



Health and Safety Annual Performance Review Self- Assessment KPI Questions

Guidance Information

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What happens in the self-assessment review?

Once a year, the dean or director of service division, their academic heads of school (department)/directors of service and the Health, Safety and Wellbeing Manager discuss the progress of the faculty/service division to see how well they have managed health and safety risks over the previous year. They focus on the faculty/service health and safety objectives or plans, as well as on the self-assessment questionnaire provided by the Health, Safety and Wellbeing service. The self-assessment review should be completed and returned to Health, Safety and Wellbeing by the 30th of November each year.

How does the review process help my faculty or service division?

By considering your progress, the review process should help you to:

- See whether your risk management is effective and check you are meeting your health and safety objectives, key performances indicators (KPIs) or other local measures.
- Celebrate your achievements and good health and safety performance.
- Examine whether the inspection schedule is on target and proceeding effectively, and the local health and safety committee is happening.
- Review the effectiveness of any actions taken to rectify weaknesses or follow up any serious accident or incident.
- See whether local health and safety documents reflect current priorities, plans and targets; this can often be part of the usual University annual planning processes.
- Target your future resources effectively by supporting your planning process.

Why does Health, Safety and Wellbeing provide a specific question set for discussion?

The questions are pre-set to ensure that the Health, Safety and Wellbeing service has consistent data from all areas to evaluate progress across the University. The questions are derived from a bespoke audit tool developed specifically for the tertiary or higher education sector.

What happens to the answers to these questions?

The answers need to be recorded and returned to Health, Safety and Wellbeing Service by the 30th November each year. The answers from all faculties and service divisions will be collated to form the basis of an annual report to the University Health and Safety Committee and to the Vice-Chancellor, as per Strategic Objective 17 "A safe and healthy environment". The results will also be made available to the Audit and Risk Committee and Council. This will enable the University to track improvements to current performance in the four University-agreed health and safety KPIs.

Can I ask other questions as part of the review?

Yes, as well as answering the specific question set, you may find it useful to consider additional objectives, KPIs or other measures to assess your current health and safety position.

How is the review process validated?

To support this process, information provided through formal audits will be used to independently validate the self-assessment findings. Where a faculty or service division has not recently had an audit (or is not scheduled to be audited within the next three years), it may be chosen as part of a representative sample whose information will be considered in more detail by the Associate Director, Health, Safety and Wellbeing.

Is the 2016 review process the same as last year?

Yes. Like last year's assessment, the 2016 assessment will encompass faculties and service divisions (Library and Learning Services), UniServices and large units such as the Institutes.

In future years there will be a shift in granularity from faculty/service division to individual school/department level returns. This will provide deans and directors of service division with an overview of their operations and performance in greater detail. It is also proposed that additional themes will be introduced to support the indicators e.g. D 11. Arrangements for Risk Assessment (now a legal requirement)

How is an audit undertaken?

The full audit of a faculty or service division is undertaken against an internationally recognised occupational health and safety management system, utilising a tool called Health and Safety Management Profile (HASMAPP).

The process covers the four cyclic phases (PLAN->DELIVER->MONITOR->REVIEW) and is broken down into 10 indicators and 28 themes (below). Each of these indicators/themes is then assigned a list of questions that will gauge the level of assurance depending on the evidence available. The levels of assurance are as follows:

| Basic | Substantial | High |
|----------------------------------|--------------------------------------------------|------------------------------------------------------------|
| Those questions required to meet | Those questions that show progressive engagement | Those questions that indicate world class assurance levels |

Below is the full list of indicators from which an initial four have been selected to monitor the University's performance.

| Indicator | Themes |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan | |
| A: Leadership | A1: Health and Safety Policy A2: Management commitment and engagement A3: Risk profile A4: Objective setting |
| B: Planning for emergencies | B.5: Critical incident management B.6: Procedures for immediate response B.7: Procedures for recovery |
| Deliver | |
| C: Health and safety arrangements | C.8: Institutional arrangements C.9: Local arrangements |
| D: Risk assessment and control | D.10: Hazards and risk register D.11: Arrangements for risk assessment D.12: Application of arrangements D.13: Implementation of controls |
| E: Competence | E.14: Training E.15: Competence |
| F: Communication | F.16: Institutional communication F.17: Local communication |
| G: Consultation | G.18: Institutional consultation G.19: Local consultation |
| Monitor | |
| 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 |
| Review | |
| J: Review | J.27: Review J.28: Improvement planning |

Leading key performance indicators (KPI 's) – themes 2015 - 2020

The 2015 – 2020 annual performance review self-assessment indicators are:

| Indicator | Themes |
|--------------------------------|------------------------------------------|
| Plan | |
| A: Leadership | A2: Management commitment and engagement |
| Deliver | |
| D: Risk assessment and control | D.10: Hazards and risk register |

| | |
|---------------------------------|------------------|
| Monitor | |
| H: Health and safety monitoring | H.20: Inspection |
| Review | |
| J: Review | J.28: Planning |

Leadership indicator – Theme A2 (Management commitment and engagement). Those who have authority over resources including financial control are committed to controlling risk and preventing harm to people. Resources are allocated according to risk priorities. Responsibilities to people and the environment are met in ways which fulfil the spirit and letter of the law.

Risk assessment and Control indicator – Theme D10 (Hazard and risk register) There is an effective risk assessment process that identifies hazards, assesses the level of risk and establishes appropriate workplace precautions and risk control systems. There are systems for ensuring the continued effectiveness of workplace precautions. Workplace precautions are in place and they are effective in eliminating or minimising risk.

Monitoring indicator – Theme H10 (Inspection). Performance is measured proactively and compared with pre-determined plans and standards. This includes inspections, audits and reviews.

Review indicator – Theme J28 (Improvement planning). This indicator allows a review of health and safety performance and uses the results to inform the planning and decision making process.

These indicators and themes have been selected to enable organisational performance improvement that moves from compliance to commitment, across the full coverage of the health and safety management system.

The question set for each of the key themes can be found at Annex A. A supporting narrative that explains the evidence required to satisfy the appropriate level of evidence, for each question, is available from Health, Safety and Wellbeing. If you require any further information please ask for assistance and clarification from the Health, Safety and Wellbeing Manager.

Annex A
Plan – A. Leadership – A.2 Management commitment and engagement

| Basic | Substantial | High |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>2.1.1 Academic heads of department/directors of service are aware of their responsibilities, as defined in the policy and supporting University standards</p> <p style="text-align: right;"><input type="checkbox"/></p> | <p>2.2.1 A dean or director of service division has formally accepted the responsibility for the management of health and safety within the faculty/division.</p> <p style="text-align: right;"><input type="checkbox"/></p> | <p>2.3.1 Any local health and safety management structure is consistent with and links to the University's health and safety management structure.</p> <p style="text-align: right;"><input type="checkbox"/></p> |
| <p>2.1.2 Academic heads of department/directors of service can demonstrate an understanding of the hazards present in the work area for which they are responsible.</p> <p style="text-align: right;"><input type="checkbox"/></p> | <p>2.2.2 Funding is made available for health and safety that has been identified as required.</p> <p style="text-align: right;"><input type="checkbox"/></p> | <p>2.3.2 There are systems in place to facilitate the reporting of health and safety issues to dean or director of service division.</p> <p style="text-align: right;"><input type="checkbox"/></p> |
| <p>2.1.3 If there are examples of health and safety issues arising, academic heads of department/directors of service have supported the development of a solution in a timely manner.</p> <p style="text-align: right;"><input type="checkbox"/></p> | <p>2.2.3 Academic heads of department/directors of service attend formal health and safety meetings with an appropriate group of attendees. A senior leader chairs these meetings.</p> <p style="text-align: right;"><input type="checkbox"/></p> | <p>2.3.3 Where deficiencies in health and safety have wider learning value the findings have been shared with other faculties/divisions or areas.</p> <p style="text-align: right;"><input type="checkbox"/></p> |
| <p>2.1.4 Academic heads of department/directors of service attend a meeting or forum at which health and safety issues are discussed.</p> <p style="text-align: right;"><input type="checkbox"/></p> | <p>2.2.4 Health and safety training has been undertaken by leaders and training records exist.</p> <p style="text-align: right;"><input type="checkbox"/></p> | <p>2.3.4 Opportunities are taken to seek and adopt learning from external institutions or bodies.</p> <p style="text-align: right;"><input type="checkbox"/></p> |
| <p>2.1.5 Health and safety is a standard agenda item at every school or departmental meeting.</p> <p style="text-align: right;"><input type="checkbox"/></p> | <p>2.2.5 Engagement of dean or director of service division in health and safety issues is visible to staff at all levels within the faculty/division. i.e. health and safety observations programme</p> <p style="text-align: right;"><input type="checkbox"/></p> | |

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| <p>2.1.6 Academic heads of department/directors of service provide adequate resources where additional controls are identified through risk assessment or following revisions to guidance and standards. <input type="checkbox"/></p> | <p>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 e.g. health and safety representatives, equipment inspectors etc. <input type="checkbox"/></p> | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

Deliver – D. Risk Assessment and Control – D.10 Hazards and risk register

| Basic | Substantial | High |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>10.1.1 Academic heads of department/directors of service can identify relevant hazards present in the workplace. <input type="checkbox"/></p> | <p>10.2.1 Hazards and risks within the faculty/ division are identified and recorded in a maintained risk register. <input type="checkbox"/></p> | <p>10.3.1 The control of risks is commensurate with their significance. <input type="checkbox"/></p> |
| | | <p>10.3.2 The significant risks from the faculty/ division are communicated to the University risk register owner. <input type="checkbox"/></p> |

Deliver – H. Health and Safety Monitoring – H.20 Inspection/audit

| Basic | Substantial | High |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20.1.1 Staff complete day-to-day [regular] checks. <input type="checkbox"/> | 20.2.1 Defined schedule for past and future inspections is in place based upon the risk profile; the schedule is followed. <input type="checkbox"/> | 20.3.1 Individuals independent to the faculty/division will be involved in the inspections. <input type="checkbox"/> |
| 20.1.2 Informal inspections are taking place conducted by the owner of the risk. <input type="checkbox"/> | 20.2.2 Records of local inspections are made available to staff, for their review. <input type="checkbox"/> | 20.3.2 Significant findings from inspections are discussed at health and safety committee and management meetings. <input type="checkbox"/> |
| 20.1.3 Formal inspections are undertaken once a year by a supervisor/manager, and result in a basic list of actions. <input type="checkbox"/> | 20.2.3 Other staff are involved, as appropriate to the risk profile of the area being inspected. <input type="checkbox"/> | 20.3.3 A formal University procedure is in place to determine the frequency and scope of monitoring requirements, including occupational health <input type="checkbox"/> |
| 20.1.4 University approved general checklist/aid memoire used. <input type="checkbox"/> | 20.2.4 Checklists are targeted to specific areas/hazards. <input type="checkbox"/> | 20.3.4 Audits are undertaken by staff or external bodies that are independent of the faculty/division. <input type="checkbox"/> |
| | 20.2.5 An action plan is produced following inspection <input type="checkbox"/> | |
| | 20.2.6 Action plans containing corrective actions are tracked. <input type="checkbox"/> | |
| | 20.2.7 Equipment/resources required for monitoring are available e.g. inspection checklists, self-assessment checklists, noise meters, light meters <input type="checkbox"/> | |
| | 20.2.8 Equipment used for monitoring is calibrated and records maintained as required. (See 20.2.7) <input type="checkbox"/> | |

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|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| | 20.2.9 Self-assessments against any of the faculty/division's activities/procedures are taking place. <input type="checkbox"/> | |
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| Review – J. Review – J.28 Improvement planning | | |
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| Basic | Substantial | High |
| 28.1.1. There is evidence that remedial actions are being set and are being completed. <input type="checkbox"/> | 28.2.1 The extent of completion of actions arising from the review is reported at faculty/division level. <input type="checkbox"/> | 28.3.1 The outputs from the management review include decisions and actions relating to possible changes in the faculty/division's or University's: <input type="checkbox"/> Health and Safety Policy <input type="checkbox"/> Objectives <input type="checkbox"/> Resources <input type="checkbox"/> Health and safety performance <input type="checkbox"/> Other elements of the Occupational Health & Safety Management system <input type="checkbox"/> Consistency with the commitment to continual improvement. <input type="checkbox"/> |
| 28.1.2 The findings from reviews are communicated to line managers and academic leaders, staff or their representatives within school/department. <input type="checkbox"/> | 28.2.2. Good practice identified in reviews is highlighted to staff and students <input type="checkbox"/> | 28.3.3 Shortcomings identified in reviews have resulted, as relevant, in revision of University standards and policies. <input type="checkbox"/> |
| 28.1.3 Progress against objectives and plans are reported. <input type="checkbox"/> | 28.2.3 Shortcomings identified in reviews have resulted, as relevant, in revision of faculty/divisional strategies, objectives and plans. <input type="checkbox"/> | |