

Ministry of Defence



JSP375 Volume 4



MOD SHE AUDIT MANUAL

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PART 1- CHAPTER 1 THE ASSURANCE PICTURE

The Governance Process

1. JSP525 provides guidance on Corporate Governance and Risk Management within Defence. Corporate Governance covers the way in which the Department is directed and controlled as a whole to achieve the Defence Mission. The Corporate Governance structure, risk management, and audit and assurance processes published in JSP525 provide a strategic framework to allow the Defence Board to adopt a risk-based approach to internal control through the consideration of significant risks to the achievement of Defence objectives.
2. In the context of governance of safety and environmental protection (as defined in the Secretary of State's Policy Statement¹), the Safety, Sustainable Development and Continuity (SSD&C) Division of Director Business Resilience (DBR) compile a report for consideration by the Defence Environment and Safety Board (DESB) – a standing committee of the Defence Board. The report contains sections on key risks, performance metrics – both proactive and reactive, compliance issues, and future priorities, ending with an overall assurance assessment. The report uses data provided by Functional Safety Boards (FSBs) - using contributions from TLBs and TFAs - to produce a consistent and comprehensive view of the effectiveness of internal controls in managing Safety and Environmental Protection (S&EP) risks.
3. Further details of how assurance and audit fit into the MOD's Environment and Safety Management System can be found in JSP815, Chapter 4.

Role of Audit

4. One of the key sources of evidence which contributes to the assurance assessment is independent audit. There are numerous authorities in MOD who undertake audits of different elements of the S&EP management system, and consistency is neither evident nor necessary. For example, auditing the effectiveness of MOD's management of nuclear safety will differ from auditing explosive safety, which in turn will differ from auditing aviation safety – even though all will contribute to the overall S&EP assurance picture.
5. This Manual is aimed specifically at those auditing occupational health and safety (including fire safety) and environmental protection management systems, ***though for the purposes of expediency, the acronym SHE will be used to represent these specific areas.*** If used by TLBs and TFAs, the methodology in this Manual will enable a consistent and effective assessment of the management of safety and environmental risks which come within the scope of the Occupational Health and Safety Board (OHSB) and the Sustainable Development and Environment Board (SDEB), as well as compliance with legislative and policy requirements. Also for the purpose of expediency, this Manual will be called the "MOD SHE Audit Manual".
6. The MOD SHE Audit Manual is in two Parts as follows:

¹ Safety, Health, Environmental Protection and Sustainable Development in the Ministry of Defence. A Policy Statement by the Secretary of State for Defence dated Dec 07.
January 2009

Part 1 - "SHE Audit Protocol and Procedures" contains procedures for the conduct of audits covering the management of health and safety (which includes occupational health), environmental management, and management of fire safety.

Part 2 – "Guidance on SHE System Requirements" provides detailed guidance for auditors on the use the SHE Management Rating Evaluation.

7. There are a large number of SHE audit groups across the Department auditing at different managerial levels in different TLBs. It is therefore important to establish a hierarchy of audits, with each level having a clearly defined and complementary role, with clear linkages between levels. This will avoid duplication as far as possible. The audit levels are shown below:

Departmental Level

8. At Departmental level, the principal SHE Audit Authority is established in the Directorate of Business Resilience (DBR). The purpose of DBR audits (which also include security and business continuity) is to ensure that an effective SHE management system is in place at TLB/TFA level and that TLB/TFA SHE risks are being adequately managed. JSP815 provides the overall requirements on TLB/TFAs for managing SHE, and DBR will use this as the key document against which to audit. DBR will also quality assure the effectiveness and consistency of audits undertaken by TLBs and TFAs in their own areas, but will not normally audit against the requirements detailed at Annex A to Chapter 3. DBR also undertake audits of specific cross-cutting issues or risks – referred to as Functional Audits – which may be relevant to several TLBs or which may involve interfaces between TLBs.

TLBs and TFAs

9. TLBs and TFAs conduct audits in their own areas of responsibility, to assess compliance with legislative and policy requirements. It is important that the Chair of the OHSB and SDEB can rely on a consistent audit standard to support the assurance to 2nd PUS and the DESB. TLBs are therefore required to use the SHE Audit Manual methodology unless there is good justification for an alternative, equivalent system, agreed by DBR as Chair of the OHSB and SDEB. For their own business purposes TFAs may wish to adopt alternative, equivalent audit methodologies.

HLBs and Below

10. At HLB level and below, the methodology in this Manual may not be appropriate in its entirety, though many of the system requirements could be used at Unit/Establishment level. TLB/TFA Audit Authorities are responsible for determining the detail of the audit/inspection regimes within their own areas of responsibility.

11. As far as practicable, DBR and TLB/TFAs will co-operate on audit programmes to ensure that the frequency of audit is kept to a minimum and that duplication of audit is eliminated.

Competence

12. The qualifications/competencies for SHE auditors include a requirement that the Audit Team Leader will be trained to Diploma level (NQF Level 6) in at least one SHE discipline. Audit team members will require to be trained to Certificate level (NQF Level 3)

in at least one SHE discipline and all members of a SHE audit team will complete a recognised course of audit training².

Monitoring

13. TLB/TFA SHE Audit Authorities are to copy their audit reports to DBR (SSD&C) together with details of the audit protocol used.

² Providers include BSI, IOSH, British Safety Council, RoSPA, Institute of Internal Audit, National School of Government, Lloyds Register Quality Assurance (LRQA), Det Norske Veritas (DNV)
January 2009

PART 1 - CHAPTER 2

AUDIT PROGRAMMING AND PLANNING

Programmes

1. DBR will produce and submit a 3-year audit programme to the DESB for endorsement.
2. TLB/TFA Audit Authorities will draw up programmes of their intended SHE audits of their HLBs etc, for the forthcoming Financial Year and send a copy of the programme to DBR-SSD&C. This includes any Functional Audits.
3. As an overall aim a “3 year interval rule” between audits will be applied so that no SHE Audit of a Service, TLB, HLB, or Agency takes place more frequently than every 3 years. The rationale behind this cycle is that in year one an Organisation is audited, in year two the Organisation implements an Action Plan based upon the audit recommendations, in year three the Organisation has a year to see the benefits of implementation, and in year four the cycle recommences.
4. Although the overall aim is for SHE audits to be conducted at 3 yearly intervals, the periodicity between audits may be adjusted following a Risk Based Audit Needs Assessment.³ In the event that the Audit Needs Assessment results in an audit being programmed at an interval other than 3 years the reasons for doing so should be fully documented. The Organisation subject to audit should be informed of those reasons.
5. An Audit Team Leader will be nominated by the appropriate SHE Audit Authority for each audit in the programme. For Functional Audits consideration should be given to specialists in the area under audit being included in the Audit Team.

Planning

6. Approximately 3 months before the programmed audit start date the Audit Team Leader nominated for the audit should contact the relevant person in the organisation to be audited to confirm audit dates. He/she should then draft a letter for the Head of the SHE Audit Authority to formally notify the Head of the Organisation/Unit to be audited of the intention to conduct the audit, and its proposed commencement date.
7. An example of a letter to notify the Senior Officer/Chief Executive of the audit is at Annex A to this chapter.

³ Government Internal Audit Standards, Good Practice Guide, Audit Strategy
January 2009

Annex A to Chapter 2

EXAMPLE LETTER TO THE SENIOR OFFICER/CHIEF EXECUTIVE

**AUDIT OF SAFETY & ENVIRONMENTAL PROTECTION MANAGEMENT SYSTEMS
WITHIN THE [insert HLB/Agency]**

In accordance with the overall audit programme agreed by *[insert authority]*, I am proposing that an audit of the *[insert HLB/Agency]* be undertaken during *[insert date]*. Initial contact and discussions with *[insert HLB/Agency SHE Focal Point]* have indicated that this is viable.

The object of the audit is to assess compliance with the Secretary of State's Policy Statement "Safety, Health, Environmental Protection and Sustainable Development in the Ministry of Defence" and to examine the key safety and environmental risks being managed by *[insert HLB/Agency]*.

The audit team will be led by *[insert Name]* assisted by *[insert Name/s]*. All are members of the TLB Audit Team and arrangements should be made for the team to brief *[insert Name]*, in order that they can explain the audit process and the System Requirements used to assess compliance.

Following normal practice the audit will be organised through *[insert Auditee SHE Focal Point]* and it would be helpful if you would give your authority for him or her to make available all relative documentation and to organise any visits that the auditors require.

Where appropriate, contact should also be made for the auditors to meet a nominated safety representative from your Trade Union side, in order to explain the purpose of the audit.

I hope you will find the audit useful in helping you to meet your management goals. Please do not hesitate to contact me if you have any queries.

PART 1 - CHAPTER 3 AUDIT PROCESS

Overview

1. The system requirements in this Manual broadly correspond to those specified in ISO14001 Environmental Management System⁴, HSG 65 Successful Health and Safety Management⁵, and OHSAS 18001 Occupational Health and Safety Management Systems⁶.
2. The role of SHE auditors often includes an element of consultancy and post audit support, and the deliverables from the audit process have been expanded to include both formal debriefs to SHE policy areas and the communication of best practice across the Department. These developments are in concert with HMG policy towards risk based public sector management/service delivery⁷.
3. The Institute of Internal Auditors has published guidance⁸ to internal auditors to clarify the range of activities and roles which are appropriate for a professional internal audit function to undertake. The key factors to take into account are to ensure the activity does not compromise the independence and objectivity of the audit function and whether it is likely to improve the organisation's risk management, control and governance processes.
4. The SHE audit process is illustrated overleaf. Additional guidance is provided for each of the audit stages.

Audit Research

5. Prior to undertaking any audit, clearly stated Terms of Reference need to be developed and agreed. In most circumstances, for SHE audits, these will simply refer to this Manual which contains the detailed audit methodology.
6. TLB/TFA SHE Management System audits are fully supported by a comprehensive set of system requirements together with detailed guidance notes. To properly test the SHE management system effort is required to focus the time allocated for verification to deliver the greatest degree of audit assurance. To this end a formalised process of consultation with SHE Policy Areas and full use of corporate knowledge is required. A non-exhaustive list of the information sources which should be used in the pre-audit research is below:
 - Previous audit reports, including relevant DGMO/DIA Reports
 - CHASP/IRIS databases
 - HSE/EA/SEPA interactions
 - Relevant Board of Inquiry reports
 - Claims/HR databases

⁴ BS EN ISO14001:2004 Environmental management systems – Specifications with guidance for use. BSI

⁵ HSG65 Successful Health and Safety Management HSE Books 1997

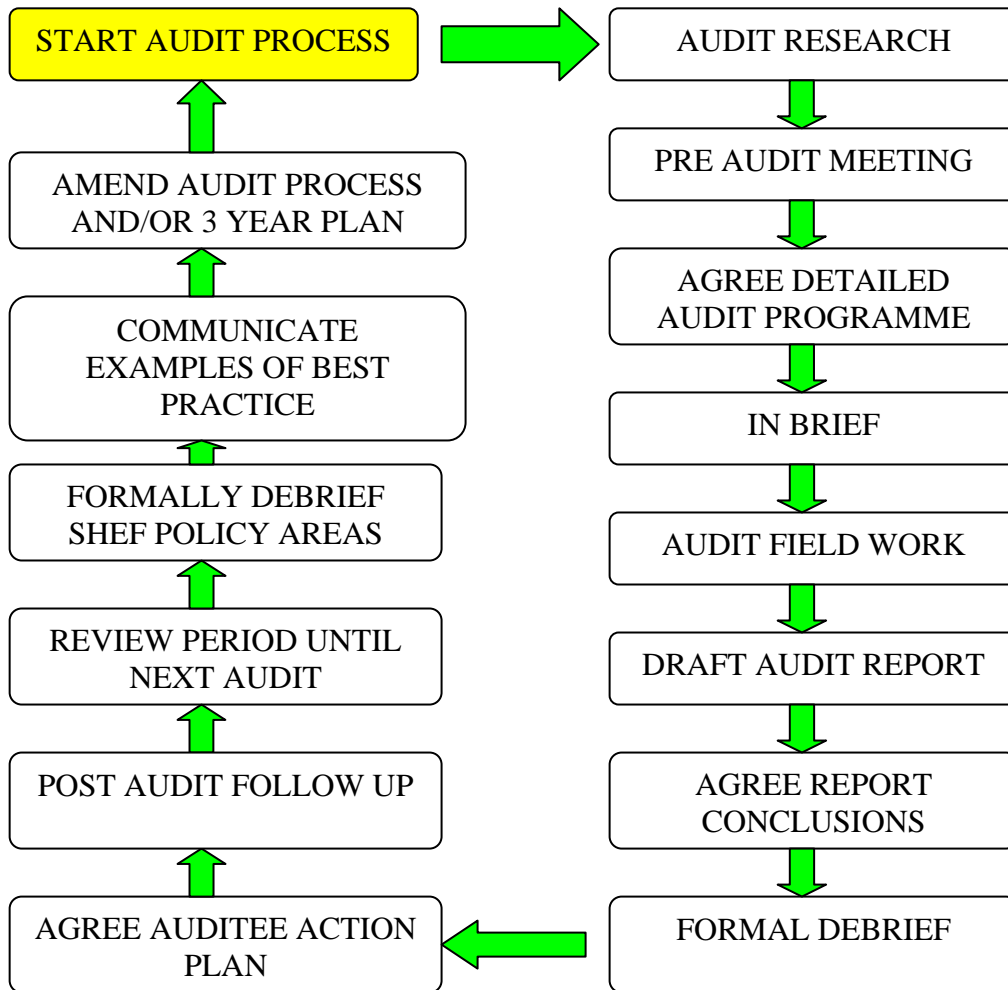
⁶ OHSAS18001:2007 Occupational health and safety management systems – Requirements. BSI

⁷ Managing Risks to Improve Public Services Report by the Comptroller and Auditor General HC 1078-1 Session 2003-2004: 22 October 2004.

⁸ Position Statement - The institute of Internal Auditors - The Role of Internal Audit in Enterprise –wide Risk Management September 2004.

- TLB/TFA specialists in health and safety and environmental protection
- Defence Fire Risk Management Organisation for fire issues
- Issues of particular interest to TLB/TFA SHE Committee or Management Board
- DESB report and relevant Papers to OHSB/SDEB
- TLB/TFA Audit Committee comments/direction
- Non-executives' views and concerns

Audit Process Map



Pre-Audit Meeting

7. For most SHE audits approximately three months before the audit commencement the Audit Team Leader should arrange for an initial visit to take place. An exception to this arrangement would apply, either when the SHE Audit Authority is sufficiently familiar with the Organisation to be audited, or when the travel time/costs would mean that the visit would not be viable. In such a case planning for the audit should be made by correspondence and telephone conversations.

8. The purpose of the initial visit is as follows:

- For the Audit Team Leader to meet the SHE Adviser/Officer, also TU representatives as appropriate, of the Unit/Organisation to be audited in order to gain an understanding of the Unit/Organisation's size, role, location etc.
- To explain the method, purpose, and practice of the MOD SHE Audit Rating System and its associated documentation for management of SHE audits.
- To agree an outline programme of dates, including a date for the Audit Team Leader to call on the Head of the Unit/Organisation at the commencement of the audit. In addition, to discuss an outline programme of areas to be visited and of personnel to be interviewed in the course of the audit, noting that the onus for arranging the programme for the audit must rest with the Organisation to be audited. Auditors require to be escorted for all their visits and for any tours they conduct. This is necessary to ensure both their safety and to make the greatest use of limited time by leading the way and making introductions to the personnel responsible for the areas they are visiting.
- To discuss any specific SHE risks which will be investigated in further detail during the audit

In-brief

9. The Audit Team Leader accompanied by the Audit Team as appropriate will normally conduct an opening brief with the Head of the Organisation or representative. The briefing will include the following:

- An explanation of the method, purpose, and practice of the audit.
- Discussion of the audit programme covering the areas to be visited.
- An invitation to the Senior Officer/Executive to identify areas of concern, specific risks that need to be addressed, or best practice.
- A description of the debriefing procedure at the end of the audit and the Audit Report format and contents.
- The option for a "hot debrief" to be given to the Organisation's SHE Adviser and the Head of the Organisation as agreed at the end of the fieldwork phase.

Evaluation of System Requirements

10. SHE management system audits completed using this methodology will include a SHE Rating Evaluation. The Rating System provides both an assessment of performance together with a measure of compliance with current legislation.

11. There may be occasions when it will be inappropriate for the Rating Evaluation to be completed, e.g. when a SHE management system is incomplete or under major change. In such cases Audit Authorities will need to undertake a gap analysis and make their services available for consultancy as required.

12. SHE management systems are evaluated using a set of system requirements tabulated in Annex 3A. These system requirements are fully supported by detailed guidance notes produced in Part 2 of this Manual.

13. Auditor(s) will complete the Rating Evaluation through a combination of interviews, review of documentation and site/process surveys. Interviewees are to be selected based

on the system requirement being investigated. For example, all staff could provide evidence of the effectiveness of the system to ensure adequate SHE training, whereas evidence of management reviews is likely to be through minutes of meetings. It is unlikely that one representative will be able to provide evidence of all SHE system requirements.

14. Auditors should keep a record of responses to the Rating Evaluation noting details which decided the points awarded; these should be retained with the audit working papers until the next audit of that organisation.

Audit Verification - Evidence from Site Visits

15. The results gathered at the SHE Rating Evaluation stage provide an indication of how the system has been designed to function. The next phase of an audit is to verify firstly that the systems are in use and secondly that in operation the management system is effective. It is therefore essential that auditors conduct a verification procedure, involving site visits, in order to see for themselves the standards being achieved. Auditors may need to adjust the Rating markings in the light of the observations made in the course of verification.

NOTE *When visiting Sites as part of an audit of a TLB/HLB etc, Commanding Officers or Heads of Establishment will often request feedback on their SHE performance. Whilst any immediate concerns (or praise) should be provided, it should be made clear that the site itself is not the subject of audit, but is being used as part of the verification and evidence gathering for a wider audit.*

16. Auditors are required to keep a record of their observations during the verification phase. These should be retained with the audit working papers until the next audit of that organisation.

Draft Report

17. On completion of the audit fieldwork, a draft of the Audit Report should be completed as soon as practicable. The Audit Team Leader is to obtain the appropriate approval and then forward the draft to the appropriate senior management rep or sponsor of the Organisation under audit for scrutiny. The purpose of this scrutiny is primarily to check for factual errors: it is not to negotiate the Report's findings, which should already have been agreed between auditors and auditees at the end of the fieldwork phase.

18. Production of the Audit Report is the responsibility of the Audit Team Leader. Each completed report will include the following elements:

- An Executive Summary
- Narratives addressing each of the five main system requirements headings, with observations and recommended corrective action.
- Audit conclusions
- A recommendation that the Audit Recommendations should form the basis of an Action Plan to be drawn up by the Organisation subject to audit.
- Annexes which could include: ToRs for the audit, the completed Rating Evaluation, a list of the Organisations/places visited, a list of documents reviewed, progress

made against recommendations from the previous audit, and any further evidence supporting the overall audit conclusions.

Issue Report and Debrief

19. Formal approval for issue of the Audit Report to the Organisation under audit will be made by the Head of the TLB/TFA Audit Authority, or representative.

20. Whenever practicable, before releasing the Audit Report a formal debrief to the Senior Officer/Chief Executive of the Organisation will be conducted by either the Head of the TLB/TFA Audit Authority or representative.

Follow-up Actions

21. Following the formal debrief the auditee will be required to produce an Action Plan based on the audit recommendations and observations. The priority and resources allocated to the Action Plan are the prerogative of individual budget holders. A copy of the auditee Action Plan is to be copied to the relevant Audit Authority, and a follow-up visit agreed, usually in 6 to 9 months following the formal debrief.

22. The audit Team Leader should ensure that the Action Plan adequately covers the recommendations and observations raised in the audit report. In the event that these are not considered to be acceptable then the audit Team Leader will contact the Organisation under audit in order to agree an acceptable course of action.

23. At the agreed time the audit Team Leader is to revisit the Organisation to review implementation and progress against the agreed Action Plan. The revisit should concentrate solely on issues raised within the audit report and should, where appropriate, include visiting the Head of the Organisation to discuss progress.

24. A post visit letter is to be drafted by the audit Team Leader to formally close the audit process. The letter will typically record:

- The progress made against the action plan
- The timing for the next audit based on hazard profile and SHE management performance

25. An update on issues raised during the audit, particularly any problems with policy implementation, should be fed back into Policy Leads for health and safety and environmental protection, so that any necessary policy changes can be made.

Communication of Good Practice

26. Following each audit consideration should be given for the publication of particularly effective and or innovative SHE management solutions encountered. The avenues available include the DS&C Newsletter and Web Site. The sharing of lessons learnt and best practice is considered an integral part of adding value to an organisation through the audit process.

HEALTH AND SAFETY AND ENVIRONMENTAL MANAGEMENT SYSTEM AUDIT

ORGANISATION:	LEAD AUDITOR:
INTERVIEWEE(S):	SIGNATURE:
RATING:	DATE:

This Rating Evaluation provides an assessment of performance together with a measure of compliance with current legislation and MOD policies. The Rating System conforms, as far as possible, with the subject headings of BS EN ISO 14001 and HSG65, and OHSAS 18001.

Part 2 of the MOD SHE Manual provides further guidance for verifying the System Requirements detailed in the Rating Evaluation.

Throughout the Rating Evaluation where the Head of the Organisation is referred to, he/she may be the TLB or HLB Holder, or the Chief Executive of an Agency.

Where a System Requirement is not applicable to the Organisation it is to be deleted and the total possible Rating score reduced by 5 for the Section containing the System Requirement.

SYSTEM REQUIREMENT RATINGS

0 - Applies to a MAJOR Non-conformity of the System Requirement which has not been considered or where no control action has been taken.

2 - Applies to a SIGNIFICANT Non-conformity where, either procedures for action have been developed but implementation of the System Requirement is poor in a number of areas, or the procedures are not effective.

4 - Applies to a MINOR Non-conformity where procedures exist across the majority of areas which have been implemented and work well, however, there remain areas where there has been a failure to fully implement the requirements. This category does not include sufficient evidence to record a MAJOR or SIGNIFICANT Non-conformity.

5 - Applies where a SATISFACTORY fully effective system exists in all areas.

1. POLICY AND COMMITMENT

System Requirement	Rating	Evidence of Process and/or Implementation
<p>1.1 SHE Statement <u>System Requirement</u> <i>A SHE Statement is to be prepared that outlines the organisation and arrangements (O&A) appropriate to the nature, scale and impacts of the Organisation's activities (including products and services as appropriate) and is linked to the SofS Policy.</i></p>		
<p>1.1.1 How well does the statement reflect personal commitment (of the Head of the Organisation), the principle of continual improvement (including setting objectives) and pollution prevention, and the need to systematically identify evaluate and control risks?</p>		
<p>1.1.2 To what extent does the Statement link with the SofS Policy in terms of delegations, the need to addresses specific issues of relevance to the Organisation, and the incorporation of relevant strategic principles from the SofS Policy?</p>		
<p>1.2 Demonstrating Commitment <u>System Requirement</u> <i>Senior Management need to take appropriate and proportionate action, in support of the organisation and arrangements statement, to demonstrate their leadership and commitment to SHE.</i></p>		
<p>1.2.1 How well does the Head of the Organisation and his/her Management Board demonstrate commitment by taking action to improve safety culture and promote EP rather than just producing words?</p>		
Sub Total:		

2. PLANNING

System Requirement	Rating	Evidence of Process and/or Implementation
<p>2.1 SHE Action/Management Planning <i>System Requirement</i> The Organisation is to establish and maintain procedures to ensure that the identification of hazards, the assessment of the associated risk, and the implementation of appropriate control measures have been considered when preparing its SHE Action/Management Plan.</p>		
<p>2.1.1 To what extent are SHE management requirements, including risk identification, evaluation and control, incorporated into the Organisation's top level Management Planning process?</p>		
<p>2.1.2 How well does the Organisation use the principle of proportionality in planning its management of SHE risks ie are resources (both in terms of staff effort and risk mitigation) matched to the risks, rather than being evenly distributed across areas of high and low risk?</p>		
<p>2.2 Objectives and Targets <i>System Requirement</i> The Organisation is to establish and maintain documented SHE objectives and targets at each level within the Organisation.</p>		
<p>2.2.1 How well do the SHE targets and objectives at different Management Levels link to the top level targets and objectives?</p>		
<p>2.2.2 To what extent are the SHE objectives and targets, at all levels within the Organisation, Specific, Measurable, Achievable, Realistic and Time-bound (SMART)?</p>		
<p>2.2.3 How well does the SHE Action/Management Plan designate the authority/personnel responsible for achieving its objectives and targets?</p>		
<p>Sub Total:</p>		

3. IMPLEMENTATION AND OPERATION

System Requirement	Rating	Evidence of Process and/or Implementation
<p>3.1 Structure and Responsibility <i>System Requirement</i> <i>Clear roles and responsibilities for all those involved in managing and implementing SHE.</i></p>		
<p>3.1.1 To what extent is the SHE Management Organisation clearly defined, key personnel identified and their duties and responsibilities for SHE management defined, documented and published?</p>		
<p>3.1.2 How well does the Head of the Organisation ensure that adequate and proportionate resources are provided for managers at every level to enable them to meet the targets set by senior management?</p>		
<p>3.2 Training, Awareness and Competence <i>System Requirement</i> <i>Arrangements are to be in place to ensure that all personnel receive appropriate SHE training, including induction and refresher training.</i></p>		
<p>3.2.1 How well are personnel with specific, job-related SHE duties (eg safety advisers, line managers) in the Organisation, provided with appropriate training for their role and responsibilities?</p>		
<p>3.2.2 To what extent has the Organisation established and maintained procedures to identify training needs for all staff, both at recruitment (induction training) and in their ongoing careers (refresher training)?</p>		
<p>3.3 Communication <i>System Requirement</i> <i>Arrangements are to be in place to ensure that relevant documentation and information is effectively communicated to the Organisation's employees and others who may need to know.</i></p>		
<p>3.3.1 To what extent have effective procedures been established within the Organisation for receiving, documenting, retaining and responding to relevant SHE communications from bodies external to the Organisation (eg HSE, EA/SEPA, SSD&C)?</p>		

System Requirement	Rating	Evidence of Process and/or Implementation
3.3.2 How well are relevant SHE management system documents, such as Organisation and Arrangements, targets, objectives, new legislation or policy disseminated to relevant individuals within the Organisation?		
3.3.3 How well have effective procedures been established to ensure that pertinent SHE information is communicated to external stakeholders (eg Local Authorities, local residents) where necessary?		
3.3.4 What arrangements have been made to ensure that, where applicable, formal and agreed arrangements for SHE management are made between Parent and Lodger Units resident within the Organisation's sites?		
3.3.5 How does the Organisation ensure that employees are engaged in the development of relevant policies, procedures etc such that they can ensure successful implementation (eg through safety committees)?		
3.4 SHE Management System Documentation <i>System Requirement</i> <i>The Organisation is to establish and maintain documentation of the SHE management system in hard copy or electronic format.</i>		
3.4.1 To what extent does the Organisation have proportionate documentation in place that describes the core elements of the SHE Management System and any interaction with or direction to related documentation?		
3.5 SHE Management System Documentation Control <i>System Requirement</i> <i>Effective arrangements are to be in place to ensure that documentation essential for the management of the SHE system is maintained.</i>		
3.5.1 How well does the Organisation ensure that documentation essential for the management and interaction of all sections of the SHE system is maintained and controlled and refers to related relevant documentation?		
3.5.2 To what extent are arrangements are in place to ensure that documentation required for legal and/or compliance reasons is identified and retained in accordance with legislation and MOD policy?		
3.6 Emergency Preparedness and Response <i>System Requirement</i> <i>Procedures are to be established for managing foreseeable and potential emergencies and disasters.</i>		
3.6.1 To what extent has the Head of the Organisation nominated key personnel and identified them in documented Emergency Control Procedures?		

3.6.2 How well are Emergency and Disaster Control Procedures periodically practised, tested and recorded, in line with MOD policy/statutory requirements including, where appropriate, the involvement, of Local Authorities?		
3.6.3 To what extent has the Organisation put in place arrangements to review and revise, where necessary, its emergency response plans and procedures, following accidents or emergency situations, or as a result of shortfalls having been discovered?		
3.7 Hazard Identification/Risk Assessment/Environmental Impact <u>System Requirement</u> <i>Arrangements are to be in place to ensure that all workplace and site hazards have been identified and recorded, together with assessments of the associated risks and/or environmental impacts (including sustainability appraisals).</i>		
3.7.1 How effective are the arrangements for ensuring that a structured process is used for hazard identification for: a) SAFETY b) ENVIRONMENT	a)	
	b)	
3.7.2 To what extent are the arrangements for undertaking risk or impact assessments (including sustainability appraisals) carried out in accordance with the relevant legislation or MOD publication for: a) SAFETY b) ENVIRONMENT	a)	
	b)	
3.7.3 How effectively are the control measures and procedures detailed in Risk/Impact Assessments/Safe Systems of Work adhered to, communicated and implemented for: a) SAFETY b) ENVIRONMENT	a)	
	b)	
3.7.4 How well does the Organisation implement procedures for undertaking Site Risk Assessments?		
3.7.5 How well does the Organisation implement the policies and procedures for co-ordination, co-operation, communication and control (4Cs) of contractors, other visiting workers, and any other persons on their sites?		
3.7.6 Where relevant, how well does the Organisation ensure that SHE requirements are considered when procuring and/or providing goods and services?		
Sub Total:		

4. CHECKING AND CORRECTIVE ACTION

System Requirement	Rating	Evidence of Process and/or Implementation
<p>4.1 Monitoring Performance <u>System Requirement</u> <i>The Organisation is to establish and maintain documented procedures to monitor SHE performance on a regular basis.</i></p>		
<p>4.1.1 How well does the Organisation monitor compliance with and achievement of its SHE (including SDAP) targets and objectives at all levels?</p>		
<p>4.1.2 Are regular and detailed SHE Inspections of work activities and the workplace carried out and recorded by line managers and/or employee/Trade Union Safety Representatives?</p>		
<p>4.1.3 To what extent does the Organisation monitor accident/incident/near miss and occupational ill health records, to identify and analyse patterns and trends and take action where required?</p>		
<p>4.1.4 How well are significant shortcomings regarding SHE management (including serious incidents) brought to the attention of the Head of the Organisation in a timely and effective manner?</p>		
<p>4.2 Corrective and Preventative Action <u>System Requirement</u> <i>Effective procedures are to be established for reporting/investigating accidents and initiating corrective and preventative action.</i></p>		
<p>4.2.1 How effective are the Organisation's accident/incident reporting procedures in ensuring the reporting and recording of accidents and incidents (including environmental incidents)?</p>		
<p>4.2.2 How effective are accident/incident investigation procedures in analysing and determining root causes and providing an effective vehicle to identify recommendations for preventing a recurrence?</p>		
<p>4.2.3 How effective are the Organisation's procedures for ensuring that action is taken at the appropriate level to remedy any breaches of legislation or MOD policy?</p>		
<p>4.2.4 How effective are procedures for initiating and ensuring the completion of corrective and preventative actions following accidents or incidents ie does it learn from such events?</p>		

4.2.5 How well does the Organisation ensure that actions, placed as a result of SHE audits, inspections, or management meetings, are monitored to satisfactory completion?		
4.3 SHE Management System Audit <i>System Requirement</i> <i>The Organisation is to establish and maintain a regular programme for audits of the SHE Management System, in order to ascertain that adequate risk control systems, which are consistent with the hazard profile of the Organisation, are in place and that all relevant statutory SHE requirements are being adhered to.</i>		
4.3.1 How effective is the Organisation's internal audit process in determining the adequacy of risk control systems and assessing compliance with relevant policy and statutory requirements?		
4.3.2 To what extent is there a consistent and linked process for conducting audits at all levels within the Organisation?		
Sub Total:		

5. MANAGEMENT REVIEW

System Requirement	Rating	Evidence of Process and/or Implementation
5.1 SHE Management System <i>System Requirement</i> <i>Arrangements are to be in place to review the Organisation's SHE Management System to ensure its continuing suitability, adequacy and effectiveness.</i>		
5.1.1 To what extent has the Head of the Organisation reviewed its SHE performance and management system, taking account of key risks, the results of audits, active and reactive monitoring and any enforcement action, to produce an annual report (eg as an input to the OHSB & SDEB assurance reports)?		
5.1.2 To what extent has the Organisation made changes to its SHE Statement, objectives, resources, or other elements of the management systems as a result of its management reviews?		
Sub Total:		

SHE MANAGEMENT SYSTEM RATING

	Rating	
	Awarded	Possible
1. Policy		15
2. Planning		25
3. Implementation and operation		120
4. Checking and corrective action		55
5. Management review		10
TOTAL		225
OVERALL RATING		%

RATING CATEGORIES

Rating Category	Comments
A 90% - 100%	There is a sound system of control in place to meet overall system objectives. This is to be maintained and reviewed as necessary to reflect changes in legislation.
B 75% - 89%	Control systems found to be largely compliant. A small number of important lapses found or some "fine tuning" across the board required. Concentrated action on specific problems required.
C 60% - 74%	The SHE system is considered to be placed at risk due to significant inadequacies of control in a number of critical areas, or over a wide range of control procedures. Senior Management is required to prepare a prioritised SHE Plan
D Below 60%	Major deficiencies found over a broad range of areas indicating significant lack of control and leaving the system open to system failure. Senior Management need to direct that these deficiencies are rectified as soon as practically possible.

PART 1 - CHAPTER 4**FUNCTIONAL AUDITS**

1. Functional Audits are aimed at examining a discrete subject area within the scope of responsibility of the OHSB or SDEB. They may be undertaken for a variety of reasons including the following:

- Issues identified at audit
- New Regulations
- Focus on issues by Regulatory and Statutory Bodies
- Compliance with specific Regulations
- Accident statistics
- Risk identified through TLB or DESB reporting processes

2. While DBR will conduct MOD wide Functional Audits in relevant areas, other SHE Audit Authorities may also conduct Functional Audits within their own Organisations. In order to achieve the best value from these audits and to avoid the possibility of duplication, DBR is to be informed of any proposed Functional Audits to be conducted by other SHE Audit Authorities.

3. Because Functional Audits are intended to examine a specific subject, separate Terms of Reference are to be defined and agreed for each Functional Audit undertaken. The Terms of Reference are to include the objectives and the scope of the audit. Consideration should be given to including specialist(s) in the Functional Audit subject area within the audit team.

4. Reporting arrangements for Functional Audits are to be agreed at the start of the audit and incorporated into the ToRs.

5. An example of a pro-forma for the Terms of Reference/Audit Objectives for Functional Audits is produced below. Alternatively a Functional Audit Terms of Reference may take the form of a narrative which makes use of the audit Aspects as sub headings.

Functional Audit Terms Of Reference/Audit Objectives Pro Forma

	AUDIT ASPECT	AUDIT DETAILS
A	Subject of the audit.	
b.	Scope of the audit.	
c.	Aims of the audit	
d.	Objective of the audit.	
e.	Specific issues to be covered	
f.	Special Factors/Additional Information.	
g.	Audit Protocol	
h.	Authority for audit	
i.	Report addressee	
j.	Audit timing, duration and manpower content.	
k.	Report date.	

PART 1 - CHAPTER 5**SHE AUDIT MEETINGS**

1. The Chair of the OHSB and SDEB has delegated responsibility for providing assurance to 2PUS on SHE issues. In order to assist in this role, he/she has nominated Dep Hd SSD&C Safety to Chair a SHE Audit Group, responsible for approving major changes to the SHE Audit Manual, reviewing the extent of its application, and discussing the outcome of audits carried out in TLBs and TFAs.

2. Representation on the SHE Audit Group will be as follows:

Dep Hd SSD&C Safety	Chairman
Army	
Navy Command	
Air Command	
Centre TLB	
CJO	
DE&S	
DE	
DOSG - MACR	
DFRMO	
DBR - DSSA	
DSG	
Dstl	
Met Office	
UK Hydrographic Office	
SSD&C - Safety Policy & Assurance	Secretary

3. The Chairman of the MOD SHE Audit Group will report a summary of the Board's findings/deliberations to the OHSB and SDEB as appropriate.

PART 2 - GUIDANCE ON SHE SYSTEM REQUIREMENTS

CHAPTER 1 – GUIDANCE FOR AUDITORS

INTRODUCTION

1. This guidance is for auditors and auditees and should be widely distributed. Auditors may use the Guide to aid their approach to audit in conjunction with the specific details in the SHE Audit Manual. Where Agency/TLB audit processes or requirements diverge from the Audit Manual for commercial or operational reasons there is no intention to proscribe the use of other audit methodologies. Nevertheless Agencies and TLB are still required to demonstrate compliance with statutory and MOD mandatory requirements. It is thus important that, whichever methodologies are used, there is adequate evidence available to support the performance assessment.

APPROACH TO SYSTEMS AUDIT

2. The objective of audit is to seek evidence of:

- Clear direction on policy and standards from the TLB/HLB/Agency
- Consistent implementation of statutory and MOD mandatory management requirements
- A clearly defined and structured system for performance measurement
- Examples of 'Best Practice'

3. Auditing should be used to verify:

- The adequacy of management systems and arrangements to ensure compliance with statutory and MOD mandatory requirements,
- That adequate risk control systems exist, are implemented and are consistent with the hazard profile of the organisation,
- That appropriate workplace precautions are in place, and;
- That the management system remains effective

SUMMARY GUIDANCE FOR LINES OF INQUIRY TO VERIFY EFFECTIVENESS OF SHE MANAGEMENT SYSTEM

4. The following lines of inquiry are offered for guidance. In pursuing them it is important to cross-refer to the SHE Audit Rating Evaluation.

POLICY

5. SHE organisation and arrangements statements conforming to the Secretary of State's policy statement. The auditor should expect it to show:

- How it will be managed and by whom, include committee structure
- Its applicability to all staff and locations
- Compliance with relevant Acts, Regulations and MOD standards
- How resources are provided as required
- Expectation of content of annual and other reports.
- Letters of delegation to senior staff setting out what is required of them
- Arrangements for dissemination of statements and periodic review.

PLANNING

6. TLB SHE Plan - how it is generated, communicated and used by all levels in organisation.

7. SHE management strategy – identification of the key objectives, how they will be implemented, to what standard and by whom.

IMPLEMENTATION AND OPERATION**Structure and Responsibility**

8. Evidence of how the TLB/HLB etc have organised their management structure to ensure SHE management is consistently implemented across their areas.

9. Organisation charts identifying line management and functional responsibilities and authority.

10. Terms of Reference, which define SHE management responsibilities, for line managers and those with specific responsibilities in the SHE management system.
11. SHE Standing Orders - how these requirements are cascaded down to HLBs and below.
12. Service Level Agreements for SHE services to be provided by others: definition of those services; to whom they are provided; standard of service to be provided and arrangements for monitoring/reviewing effectiveness of the service.

Training Awareness and Competence

13. Evidence of the implementation of the strategy through identification of training requirements, training plans and profiles, evaluating the training - all consistent with IIP principles.

Communication

14. SHE committee and management board arrangements: their role, constitution and TOR, copies of meetings, evidence that they play a proactive and reactive part in the management of safety. Do they monitor achievement of SHE objectives and SHE Plans and inform and direct SHE policy for their area?
15. SHE management at MOD events open to the public; air shows/open days.
16. Planning and setting up procedures for the management of contractors ("4C" system).
17. Use of SHE management information to aid planning and prioritisation of SHE management objectives.

Management System Documentation

18. Identification of the key requirements across the totality of the SHE management system and evidence that there is consistent implementation to meet statutory/MOD mandatory requirements.
19. Specific evidence of safe systems of work derived from structured and systematic hazard analysis, risk assessment and management controls, monitoring and review of assessments in light of changing circumstances.

Emergency Preparedness and Response

20. Accident and emergency arrangements.
21. Under the MACR Regulations verify that Safety Reports (SR) are being prepared for Top Tier Sites and Major Accident Prevention Plans for Lower Tier sites.

CHECKING AND CORRECTIVE ACTION

Monitoring and Measuring Performance

22. Evidence of systematic workplace inspection programmes and procedures, action plans and follow-up action to ensure remedial action and target necessary resourcing and training needs.
23. Evidence that results of performance monitoring and measurement is reported to and monitored by the appropriate level of management, both in the organisation being audited and by the “parent” organisation.
24. Use of audits, annual reports and IRIS etc to measure performance across the organisation, set objectives for the future and aid resource targeting and prioritisation.

Audit

25. Evidence of structured SHE management audit procedures, training and programmes, proper reporting procedures, action plans and follow-up action to ensure remedial action.

MANAGEMENT REVIEW

26. Arrangements for review of key safety documentation to ensure its continued applicability.
27. Review of requirements of SHE Action Plans at least annually.
28. Formal review of SHE performance with results formally reported in Annual SHE Report.
29. Evidence of the “circular link” back through the management system.

CHAPTER 2 – GUIDANCE ON THE SYSTEM REQUIREMENTS

1. POLICY AND COMMITMENT

System Requirement, Questions and Guidance

1.1 SHE Statement

System Requirement

A SHE Statement is to be prepared that outlines the organisation and arrangements (O&A) appropriate to the nature, scale and impacts of the Organisation's activities (including products and services as appropriate) and is linked to the SofS Policy.

1.1.1 How well does the statement reflect the personal commitment of the Head of the Organisation, the principle of continual improvement (including setting objectives), pollution prevention, and the need to systematically identify, evaluate and control risks?

Evidence to seek:

- *Does the statement reflect personal commitment, the principle of continual improvement (including setting objectives), pollution prevention, and the need to systematically identify, evaluate and control risks?*
- *Is it current and valid?*
- *Is the statement supported by suitable Organisation and Arrangements?*
- *Are the Organisation and Arrangements current, relevant, sufficiently detailed and proportionate?*
- *Is there an acknowledgement and demonstration of delegated duties to reflect the organisational hierarchy requirements?*
- *Is there a commitment to review the statement when significant changes occur.*

References: JSP815 Ch 1 & Annex A

JSP418 Vol 1 Ch 1, 11

OHSAS 18001:2007, Sect 4.2

ISO14001: Sect 4.2

1.1.2 To what extent does the Statement link with the SofS Policy in terms of delegations, the need to addresses specific

issues of relevance to the Organisation, and the incorporation of relevant strategic principles from the SofS Policy?

Evidence to seek:

- *Does the documentation address the specific nature and scope of the Organisation and its activities?*
- *Does it include (where appropriate) arrangements to cover the prevention and mitigation of the consequences of major accidents and spills.*
- *Is there clarity of roles, responsibilities and appointments for the organisation?*
- *How are the specific requirements, detailed in the SofS Policy, enacted within the Organisation's own Statement. In particular how are duties and responsibilities delegated and designed to apply the strategic principles outlined in the Policy.*
- *Any arrangements to manage strategic and in house safety risks or threats to the environment, details of any formal arrangements with external agencies and specific duties assigned to specific members of staff.*

References:

JSP815 ch3 paras 30-31

1.2 Demonstrating Commitment

System Requirement

Senior Management need to take appropriate and proportionate action, in support of the organisation and arrangements statement, to demonstrate their leadership and commitment to SHE.

1.2.1 How well does the Head of the Organisation and his/her Management Board demonstrate commitment by taking action to improve safety culture and promote EP & SD rather than just producing words?

Evidence to seek:

- *Taking the lead role for the management of SHE, or when reviewing plans and proposals affecting safety or the environment*
- *Championing the introduction and use of recognised best practice and developing mechanisms that can be used to measure performance against Government, MOD and in-house targets.*
- *Chairing the SHE committee,*
- *Leading routine safety tours and inspections, and participating in environmental audits as required.*
- *Requiring and reviewing accident and incident statistics, and setting objectives and targets and personally driving improvements designed to develop and improve the SHE culture within the organisation. This may be supplemented with arrangements to ensure that reporting data is brought to the attention of the managing board.*

References:

JSP815 Annex Q

SD Strategy and SD Action Plan

2. PLANNING

System Requirement, Questions and Guidance

2.1 SHE Action/Management Plan

System Requirement

The Organisation is to establish and maintain procedures to ensure that the identification of hazards, the assessment of the associated risk, and the implementation of appropriate control measures have been considered when preparing its SHE Action/Management Plan.

2.1.1 To what extent are SHE management requirements, including risk identification, evaluation and control, incorporated into the Organisation's top level Management Planning process?

Evidence to seek:

- For the SHE Action/Management Plan to be effective it should detail the specific arrangements for identifying and assessing Safety and Environmental risks, together with details of how strategic targets related to Sustainable Development are to be achieved, recorded and reported.

References:

JSP815 Ch 4 para 6-7

JSP375 Vol 1

JSP418 Vol 1 Ch11 Sect 6

JSP418 Vol1 Ch14

SD Action Plan

2.1.2 How well does the Organisation use the principle of proportionality in planning its management of SHE risks i.e. are resources (both in terms of staff effort and risk mitigation) matched to the risks, rather than being even distributed across areas of high and low risk.

Evidence to seek:

- Is S&EP included in the governance and risk management process?
- Risk registers at different levels should provide specific examples of where risks have been prioritised and mitigated. In doing so it may be appropriate to remember the broader principals for managing risk i.e.: Terminate, Transfer or Treat all of which might incur resource costs.
- Are resources and efforts (money, staff, time, and risk mitigation) matched to the risks, rather than being evenly distributed across areas of high and low risk?
- When planning and determining controls (including changes to existing controls) is risk reduction based on the hierarchy of: elimination, substitution, engineering controls, signs and/or procedures, PPE?

References:

JSP815 ch4 paras 7, 9-11

OHSAS 18001:2007 4.3.1

JSP418 Vol 1, Ch 11

2.2 Objectives and Targets

System Requirement

The Organisation is to establish and maintain documented SHE objectives and targets at each level within the Organisation.

2.2.1 How well do the SHE targets and objectives at different Management Levels link to the top level targets and objectives?

Evidence to seek:

- TLBs should set their objectives and targets to reflect departmental and/or government based requirements.
- In turn HLB's and BLB's should set their own targets reflecting or linking to those of the higher formation; they should be embodied within the organisation's own SHE Management Plans.

References:

JSP815 ch4 paras 12-17

JSP418 Vol 1, Ch 11, Section 5-6

2.2.2 To what extent are the SHE objectives and targets, at all levels within the Organisation, Specific, Measurable, Achievable, Realistic and Time-bound (SMART)?

Evidence to seek:

- SHE Objectives and Targets should be Specific, Measurable, Achievable, Realistic and Time-bound (SMART)
- Auditors should seek evidence that a structured and transparent methodology underpins this process and that managers across the organisation are involved in its use.

References:

JSP815 paras 12-14

JSP418 Vol 1, Ch 11, Section 5-6

2.2.3 How well does the SHE Action/Management Plan designate the authority/personnel responsible for achieving its objectives and targets?

Evidence to seek:

- Auditors should look for evidence of the degree to which managers and staff are involved in the setting of targets and for delivery in accordance with the various actions plans.
- They might also try to determine whether those directly responsible for delivery have been formally advised what this involves and the level of understanding amongst other members of staff across the organisation.
- Are delegated duties clearly demonstrated?
- Is authority appropriately allocated to relevant nominated individuals to enable the requirements to be achieved?
- Are the targets within the authority of the management area? i.e. is there sufficient ownership and ability to action/influence the issues?

References:

JSP815 ch4 paras 12-17

JSP418 Vol 1, Ch 11

3. IMPLEMENTATION AND OPERATION

System Requirement, Questions and Guidance

3.1 Structure and Responsibility

System Requirement

Clear roles and responsibilities for all those involved in managing and implementing SHE.

3.1.1 To what extent is the SHE Management Organisation clearly defined, key personnel identified and their duties and responsibilities for SHE management defined, documented and published?

Evidence to seek:

- This could include a wiring/line diagram which indicates the names/posts, location, and duties of key SHE personnel.
- Organisation charts identifying line management and functional responsibilities and authority.
- Terms of Reference that define SHE management responsibilities for line managers and those with specific responsibilities in the SHE management system, such as Head of Establishment, 4C's Co-ordinator, Environmental Protection Adviser, Health and Safety Adviser, Radiation Safety Officer/Protection Supervisor, Building Custodian, Waste Manage, Energy Manager etc.
- Where occupational health services are provided under contract the Statement of Requirement should define their role.

References:

JSP815 ch 3 paras 29-43

JSP418 Vol 1, Ch 11, Sect 7

JSP 375 Vol 1

3.1.2 How well does the Head of the Organisation ensure that adequate and proportionate resources are provided for managers at every level to enable them to meet the targets set by senior management?

Evidence to seek:

- Control measures being resourced to meet targets and objectives as well as to address weaknesses in controls identified following audits, inspections or SHE Committee meetings.
- Other indicators could be the adequate provision of funding for SHE related work services, risk mitigation and training and the adequacy of the SHE Organisation in relation to the organisation's risk profile.

References:

JSP815 ch 3 para 34

JSP418 Vol 1, Ch 11, Sect 6

3.2 Training, Awareness and Competence

System Requirement

Arrangements are to be in place to ensure that all personnel receive appropriate SHE training, including induction and refresher training.

3.2.1 How well are personnel with specific, job-related SHE duties (e.g. safety advisers, line managers) in the Organisation, provided with appropriate training for their role and responsibilities?

Evidence to Seek

- Auditors should look for evidence that the organisation is providing effective training based on individual training needs, in particular where the requirement has been linked to the achievement of a safe working environment. Training should be supported with an effective system of post training evaluation, the results of which should be retained for future reference, by both the Organisation and the individual concerned.
- Where training needs are identified a training programme is often required to ensure that it is delivered and that it is effective. This may be supplied by in-house sources or external training organisations and it is important that it is prioritised, sufficiently funded and resourced and monitored for effectiveness.
- Employee/Trade Union Safety Representatives are to be allowed to attend training courses, noting also the statutory

provision made for Safety Representatives to undertake workplace H&S inspections in certain circumstances.

References:

JSP815 Ch 3, paras 39-43

JSP375 vol 1

JSP418 vol 1, ch11, Sect 8

3.2.2 To what extent has the Organisation established and maintained procedures to identify training needs for all staff, both at recruitment (induction training) and in their ongoing careers (refresher training).

Evidence to Seek:

- The extent of a person's SHE training requirement will depend on their job, their experience, and any previous training completed. A training matrix can be used to record this information, together with information on the individual's requirement for further training to achieve the skills and competence necessary to enable them to undertake their role effectively. Induction training should be the first level for all staff, followed by more specific training related to certain procedures or tasks. Refresher training may also be necessary in some cases eg. First Aider, Radiation Safety Officer, Fire Awareness, whilst urgent training requirements may arise as a result of organisational change.

References:

JSP815 Ch3 3, para 41

JSP375 vol 1

JSP375 vol 2, Leaflet 21

JSP418, ch11, Sect 8

3.3 Communication

System Requirement

Arrangements are to be in place to ensure that relevant documentation and information is effectively communicated to the Organisation's employees and others who may need to know.

3.3.1 To what extent have effective procedures been established within the Organisation for receiving, documenting, retaining and responding to relevant SHE communications from bodies **external** to the Organisation (eg HSE, EA/SEPA, SSD&C)?

Evidence to Seek:

- Auditors should look for evidence that the Organisation has effective arrangements in place for receiving, collating and retaining information and for ensuring any correspondence from external bodies is forwarded to the member of staff charged with managing that aspect of the Organisation's business. Other related documentation and replies should also be retained for future reference, following statutory protocols where appropriate.

References:

JSP815 ch 2 paras 43-57

JSP418 vol1, ch11, sect 9

3.3.2 How well are relevant SHE management system documents, such as Organisation and Arrangements, targets, objectives, new legislation or policy disseminated to relevant individuals **within** the Organisation?

Evidence to Seek:

- For safety and environmental management systems and arrangements to work effectively it is necessary that all staff are aware of their individual and collective responsibilities. During the audit this aspect can be tested by observing whether there is evidence of safety and environment information and requirements being promulgated and by talking to members of staff to ascertain how much they know.
- Specific means of communication include Safety & EP Notice Boards and Internet/Intranet Sites, which enables minutes of SHE meetings, details of inspections, regular safety and environment information updates, names and contact details of safety and environment advisers etc. to be read by members of staff. This might also include details relating to the role of management board and SHE committee, their TOR and constitution, and evidence that they take an active role in the management of safety and EP, or the arrangements for forthcoming events such as events open to the public - air shows/open days etc.

References:

JSP815 ch 3, Paras 29-38

JSP418 vol1 ch11 sect 9

3.3.3 How well have effective procedures been established to ensure that pertinent SHE information is communicated to external stakeholders (e.g. Local Authorities, local residents) where necessary?

Evidence to Seek:

- It is important that the Organisation employs effective procedures for managing its communications with external parties. This will include both MOD and non-MOD bodies and/or Stakeholders, e.g. HSE, EA/SEPA, Local Authorities, English Heritage etc, as well as NGO's and pressure groups such as Green Peace, Friends of the earth etc. Any communication should be logged and retained for future reference.
- In some cases stakeholders will also require the Organisation to provide periodic and pertinent information of its SHE activities, performance and compliance. Auditors should therefore seek verifiable evidence that the Organisation has in place effective procedures to ensure that those with responsibilities for communicating SHE information to stakeholders are fully aware of their responsibilities, that the information is verifiable, consistent, accurately explained and meets response timescales.

References:

JSP815 Annexes H, L, M, N

JSP418 vol1 ch3

3.3.4 What arrangements have been made to ensure that, where applicable, formal and agreed arrangements for SHE management are made between Parent and Lodger Units resident within the Organisation's sites?

Evidence to Seek:

- In cases of multi-occupancy sites, the Parent (usually the largest Unit or the Site Owner), should ensure that all others sharing site facilities or visiting, conform to any SHE requirements that apply site wide.
- Where a particular MOD Organisation controls the work site, the head of the Organisation should take the lead in establishing the appropriate arrangements, including the assessment of shared risks. Where there is no lead MOD Organisation all those involved are required to document agreed suitable joint arrangements.
- All Parented and Lodger Units should be represented on the appropriate SHE Management Committee either individually or collectively.
- Agreements should be formal, documented, signed by the parties concerned and dated. Documentation will form part

of Site Emergency Arrangements and the Site Business Continuity Plan. Lodgers may include: Other MOD organisations, including IPT's; Cadet and University Training Corps; BT; Building/Works Contractors; MOD Police/Guard Force etc.

References:

JSP375 vol 2, Leaflets 32, 34

JSP418 vol 1, Ch 11, 18

3.3.5 How does the Organisation ensure that employees are engaged in the development of relevant policies, procedures etc, such that they can ensure successful implementation.

Evidence to Seek:

- It is important, if policies and procedures are to be successful, for all employees to feel they have been part of the development process and success or failure can sometimes be measured by looking at the way this has been achieved. The minutes of SHE/Management meetings can be a useful source of information as can interviews with individual members of staff.

References:

JSP375 vol2, Leaflet 43

3.4 SHE Management System Documentation

System Requirement

The Organisation is to establish and maintain documentation of the SHE management system in hard copy or electronic format.

3.4.1 To what extent does the Organisation have proportionate documentation in place that describes the core elements of the SHE Management System and any interaction with, or direction to, related documentation?

Evidence to Seek:

- There is a need to determine not only that the Organisation has formally documented appropriate SHE arrangements, but that they are proportionate to its size, structure, role and the number and level of risk that its activities present.

They should relate to both to its own work force and others who might be affected by its activities.

- Additionally, any documentation that the Organisation needs to be able to comply with MOD or Statutory Regulations should be available for reference as required.
- Documentation may be produced and retained at different levels, e.g. Corporate Strategy/ Management Board level, Operating/Working level, or that involving the interaction with external bodies. Wherever possible auditors should acquaint themselves with this information prior to the audit commencing to allow time for verification during the audit field-work phase.
- The core elements of the EMS should be identified, described and documented (an Environmental Manual may be a standalone document), with reference to supporting documents.

References:

JSP815 ch 3

JSP418 ch 11

3.5 SHE Management System Documentation Control

System Requirement

Effective arrangements are to be in place to ensure that documentation essential for the management of the SHE system is maintained.

3.5.1 How well does the Organisation ensure that documentation essential for the management and interaction of all sections of the SHE system is maintained and controlled and refers to related relevant documentation?

Evidence to seek:

- Specific evidence of safe systems of work derived from structured and systematic hazard analysis, risk assessment and management controls, monitoring and review of assessments in light of changing circumstances.
- Management arrangements should be examined to establish how documentation essential to ensure all areas of the business can operate together and that it remains appropriate to the Organisations activities. Auditors need to be confident regarding the degree to which such arrangements can cater for changes in SHE requirements and/or

Regulatory requirements.

References:

JSP418 vol 1 ch11

JSP375 vol 2 Leaflet 55

3.5.2 To what extent are arrangements in place to ensure that documentation required for legal and/or compliance reasons is identified and retained in accordance with legislation and MOD policy?

Evidence to Seek:

- Evidence should be available to show how essential SHE documentation necessary for meeting Regulatory requirements is identified and retained, together with arrangements for ensuring that it remains relevant and is kept up to date. This may provide details of links to other MOD departments and/or Regulatory authorities.

References:

JSP418 vol 1 ch11 Sect 4

JSP375 vol 2 Leaflet 55

3.6 Emergency Preparedness and Response

[System Requirement](#)

Procedures are to be established for managing foreseeable and potential emergencies and disasters.

3.6.1 To what extent has the Head of the Organisation nominated key personnel and identified them in documented Emergency Control Procedures?

Evidence to Seek:

- Emergency and Disaster Plans, including those relating to Business Continuity should be assessed to establish the degree to which the Organisation understands its responsibilities not only for its own people but for all those who might be affected in an emergency. Plans should begin by identifying the type of emergency, the scale and scope of what this might entail both in resource terms and the wider community. They should identify posts and/or people who will perform key tasks during an emergency and detail the duties and responsibilities both of them and others with whom they will need to interact. This is particularly important on multi-occupier sites such as those run under RPC or

Aquatrine arrangements.

- Emergency Plan Packs containing details and locations of hazards, fire fighting appliances, emergency water storage, evacuation routes etc; should be available to be picked up by the emergency services at the entrance to the site and at strategic points throughout the site.

References:

JSP375 vol 2 Leaflet 1

JSP418 vol 1, ch11, sect 12

3.6.2 How well are Emergency and Disaster Control Procedures periodically practised, tested and recorded, in line with MOD policy/statutory requirements including, where appropriate, the involvement, of Local Authorities?

Evidence to Seek:

- Emergency Plans should be practiced in accordance with Statutory Requirements, MOD Regulations or when considered necessary by managers for them to retain a level of confidence in the plans and the actions of staff in an emergency. This should take place without prior notice wherever possible and include as many staff as practically possible. A full scale practice involving all staff together with local authority emergency services, should be conducted at least every two years or more often if required by legislation or to cater for the risk profile of the organisation.

References:

JSP375 vol 2 Leaflet 1

JSP418 vol 1, ch11, sect 12

3.6.3 To what extent has the Organisation put in place arrangements to review and revise, where necessary, its emergency response plans and procedures, following accidents or emergency situations, or as a result of shortfalls having been discovered?

Evidence to Seek:

- Evidence showing how Emergency Plans and Procedures have been reviewed and/or revised following actual or practice usage should be available to the auditors. Any revisions should have been authorised and dated by a competent, authorised person and contain details of what changes have been made and why.

References:

JSP375 vol 2 Leaflet 1

JSP418 vol 1, ch11, sect 12

3.7 Hazard Identification/Risk Assessment/Environmental Impact

System Requirement

Arrangements are to be in place to ensure that all workplace and site hazards have been identified and recorded, together with assessments of the associated risks and/or environmental impacts (including sustainability appraisals).

3.7.1 How effective are the arrangements for ensuring that a structured process is used for hazard identification for:

a) SAFETY; b) ENVIRONMENT?

Evidence to Seek:

- The arrangements that have been put in place to manage safety and environmental risk should be examined in order to determine the degree to which the Organisation follows a structured process, or whether it is ad-hoc. A sample of risk assessments should also be examined to establish whether all potential hazards have been identified, what methodology has been used and whether it is effective. This should be undertaken for health and safety in the workplace and across the site and in regard to how site activities impact on the environment. Auditors might also look for evidence that external specialist support has been enlisted where in-house expertise was lacking.
- There is also a need to seek evidence that all staff understand and accept the duty they have to identify and report hazards in the workplace, as part of the process of mitigating and managing risk. All staff should be aware of the risk assessment procedures that exist in their work area and understand that failing to report a known hazard that subsequently results in an accident or injury, could be regarded as an offence.

References:

JSP815 ch4

JSP375 vol 2 Leaflet 23

JSP375 vol 2 Leaflet 39

JSP375 vol 2 Leaflet 43

JSP418 vol 1 ch 11 sect 4

3.7.2 To what extent are the arrangements for undertaking risk or impact assessments carried out in accordance with the relevant legislation or MOD publication for: a) SAFETY; b) ENVIRONMENT?

Evidence to Seek:

- Auditors should compare actual risk assessments with the templates in JSP 375 and JSP418 to assess whether any changes are necessary.
- Existing risk assessments should be reviewed to establish whether they are appropriate, whether mitigation measures are proportionate to the level of risk presented and whether they are current, signed and dated.

References:

JSP815 ch4

JSP375 vol 2 Leaflet 23

JSP375 vol 2 Leaflet 39

JSP375 vol 2 Leaflet 43

JSP418 vol 1 ch 11 sect 4

3.7.3 How effectively are the control measures and procedures detailed in Risk/Impact Assessments and Safe Systems of Work adhered to, communicated and implemented for: a)SAFETY; b) ENVIRONMENT?

Evidence to Seek:

- Where risk assessments have recommended that additional controls should be implemented, workplace instructions, procedures and arrangements should be examined to determine whether they have been implemented correctly and whether they were effective in controlling the risk. Where there is evidence that the controls were ineffective what supplementary actions have been taken and by whom?

References:

JSP815 ch4

JSP375 vol 2 Leaflet 23

JSP375 vol 2 Leaflet 39

JSP375 vol 2 Leaflet 43

JSP418 vol 1 ch 11 sect 4

3.7.4 How well does the Organisation implement procedures for undertaking Site Risk Assessments?

Evidence to Seek:

- Site Risk Assessments should be undertaken in regard to both Health and Safety and the Environment. For them to be effective they should identify all potential hazards and assess them for individual and collective risks to the site and its occupants but also any adjoining land, waters or air that might also be affected.
- Documentation that should be examined may include: Risk Assessments, Environmental Impacts Register (or Env Manual), Contents/Consignment Notes, Public Notices, Minutes of meetings (both internal and external) and Correspondence with members of the public, local authorities and regulatory authorities.

References:

JSP 375, Volume 2, Leaflet 23.

3.7.5 How well does the Organisation implement the policies and procedures for Co-ordination, Co-operation, Communication and Control (4Cs) of contractors, other visiting workers, and any other persons on their sites?

Evidence to Seek:

- SHE Statements should adequately detail responsibilities and the organisational and management arrangements, including those to ensure Co-operation, Co-ordination, Communication between, and Control of, all parties sharing a workplace. In turn all parties should know which SHE organisation and arrangements apply to them and these are to be formally agreed between the various parties.
- The Site Parent must also ensure that all visitors entering the site, including members of the MOD and the Services, whether regular or not, are made fully aware of any SHE procedures and/or local regulations that might affect them whilst on site. This should take place at the entrance to the site but individual area/building requirements may be provided by the local line management if that is more convenient.
- The effectiveness of these arrangements is now considered a vital part of safety management arrangements on MOD sites, with responsibility for effective operation resting with the Site Owner/Head of Establishment
- Arrangements may also be made for a significant proportion of SHE management services to be provided under the terms of Service Level Agreements or Customer Supplier Agreements (SLA/CSA) with external Organisations, e.g. inspection, audit, training, supervision, and the provision of occupational health services and support. Where this is

the case the SHE services provided should be included in the O&A Statement and should clearly detail the relative roles and responsibilities. Parties involved could include: the establishment itself, parented Organisations, contractors, operators of non-MOD encroachments and Lodger Units.

References:

JSP375 vol 2 ch 32, 34

3.7.6 Where relevant, how well does the Organisation ensure that SHE requirements are considered when procuring and/or providing goods and services?

Evidence to Seek:

- Good practice suggests that in order to maintain a safe working environment all goods and services coming onto the site will be subject to a prior assessment regarding any hazards they might present to either individuals or the environment. This should be on an item by item basis and when interacting with other items already on site. Those with the responsibility for placing contracts and/or ordering, should be interviewed to establish whether suitable procedures are in place and whether the individuals concerned are monitoring them to ensure they are effective.

References:

JSP375 vol2 Leaflet 8

JSP375 vol2 Leaflet 45

JSP418 vol1 ch 15, 17

4. CHECKING AND CORRECTIVE ACTION

System Requirement, Questions and Guidance

4.1 Monitoring Performance

System Requirement

The Organisation is to establish and maintain documented procedures to monitor SHE performance on a regular basis.

4.1.1 How well does the Organisation monitor compliance with its SHE targets and objectives at all levels?

Evidence to Seek:

- Procedures and arrangements across the Organisation should be assessed to determine the level to which performance is being monitored, by whom, whether the arrangements are effective and whether corrective action is being initiated to redress weaknesses.
- Action should be in place to measure performance against SDAP targets eg waste, water, energy

References:

JSP815 ch 4

JSP418 vol 1 ch11 Sect 13

Sustainable Development Action Plan (SDAP)

4.1.2 Are regular and detailed SHE Inspections of work activities and the workplace carried out and recorded by line managers and/or employee/Trade Union Safety Representatives?

Evidence to Seek:

- SHE inspections of the workplace are important both to help identify potential hazards and therefore prevent accident occurring, but as part of management's agenda to improve the safety and EP culture throughout the Organisation. It has been found that this is most effective when the Head of the Organisation provides the lead and conducts the inspections personally.
- Any inspection of this type should normally produce a report, the details of which should be made available to

members of the workforce and the SHE committee.

References:

JSP815 ch 4

JSP418 vol 1 ch11 Sect 13

JSP375 vol 2 Leaflet 21

4.1.3 To what extent does the Organisation monitor accident/incident /near miss and occupational ill health records, to identify and analyse trends and take action where required?

Evidence to Seek:

- Accident/Incident data held by the Organisation or recorded on IRIS should be examined and managers interviewed with a view to determining whether an effective system examines the information and trends as part of a process to help prevent accidents, injuries and ill health, as well as prevent pollution incidents.

References:

JSP815 ch 4

JSP418 vol 1 ch11 Sect 13

JSP375 vol 2 Leaflet 48

4.1.4 How well are significant shortcomings regarding SHE management (including serious incidents) brought to the attention of the Head of the Organisation in a timely and effective manner?

Evidence to Seek:

- Evidence should be available regarding how the Head of the Organisation is appraised of the results of accident investigations and the degree to which they were personally involved. This may be contained in letters to other parts of MOD, to external Stakeholders, Regulatory Authorities and in local safety bulletins to all staff. This will show how effective the accident reporting system is overall and how seriously it is taken by the leadership of the Organisation.

References:

JSP815 ch 4

4.2 Corrective and Preventative Action

System Requirement

Effective procedures are to be established for reporting/investigating accidents and initiating corrective and preventative action.

4.2.1 How effective are the Organisation's accident/incident reporting procedures in ensuring the reporting and recording of accidents and incidents (including environmental incidents)?

Evidence to Seek:

- It is mandatory for all MOD Organisations to use the MOD Incident Reporting and Information System (IRIS) (except for specific and authorised exemptions). Auditors should examine data stored on the system and compare this with information gathered during the audit to determine how accident/incident information is collated and reported. Any significant differences should be investigated with senior managers to determine the cause and to make a judgement as to whether recording and reporting is effective.

References:

DESB Meeting - Feb 08

4.2.2 How effective are accident/incident investigation procedures in analysing and determining root causes and providing an effective vehicle to identify recommendations for preventing a recurrence?

Evidence to Seek:

- How are accidents/incidents reported, recorded and investigated?
- Are specialist advisers and senior managers involved in any investigations,
- Do they try to determine accident causation and/or root cause,
- Are formal reports produced and are findings and conclusions circulated to others areas of MOD where similar accidents might also occur?
- Do accident/incident investigators, together with local managers also produce recommendations for remedial actions to take place?

References:

JSP375 vol2 Leaflet 14

JSP418 vol 1 ch 11 Sect 12

4.2.3 How effective are the Organisation's procedures for ensuring that action is taken at the appropriate level to remedy any breaches of legislation or MOD policy?

Evidence to Seek:

- The Head of the Organisation must have procedures to ensure he/she is informed as soon as any serious breach of legislation or MOD policy is discovered together with action taken/required.

References:

JSP 815 ch 2,4

4.2.4 How effective are procedures for initiating and ensuring the completion of corrective and preventative actions following accidents or incidents i.e. does it learn from such events?

Evidence to Seek:

- Accident/incident investigations need to be robust and easy to use if they are to be effective and prevent similar accidents/incidents occurring again and in the longer term. Formal arrangements for using accident/incident investigation findings as part of a review of existing arrangements and processes should be in place and be understood by all those involved in the process. Failure to have suitable arrangements of this type may lead to remedial actions not being initiated and may allow the accident to re-occur.

References:

JSP815 ch4

JSP375 vol2 Leaflet 14

JSP418 vol 1 ch 11 Sect 12

4.2.5 How well does the Organisation ensure that actions, placed as a result of SHE audits, inspections, or management meetings, are monitored to satisfactory completion?

Evidence to Seek:

- Auditors should look for evidence of formal Action Plans related to Audits and Inspections, whether undertaken internally or by external specialists. These should detail the remedial actions required, include a time/date by which they should be completed and identify those responsible for implementation. Where action plans have not been completed satisfactorily, the reasons should be determined.

References:

JSP815 ch4

JSP375 vol2 Leaflet 14

JSP418 vol 1 ch 11 Sect 12

4.3 SHE Management System AuditSystem Requirement

The Organisation is to establish and maintain a regular programme for audits of the SHE Management System, in order to ascertain that adequate risk control systems, which are consistent with the hazard profile of the Organisation, are in place and that all relevant statutory SHE requirements are being adhered to.

4.3.1 How effective is the Organisation's internal audit process in determining the adequacy of risk control systems and assessing compliance with relevant policy and statutory requirements.

Evidence to Seek:

- Auditors should seek evidence of a suitable and effective process that provides the information required to manage the business safely, in accordance with legislation and in compliance with MOD requirements. This should be tailored to the risk profile of the Organisation and be transparent in its operation. It might also follow industry best practice where a business need can be demonstrated.
- Auditors should seek evidence that the Organisation reviews the outputs from the audit process as part of an ongoing process of assuring compliance and managing risk.

References:

JSP815 ch 4

SHE Audit Manual

4.3.2 To what extent is there a consistent and linked process for conducting audits at all levels within the Organisation?

Evidence to Seek:

- The audit process should ensure that all areas of the Organisation are reviewed periodically, determined by the type and level of risk presented by the business or business activities. The process should be structured and tailored to take account of resource availability, time between audits etc.

References:

JSP815 ch 4

SHE Audit Manual

5. MANAGEMENT REVIEW

System Requirement, Questions and Guidance

5.1 SHE Management System

System Requirement

Arrangements are to be in place to review the Organisation's SHE Management System to ensure its continuing suitability, adequacy and effectiveness.

5.1.1 To what extent has the Head of the Organisation reviewed its SHE performance and management system, taking account of key risks, the results of audits, active and reactive monitoring and any enforcement action, to produce an annual report (eg as an input to the OHSB & SDEB assurance reports)?

Evidence to Seek:

- The Organisation O&A Statement should contain details of how and when SHE documentation should be reviewed and nominate a suitable person to carry this out. This may be required as part of a statutory requirement, as a result of a change in process or because a new hazard or risk has been identified. Details should be recorded and kept on file.
- Records of discussions/meetings specifically arranged to consider the effectiveness and suitability of the SHE management system, particularly in regard to the information provided by managers as part of their duty to assess and manage risk. Details of any changes made in light of these discussions and whether changes increased confidence in the overall assurance arrangements, or highlighted further issues.

References:

JSP815 ch4 para 36,37

5.1.2 To what extent has the Organisation made changes to its SHE Statement, objectives, resources, or other elements of the management system as a result of management reviews?

Evidence to Seek:

- The auditor needs to establish how senior managers receive and review audit reports and/or action plans resulting from audits
- Does this allow managers to make effective decisions regarding the application of the SHE management systems in place throughout the Organisation and does it allow them to provide adequate assurance information through relevant Functional Safety Boards to the DESB?
- Managers need to establish, as part of regular reviews, whether the SHE Objectives and Targets that they have set, are being met. This is to establish whether they are effective or not and to assess whether they are providing the required level of assurance that systems and arrangements match the risk profile of the Organisation.

References:

JSP815 ch4 para 36,37

SHE MANAGEMENT SYSTEM RATING

	Rating	
	Awarded	Possible
1. Policy		15
2. Planning		25
3. Implementation and operation		120
4. Checking and corrective action		55
5. Management review		10
TOTAL		225
OVERALL RATING		%

RATING CATEGORIES

Rating Category	Comments
<p>A 90% - 100%</p>	<p>There is a sound system of control in place to meet overall system objectives. This is to be maintained and reviewed as necessary to reflect changes in legislation.</p>
<p>B 75% - 89%</p>	<p>Control systems found to be largely compliant. A small number of important lapses found or some “fine tuning” across the board required. Concentrated action on specific problems required.</p>
<p>C 60% - 74%</p>	<p>The SHE system is considered to be placed at risk due to significant inadequacies of control in a number of critical areas, or over a wide range of control procedures. Senior Management is required to prepare a prioritised SHE Plan</p>
<p>D Below 60%</p>	<p>Major deficiencies found over a broad range of areas indicating significant lack of control and leaving the system open to system failure. Senior Management need to direct that these deficiencies are rectified as soon as practically possible.</p>