacts/) to discuss further. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q2: Have risk assessments been completed for each of the risks identified including both generic and activity related?** | | |
| **Guidance**   * Risk assessments should exist for areas of risk identified above. If they don’t already exist, add them to your overall H & S plan for your school or service. * The starting point would be generic risk assessments and from these more specific activity related assessments. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q3: Are risk assessments monitored and reviewed regularly?** | | |
| **Guidance**   * Once completed, risk assessments should be regularly reviewed and monitored to ensure they remain valid and effective. * Evidence could include confirmation provided at a local H & S committee, during workplace inspections. Information from DBSOs regarding review of biorisk assessments. * Analysis and monitoring of outstanding/overdue biorisk assessment scheduled reviews from the biorisk database (reports can be requested from the DBSO or University Biological Safety Officer) | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q4: Are risk assessments and associated controls communicated to staff and are they easily accessed?** | | |
| **Guidance**   * Relevant staff need to be aware of findings and what controls are in place. * How are staff made aware of completed risk assessments and the resulting information for procedures or safe systems of work? * For low-risk locations this might be in the local rules or an alternative document that sets out H&S arrangements. * For staff who don’t work on a computer or laptop, are hardcopies available in labs, workshops, cafes, etc? | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q5: Are risk assessments and associated controls easily accessed by those involved with the activities?** | | |
| **Guidance**   * Can risk assessments be easily accessed by relevant staff? * Are they stored on a local drive? * Can they be accessed by mobile workers? * Are they filed or stored near work locations such as workshops or labs? | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q6: Are checks carried out to ensure controls are being fully and effectively implemented?** | | |
| **Guidance**   * If controls are included within safe systems of work, is performance being monitored and reviewed by supervisory staff to ensure they are being implemented? * Evidence can include visual checking/inspection, staff appraisals and reviews, local audits. * Are room/lab/building access controls managed and checks made to ensure immediate access removal from staff and students when required and commensurate with safety and security risks? Is there a written procedure? * Also consider personnel checks if required for safety and security. * Accident/near miss investigations may highlight where controls have or have not been implemented. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q7: Do you have a procedure to ensure that Occupational H & S risks are considered and planned for at the start of each new project, activity, or process?** | | |
| **Guidance**   * At the award of a new grant * Introducing new work activities * Purchasing of new equipment * Relocating to new accommodation or facilities * Immunisation arrangements, fitness to practice | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q8: Are staff who undertake risk assessments competent to do so?** | | |
| **Guidance**   * Competence is not simply going on a training course. * Competency can be gained through work experience, accessing, and following guidance and advice, job shadowing etc. * Evidence includes training records, membership of professional bodies, CPD records, previous risk assessments. * Is there a quality assurance process or peer review in place to ensure risk assessments are suitable and sufficient? * Reviews by institutional biosafety committee, local biological safety officers, University radiation protection supervisor. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q9: Do you have a procedure that enables staff and students to identify and report risks that are not appropriately controlled?** | | |
| **Guidance**   * This is linked to creating a culture where staff and students are encouraged to identify, and report concerns or issues. * The procedure does not have to be written down but there should be opportunities for staff and students to report concerns or issues relating to risks to health.   **Examples**   * If students have concerns regarding the placement they are on, is there a way of reporting them locally and to the University? * Is there student representation on safety committees? * Are staff and students aware of the Occupational Health Services available to them? * Is near miss reporting encouraged? * Do your local rules provide details of how to report such issues? * Do you have records of where changes or improvements were made because of reported issues? * Are safety reps actively consulted or meeting with staff? * Do project or local staff meetings provide opportunities to raise issues? | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |

**Part 4: Identifying and seeking opportunities to improve Health and Safety performance of your management system.**

|  |  |  |
| --- | --- | --- |
| **Q1: Are you providing and promoting a working environment that encourages staff to review and suggest ways in which health and safety management and practice can continuously improve?** | | |
| **Guidance**   * Actively seeking views from staff on areas that can be improved. * Are there any forums where issues can be raised? (e.g. H & S Group or Forum, Management and Leadership team meetings) * Do staff know who to report any issues or ideas to? * Emails from senior staff encouraging reporting issues and ideas. * Minutes of meetings where improvements were discussed. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q2: Are you promoting a working environment that sees mistakes/errors or near misses as opportunities to learn rather than a weakness?** | | |
| **Guidance**   * Poster campaigns. * Email reminders to staff. * Minutes from meetings where this has been discussed. * Near miss reporting. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q3: Do you regularly plan actions or activities to improve Occupational H & S management within your school or service?** | | |
| **Guidance**   * These sorts of activities could be included within annual H & S action plans. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q4: Are you ensuring that good practice or learning experiences can be shared with other schools/services/centres/locations?** | | |
| **Guidance**   * Could best practice and learning experiences be shared at Faculty or Division level? Also consider outside your own faculty/division * Do school/service management and staff meet and discuss or share information with other schools or services? * Is there active participation in Yammer groups? * Do we share or seek information from other universities or institutions and is this information shared across the University? * Do you undertake joint inspections and/or audits of other schools/services? * Is specialist advice/knowledge shared across schools/services? (e.g. sharing of documentation such as templates, procedures, assessments). | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q5: Have you requested or undertaken audits or inspections to identify areas for improvement?** | | |
| **Guidance**   * Most areas have inspection programmes.   **Examples**   * Audits can be undertaken by local staff to ensure that H & S arrangements are in place and working. * You may request support from Safety and Health Services to undertake audits or inspections where you have concerns. * Some areas have commissioned external auditors to undertake audits of their management systems. Have you been the focus of an audit by Safety and Health Services, Mazars, Fire Service, Environment Agency or other regulatory agencies? * Some schools, services or specific teams may have been involved in audits by the University’s internal auditors around specific topics or processes e.g., travel management, CL3 laboratory management, hazardous chemical management. * Involvement with regulatory audits, action plans, and improvements. Action plans from audits will be attached and could form part of the improvements made in the last 12 months. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |
| **Q6: What improvements have you made to your H & S management system over the last 12 months?** | | |
| **Guidance**   * Some schools, services or specific teams may have been involved in audits by the University’s internal auditors around specific topics or processes e.g., travel management, CL3 laboratory management, hazardous chemical management. * Involvement with regulatory audits, action plans and improvements. Action plans from audits will be attached and could form part of the improvements made in the last 12 months.   **Examples**   * Low risk example – A school has completed a preventative work-related stress risk assessment and communicated the findings to the staff. | | |
| **Yes** | **No** | **Partially** |
| **Evidence** |  | |
| **Further action planned or in progress** |  | |