Health and Safety Management Performance Monitoring and Review

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Related Policies & Procedures	Occupational Health and Safety Policy

1. SCOPE

1.1. These procedures apply to LSHTM London buildings and periodic inspections or audits conducted in the MRC Units by LSHTM. The MRC Units have their own Occupational Health and Safety Management System (SMS) performance monitoring and review procedure but are periodically audited by LSHTM to verify compliance with relevant LSHTM Occupational Health and Safety (OHS) policies.

1.2. It does not apply to travel and offsite work audits. Procedures for auditing those are covered elsewhere.

2. PURPOSE AND OVERVIEW

2.1. The London School of Hygiene and Tropical Medicine (LSHTM) have a legal duty under health and safety legislation to periodically conduct reviews of its Occupational Health and Safety Management System (OH&SMS). This will verify if the SMS is working effectively as planned, identify gaps, and the actions needed to improve the system to ensure its continued effectiveness.

2.2. This document outlines the LSHTM procedures for conducting SMS reviews through periodic inspections, audits and reviews conducted by LSHTM staff and externally appointed auditors.

3. DEFINITIONS

3.1. **Active Monitoring** refers to activities undertaken to check that OHS standards are being met and/or identify hazards or issues before they result in unplanned events. They include safety inspections, tours, surveys, audits, health surveillance for specified activities and management reviews. Active monitoring provides information on the effectiveness of the SMS and the level of conformance and non-conformance with OHS standards.

3.2. **Reactive monitoring** Reactive monitoring refers to reviews conducted after an accident or incident, including enforcement actions to identify the root causes, ensure similar incidents do not occur, and use the lessons learnt to improve the SMS. They include accident/incident investigation and monitoring of incidents, accidents, work-related illness, and sickness absence records.

3.3. **Inspection** is the formal assessment of workplace health and safety, involving the identification of hazardous conditions or practices for subsequent remedial actions.

3.4. **Walkaround inspections** are inspections conducted to examine specific areas or points of interest within the workplace. They can be formal or informal.

3.5. **An audit** is a structured process for collecting independent information on the efficiency, effectiveness and reliability of an organisation's SMS and drawing up plans for corrective action.

4. RESPONSIBILITIES

4.1. The responsibilities of individual roles relating to health and safety performance monitoring and reviews are detailed in the health and safety management responsibilities procedure.

4.2. In general, the LSHTM Head of OHS is responsible for ensuring that systems are in place for monitoring and reviewing SMS performance across LSHTM. Faculty Deans and Heads of Departments are responsible for ensuring that appropriate performance monitoring arrangements are implemented within their areas of responsibility. Managers, supervisors, and safety partners are responsible for ensuring that areas under their control are regularly monitored and that findings are addressed in accordance with this procedure. Faculty Safety Supervisors support the monitoring processes carried out within their respective faculties.

5. PROCEDURES

5.1. OCCUPATIONAL HEALTH AND SAFETY (OHS) INSPECTIONS

5.1.1 LSHTM undertakes active monitoring of its SMS by conducting inspections of all its workplaces in accordance with the procedures described here.

5.1.2 **General Requirements**

5.1.2.1 Formal inspections should never be used as a substitute for daily supervision and observation of the workplace and staff/student activities. Inspections provide a formalised opportunity to conduct a more in-depth examination of a process or workplace.

5.1.2.2 Staff leading or participating in inspections must receive appropriate training and sufficient time to complete the inspections and any associated work effectively.

5.1.2.3 Inspections are to be carried out by persons who are suitably qualified and experienced in the workplace. The requirements for this will vary depending on the risk and nature of the environment.

5.1.2.4 Personnel conducting workplace inspections must seek input and involvement from those working in the area regarding workplace hazards and the hazards associated with specific items of equipment.

5.1.2.5 It is strongly encouraged that a member of the workplace accompany the person carrying out the inspection.

5.1.2.6 Trade Union representatives must be invited to participate in these inspections and consulted in advance on the inspection arrangements.

5.1.2.7 An inspection should include observations of staff, student and contractor activities and not just looking for hazards. It is also beneficial to acknowledge areas of good practice and communicate this to the wider LSHTM community.

5.1.2.8 Inspections should aim not only to identify OHS risks but also their causes as well as the actions necessary to rectify safety risks identified and root causes.

5.1.2.9 The responsibility for addressing each action must be agreed upon and recorded during the inspection/audit.

5.1.2.10 Inspections, their findings, and actions should be recorded on the OHS Auditing Management System - SafetyCulture (iAuditor). The inspections should cover items included on the iAuditor inspection checklist, adding and deleting items as necessary.

5.2 Types of OHS Inspections

5.2.1 Statutory/Regulatory Inspections

5.2.1.1 The Maintenance Department is responsible for most of the plant and equipment requiring routine inspection and/or statutory testing. However, there are certain items where it is the responsibility of academic Faculties to ensure that this testing and maintenance is carried out. Full details on what testing is required and who carries this out are provided **here.**

5.2.1.2 Other regulatory bodies conduct periodic audits of various activities and areas within the school according to their respective schedules, for example, the Health and Safety Executive and Fire and Rescue Service.

5.2.2 **Laboratory Health and Safety Inspections -** The Biorisk Management Procedures detail laboratory health and safety inspection procedures. The Biorisk manager ensures the inspections are conducted as per the procedure.

5.2.3 Walkaround Inspections - These may be conducted as a follow-up to inspections to verify if the recommended remedial actions have been adequately addressed or sufficiently control the risk. They can be conducted anytime during the academic calendar. The individual requesting a walk-around inspection is responsible for appointing the inspection team, scheduling and coordinating the inspection, and writing/communicating the inspection findings to relevant managers or supervisors.

5.2.4 All Other Inspections - Each faculty or department must conduct inspections to assess their own SMS performance and, where necessary, take corrective actions to eliminate or reduce the identified risks to acceptable levels. The relevant sections below describe what these inspections entail, who conducts them, and how often they are done.

6 OHS AUDITS

6.1 Audits are active monitoring periodically conducted to monitor various aspects of the implementation of LSHTM's OH&SMS. This is done in order to;

- verify its effectiveness and reliability.
- check that the health and safety strategy is being delivered and effective in improving LSHTM health and safety management as planned.
- identify its gaps/weaknesses and recommend corrective actions for improvements.
- Confirm statutory compliance.

6.2 Types of Audits

6.2.1 Audits conducted by the LSHTM OHS Department

- Most audits conducted at LSHTM are delivered via the internal audit programme (see below). However, in certain circumstances, audits may be identified as necessary, and these will be carried out either by the OHS Department or their appointed contractor.
    - Examples of such audits would include, for example, waste management and catering.

6.2.2 LSHTM Internal Audit programme

6.2.2.1 External auditors appointed by LSHTM conduct independent health and safety management system audits according to a schedule determined by the Audit and Risk Committee.

6.2.2.2 Other independent specialist auditors or consultants are occasionally contracted to audit a particular specialist area (e.g., Offsite Safety Arrangements) as required. The Head of Occupational Health and Safety determine these.

7 MRC UNITS' HEALTH AND SAFETY INSPECTIONS AND AUDITS

7.1 The LSHTM conducts periodic inspections and audits at the MRC Units to verify the Unit's compliance with relevant LSHTM OHS policies and procedures, identify risks to LSHTM and propose recommendations to address these.

7.2 The Head of OHS conducts specific health and safety inspections and audits of each MRC Unit during visits to the Units. The areas inspected or audited depend on the scope of the visit and current health and safety issues, typically relating to incidents and new or ongoing capital projects.

7.3 Other specialist inspections or reviews are conducted as needed by LSHTM to verify the Unit's compliance with such health and safety specialist areas (e.g., fire safety, Biosafety) or upon the Unit's request for their management purposes.

7.4 The LSHTM external auditors also conduct periodic audits of the MRC Unit's SMS upon the request of the LSHTM Audit and Risk Committee or the LSHTM Head of OHS.

8 FREQUENCY OF INSPECTIONS AND AUDITS

8.1 Audits and inspections of low-risk areas (such as offices) are conducted every two years. Higher risk areas are monitored more frequently and for laboratories the schedule is as laid out below.

Inspection schedule for microbiological labs				
Facility	**Monthly**	**6 monthly**	**Annually**	**Biannually**
Containment Level 2	-	By lab manager Recorded on iAuditor	By lab manager Recorded on iAuditor	By lab manager & Faculty Safety Partner/Biorisk Manager Actions recorded on iAuditor
Containment Level 3 (including derogated labs)	By lab manager Recorded on iAuditor	By lab manager Recorded on iAuditor	By lab manager and Faculty Safety Partner/Biorisk Manager Recorded on iAuditor	As annually

8.2 The frequency for inspecting or testing plant and equipment are provided **here**

8.3 Additional inspections may be necessary in cases where there has been a substantial change to the work environment after the scheduled inspections but before the next inspection date.

8.4 Audits by LSHTM's appointed internal auditors are conducted at intervals determined by the Audit and Risk Committee.

8.5 Specific areas or activities of the MRC Units are inspected or audited annually or as needed.

9 SCOPE OF INSPECTIONS AND AUDITS

9.1 The OHS team determines the scope of inspections/audits and agrees on these with managers in advance before the audit/inspection.

9.2 The inspection/audit checklists on SafetyCulture (iAuditor) provide a general guide on which subject areas to inspect or audit. However, it shouldn't limit the inspection team. More items can be added as necessary, and any irrelevant items can be deleted.

9.3 The Head of OHS determines the scope of internal audits with the Audit and Risk Committee and /or the LSHTM appointed external auditors.

9.4 The scope of the MRC Units' inspections and audits are determined by the pertaining OHS issues, capital projects and the Unit's health and safety needs.

9.5 Where the inspection or audit covers a large area, it is advisable to split it into manageable sections so that they can be carried out over a period.

9.6 An appropriate amount of time must be allocated to carrying out inspections and audits.

10 REPORTS AND ACTIONS

10.1 Inspections and OHS Department Audit Report and Actions

10.1.1 LSHTM uses OHS Auditing Management System – SafetyCulture (iAuditor) to manage health and safety inspections.

10.1.2 Inspection/audit templates are available on SafetyCulture.

10.1.3 SafetyCulture also allows for actions to be raised, assigned and closed out.

10.1.4 The inspection/ audit team leader is responsible for recording the outcomes of an inspection or audit and developing a report.

10.1.5 The report should detail identified hazards/risks/gaps, recommendations for improvement, agreed actions, priorities and timescales.

10.1.6 The report must also record any corrective actions taken during inspections/audits.

10.1.7 The inspection/audit team leader shall share copies of the report with the Dean of Faculty or Department Head, manager/supervisor of the area inspected and all persons with assigned tasks and members of the inspection or audit team.

10.1.8 The Faculty Safety Partners share a summary of the inspection/audit findings and actions with the Faculty Health and Safety Committees.

10.1.9 Where relevant, the Head of OHS or specialist auditor issues a report of their inspections to the MRC Unit. The report is issued to the Unit OHS Head, copies to the Chief Operating Officer, the Head of the area inspected and individuals who participated in the inspection or audit.

10.2 Internal Audit Report and Actions

10.2.1 The internal audit team prepare and issues a report to the Head of OHS per the agreed-upon audit timescales.

10.2.2 The Head of OHS is responsible for determining actions required to address gaps identified and the implementation timelines.

10.2.3 The Head of OHS shares the final internal audit report with the LSHTM health and safety committee, the council, and the executive team.

11 IMPLEMENTATION OF ACTIONS

11.1 The Faculty Safety Supervisor and/or inspection team leader and MRC Unit OHS Head are responsible for monitoring inspection actions, updating the reports as appropriate and flagging any significant delay in addressing an action to the Dean of Faculty or Head of Department, Unit Chief Operating Officer and the Faculty/Estate Safety Partner.

11.2 Where funding is required to address a task, the assigned person is responsible for liaising with their line manager or appropriate budget holder. The Unit HS Head is responsible for following up on relevant budget holders.

11.3 Faculty Safety Partners are responsible for monitoring audit actions until their completion and flagging significant delays to the Dean of Faculty or Department of Heads and the Head of OHS.

11.4 The Biorisk Manager is responsible for monitoring laboratory audit actions until completion.

11.5 The Head of OHS is responsible for monitoring and implementing the actions of internal audits and providing updates to relevant committees and management as appropriate.

12 INSPECTION AND AUDIT RECORDS

12.1 Inspection/audit records are stored on SafetyCulture and made available to interested parties upon request.

12.2 Records of plant and equipment inspections (including statutory inspections) and maintenance repairs, and alterations of plant and equipment are stored electronically in the relevant SharePoint Maintenance or PMO folders. These folders are accessible to the Estates Department and Health and Safety Department. Copies of the reports are made available upon request.

13 ACCIDENT/INCIDENT REPORTING AND INVESTIGATION

13.1 Reactive monitoring of the SMS is done through incidents/accidents reporting, investigation and review of the data quarterly to identify trends and determine lessons learned.

13.2 All accidents/incidents that occur during LSHTM work, including on offsite/overseas locations, must be reported promptly via the OHS incident/accident reporting system, SafetyCell.

13.3 The MRC Units must also report all incidents/accidents on SafetyCell. Additionally, the types of incidents or accidents listed below MUST be reported on SafetyCell and also immediately escalated to the Unit COO and the LSHTM Head of Occupational Health and Safety or, in his absence, the LSHTM team (safety@lshtm.ac.uk):

13.3.1 All incidents (accidents and near misses) at the Units must be reported on SafetyCell. In addition, the following must be reported to the LSHTM Head of Occupational Health and Safety or the LSHTM safety team in his absence, as soon as possible after their occurrence. All these apply to anything arising from work activities, whether to staff, students, visitors, contractors or members of the public, irrespective of whether these happen on Unit premises, or elsewhere.

13.3.2 Fatalities or serious injuries. Serious injuries include any that require medical attention or result in lost time.

13.3.3 Work-related ill-health or disease. To include, for example, ill-health due to ingestion or inhalation of a work-related harmful substance, but not to include, for example, food poisoning whilst travelling for work. Also, to include work-related occupational asthma or dermatitis, or any other serious ill-health attributable to work.

13.3.4 Any incident that did, or could have, resulted in the release of a biological agent in Hazard Group 2-4, or any genetically-modified organism. This includes the transport of such material to and from the Units and whether such material was inappropriately packaged or transported.

13.3.5 Any incident in a Containment Level 3 lab, no matter how trivial.

13.3.6 Any road traffic incident resulting in injury or death, irrespective of where it occurs or where it involves either a Unit vehicle or Unit driver.

13.3.7 Any incident involving a fall from height.

13.3.8 Any fire, irrespective of size.

13.3.9 Any electrical incident, irrespective of severity.

13.3.10 Any incident involving asbestos.

13.3.11 Any dangerous occurrence in which an incident could have resulted in serious harm.

13.3.12 If there is any doubt about whether an incident needs to be reported immediately, the LSHTM Head of Occupational Health and Safety should be informed.

13.4 The OHS team investigates all accidents and incidents reported through SafetyCell to identify the root causes, recommend appropriate corrective actions, and liaise with relevant managers and supervisors to ensure actions are implemented. Lessons learned are communicated through reports to the OHS committees and, where appropriate, to all staff.

13.5 The accident/incident reporting and investigation procedure is available on the safety webpage.

14 PROCEDURAL REVIEWS

14.1 A review or desktop audit of OHS policies and procedures is undertaken during their scheduled review dates to verify that documented procedures are being implemented as intended. These audits may focus on implementation within specific departments and/or subject areas.

14.2 The OHS team undertakes these audits and updates the policies and procedures as needed.

15 OHS STRATEGIC PLAN AND OH&SMS REVIEWS

15.1 The OHS Strategic plan is reviewed quarterly by the Head of OHS and the OHS team. An updated report of the plan is issued and discussed at the LSHTM OHS committee.

15.2 A full comprehensive review of SMS is undertaken periodically. This review ensures that the OHSMS remains relevant, current and appropriate to health and safety risk and legislative requirements. The Head of OHS is responsible for planning and commissioning a suitably qualified auditor to undertake these reviews.

16 COMMITTEE REPORTING

16.1 The LSHTM OHS Committee submits reports every six months to the Executive team and the Audit and Risk Committee. The report is prepared by the Head of OHS and reviewed by the LSHTM OHS Committee.