

# GSOP04 V1

## GROUP HEALTH & SAFETY AUDITING SOP

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## 1.0 Procedure Statement (Purpose / Objectives of the Procedure)

This SOP establishes a structured approach for conducting Health and Safety audits to ensure compliance, mitigate risks, improve safety culture, and drive continuous improvement. The process integrates **risk-based prioritisation, balanced accountability, structured support, and human factors considerations** such as engagement, motivation, stress, and workload management.

This procedure applies to all Divisions within the Trust and consists of two key stages:

**Stage 1: Health & Safety Self-Assessment (HSSA)** – A structured guided assessment conducted by the Service Manager or Responsible Person for the service. The HSSA covers five key health and safety topics (Risk Assessment, Training, Incident Reporting, Safety Culture, and Workplace Safety).

**Stage 2: Health and Safety Quality Audit (HSQA)** – An evaluation of the HSSA findings to verify evidence, compliance, performance and improvements for and within the service.

All Services must complete **two** HSSA annually; services flagged as high-risk due to findings from health and safety intelligence sources (such as incident reports, RIDDORs, inadequate risk assessment compliance, lack of training, staff feedback etc) will be subjected to a minimum of **two or more** HSQA annually. Every other service will require at least **one or more** HSQA per annum and will be prioritised based on HSSA findings as well as Health & Safety (H&S) intelligence sources such as risk and performance data of the service.

## 2.0 Accountabilities

### 2.1 Health and Safety Team

- Engage with Service Managers to enable them to complete the HSSA and HSQA as required.
- Evaluate findings from HSSA and prompt HSQA where required.
- Conducts verification calls and informal engagement beyond formal audits.
- Assigns compliance scores and ratings based on findings from the HSSA and monitors the completion of guided action plans.
- Provide support to Service Managers where required and ensure escalations for non compliance.
- Recognises and rewards compliant services as well as those improving.
- Provides HSQA reports to the Service, Division and Trust.

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## 2.2 Service Manager

- Participates in the completion of the HSSA as required.
- Return (via email) the completed HSSA to the H&S Team as required.
- Ensure completion of guided action plan and participates in the completion of a HSQA where required by the H&S Team.
- Provide supporting evidence for compliance where requested.
- Implements agreed-upon actions within the specified timeframe.
- Where required, engages in structured support provided by the H&S Team if struggling with compliance.
- Ensure continuous compliance and provide progress update on improvement during Divisional Governance Meetings and to the H&S Team when requested.

## 2.3 Divisional Management

- Ensure compliance with this SOP is monitored and discussed during Divisional Governance and Divisional Performance Meetings.
- Ensure action is taken on non-compliant services to support improvement.
- Report on the actions taken to support improvement and compliance within the Division to the Health & Safety Group.

## 3.0 Procedure Detail / Actions

### 3.1.1 Health & Safety Self-Assessment (HSSA)

#### Objective

To evaluate the service's compliance with Trust health and safety (H&S) standards and assess its H&S management and culture through a structured, guided self-assessment. This process identifies areas for improvement and automatically generates the necessary actions to enhance the service's compliance.

#### 3.1.2 Procedure

- a. The Service Manager must comply with the audit programme and timeframes (see Appendix A) to aid efficiency and compliance.
- b. The HSSA consists of Yes/No/NA questions, which automatically generate a score and a corrective action (action plan) for each answered question. This automation enhances efficiency in generating a standardised action plan and ensures consistency across the Trust. Further bespoke actions can be added by the Service Manager where needed.

- c. Services must provide a progress update (including providing evidence relating to their audit responses) on their action plan by engaging with the H&S Team as needed, as well as reporting progress through the Division to the Trust Health and Safety Group.
- d. The service must provide evidence for each question based on the information generated in the action plan section for that question. If a question is answered with 'Yes', the supporting evidence indicated in the action plan must be readily available for auditing and compliance review upon request.
- e. In line with the audit programme, the H&S Team issues the HSSA tool to the Service Manager, with a required **return deadline of two weeks** from the date of issue. Upon return of the HSSA, the H&S Team will evaluate the completed HSSA, assign an initial compliance rating, and schedule a HSQA where necessary.
- f. Following the completion and return of the HSSA, if an action plan is raised, the HSQA must be scheduled within **1 to 5 weeks**, depending on the volume of required actions. The action plan implementation period must not exceed 5 weeks after the HSSA return. This timeframe ensures that the service has an opportunity to implement the action plan or demonstrate progress on completing all identified actions before the H&S Team conducts the HSQA.
- g. During the action plan implementation period the Service Manager should engage with the H&S Team as they provide support (where required) as per findings from the HSSA. This allows an opportunity for improvement in the service's compliance with the Trust H&S standard.

## 3.2 Health and Safety Quality Assurance (HSQA)

### 3.2.1 Objective

To verify the quality of all evidence, ensure completion of the HSSA action plan, and assess the service's overall compliance status.

### 3.2.2 Procedure

- a. Following the completion and return of the HSSA, the H&S Team will review the submissions along with available risk and performance data of services to schedule a prioritised programme for conducting the HSQA. The HSQA, along with a discussion with the Service Manager to verify evidence, should be conducted in person. However, if the quality of evidence and documentation has been verified or can be verified virtually, the HSQA may be completed remotely. Additionally, in all instances, the H&S Team must schedule visits to the service to obtain employee feedback.
- b. The Health & Safety Team assesses:
  - Evidence provided to ensure quality.
  - Completion status of actions from the HSSA action plan.

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- The service's safety culture, including compliance with workplace inspections, employee feedback, suitable and sufficient risk assessment implementation, near-miss and incident records, RIDDOR and Sharps reporting/investigation, training compliance, and adherence to Trust H&S policies.
- c. Upon completion of the HSQA, the compliance rating initially assigned based on the HSSA findings will be updated to reflect the current compliance status. This updated rating will be communicated to the service and Divisional Leadership to support oversight and awareness.

### 3.3 Audit Compliance Rating

The compliance rating is determined based on a scoring system applied to each audit topic in the HSSA. The ratings are defined as follows:

- **Exceeding Expectations** – Meets all compliance (priority and other) requirements, also, demonstrates sustained and proactive compliance and strong safety culture.
- **Satisfactory** – Meets all priority compliance requirements with minor non-compliance with no regulatory impact issues, for example – having only 1 trained Department Safety Representative (DSR) where 2 DSRs are required.
- **Requires Improvement** – Fails to meet priority compliance standards (**moderate to significant non-compliance**) or adequately engage in HSSA or HSQA. For example, not completing HSSA as required, absence of required evidence, low compliance with Trust training requirement, failure to complete local workplace H&S inspection etc.

### 3.4 Consequence of Non-Compliance with Audit Progress

If a service does not comply with the audit programme or fails to complete a HSSA as required, the following actions will apply:

- They will automatically be rated as 'Requires Improvement' and escalated to Divisional Management/Leadership for awareness and intervention.
- Where applicable, a full action plan will be automatically generated for the service, based on all audit questions being answered 'No'.
- Progress updates on the generated action plan must be provided to the H&S Team every three weeks. Divisional Management must ensure monitoring and scrutiny through the Divisional Governance Meeting.
- The service will be required to complete the HSSA every three months (quarterly), rather than twice per year, until compliance is achieved.
- Further escalation to Trust and Executive Leadership will occur if the service fails to comply with the above for 3 months in a row or if a second 'Requires Improvement' rating is received.

### 3.5 Compliance Monitoring Between Audits & Tracking

- a. Services rated "Requires Improvement" having adhered to the audit programme must undergo a **3-weekly action plan progress review** before the next HSSA, the HSSA must now be completed quarterly until improvement is achieved. If no improvement or completion of actions is noted, the matter will be escalated to Divisional Management. Action plan completion must be monitored at the local Governance and performance meetings and overseen by the Division.
- b. Post HSSA, services rated as 'Satisfactory' or 'Exceeding Expectation', will proceed to a HSQA being scheduled as per audit programme.
- c. Post HSQA, services rated as 'Satisfactory' must provide at least one progress update on outstanding actions from their action plan. This update must be submitted to the H&S Team prior to the next audit programme, as per the audit schedule (Appendix A). Action plan completion must be monitored at the local governance meeting and overseen by the Division.
- d. Post HSQA, services rated 'Exceeding Expectation' will continue to the next audit programme as per audit programme.
- e. Compliance will be Tracked as follows:
  - The Health and Safety Team maintains a centralised tracking system for all audits.
  - Struggling services receive structured support, not just increased audit completion (refer to section 3.6 below).
  - Performance trends are analysed to identify Trust-wide safety improvements.
  - Compliance monitoring reported through Trust Groups for oversight and assurance.

### 3.6 Support Programme for Struggling Services

- a. Managers and services with a 'Requires Improvement' rating are required to engage with the support provided by the H&S Team to aid their improvement; this is done through a structured support program, including:
  - Providing bespoke one-to-one support to managers based on their needs; this may be a targeted training session on areas found challenging.
  - Guided improvement plan development with assistance from the H&S Team to agree and aid achievable goals.
  - Providing simplified guides on areas found challenging.
- b. The Service Manager must ensure engagement through the process to improve their service's compliance. **This is a mandatory occurrence before re-audit.**

### 3.7 Escalation for Services rated as "Requires Improvement".

- **1st Requires Improvement Rating** – Manager is enrolled in the structured support programme as explained in section 3.6 above.
- **2nd Requires Improvement** – Escalation to Divisional Management for intervention.
- **3rd Requires Improvement** – Escalation to Executive Leadership for intervention.

### 3.8 Recognition for High Performing & Improving Services

Services rated "Exceeding Expectations" in the **HSSA and in the following HSQA** will receive:

- An 'Exceeding Expectation in Health & Safety Management' certificate award and recognition from Executive Leadership.
- Outcome published in 'WoW' newsletter.
- Potential incentives for **sustained compliance excellence**.

### 4.0 Equipment Required

The audit process only requires a functional personal computer (PC -laptop) or a desktop computer which all managers are provided with upon commencing their role with the Trust.

### 5.0 Training

All Service Managers are required to undertake the mandatory 'Health & Safety for Manager/Leaders' training where the audit process will be communicated, and all attendees are trained in how to utilise and complete the audit tool.

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## 6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

## 7.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

## 8.0 Maintenance

All audit assessment records will be documented and records kept for a period of 5 years by the H&S Team. Services should maintain records of their audits and evidence logs locally to support compliance verification and quality assurance.

## 9.0 Communication and Training

The audit process only requires a functional personal computer (PC - laptop) or a desktop computer which all managers are provided with upon commencing their role with the Trust.

Please refer to section 5.0. for training requirements.

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## 10.0 Audit Process

The SOP will be reviewed in-line with the Trust Health & Safety policy to integrate feedback, best practices and focus on emerging risks as appropriate. Services are encouraged to share lessons learned and success stories to foster a culture of continuous safety excellence.

All audit assessment records will be documented and records kept for a period of 5 years by the H&S Team. Services should maintain records of their audits and evidence logs locally to support compliance verification and quality assurance.

Criterion	Lead	Monitoring method	Frequency	Evaluation
As explained in Section 3.0.	Service Managers & Health & Safety Team.	Service H&S audit submission compliance.	After completion of audit cycle as per Appendix A.	Divisional Governance Meetings & Health & Safety Group Meetings.

## 11.0 References - Legal, professional or national guidelines

This Health and Safety Audit SOP aligns with relevant UK health and safety regulations, particularly the Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999, and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. The procedure systematically assesses compliance, identifies risks, fosters a proactive safety culture, and facilitates continuous improvement across all Trust divisions.

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## APPENDIX- AppendixA: Audit Programme

### START OF AUDIT PROGRAMME

- Service Manager (SM) receives HSSA from the H&S Team.
- SM completes and return HSSA to the H&S Team within 2 weeks.

- Following the completion and return of the HSSA, an initial compliance rating is assigned based on the HSSA scoring system. Services that receive an initial rating of 'Requires Improvement' must complete the HSSA quarterly until improvement is achieved.
- Where no action plan is raised following the completion of the HSSA, the H&S team will schedule a HSQA as required.
- Where an action or actions are raised, depending on the number of actions, within 5 weeks the SM must ensure that these are completed, or progress made with completing the action plan. The HSQA must be scheduled at the end of this 5 week period, affording adequate time for the SM to implement the action plan.

Following the completion of the HSQA by the H&S Team services rated, one of the following will apply:

- **'Exceeding Expectations' rating:** The service will be scheduled for re-audit in six months, restarting the auditing programme.
- **'Satisfactory' rating:** The service must provide at least one progress update on the action plan, demonstrating improvement or completion of actions before the next audit. If recurring non-compliance with action plan completion is identified, this will be escalated to Divisional Management.
- **'Requires Improvement' rating:** Regardless of the initial compliance rating from the HSSA, **section 3.3 of this SOP applies.** The Service Manager must engage with the support provided by the H&S Team and submit a **three-weekly** action plan update detailing improvements. Additionally, the service must complete the HSSA **quarterly** until a 'Satisfactory' or higher rating is achieved.

## Part A - Document Control

<b>Version number:</b>  GSOP04 V1	<b>Document Title</b>  Group Health & Safety Auditing Sop	<b>Status:</b>  Final		<b>Author:</b>  Group Specialist Head of Health & Safety.  <b>Chief Officer Sponsor:</b> Group Director of Assurance
Version / Amendment History	Version	Date	Author	Reason
	1	13.02.25	Group Specialist Head of Health & Safety	Implementing a Trust wide H&S audit process that aligns with the group structure.
<b>Intended Recipients:</b> All Service and Line Managers				
<b>Consultation Group / Role Titles and Date:</b> Policy Management Group				
<b>Name and date of group where reviewed</b>		WHT Policy Management Core Group. 14.4.25 RWT Trust Policy Group 2.5.25		
<b>Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)</b>		WHT Policy Management Core Group. 14.4.25 RWT Trust Policy Group 2.5.25		
<b>Date of Procedure issue</b>		2.5.2025		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		14.4.2029 Maximum 4 years		

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<b>Training and Dissemination:</b> Via email and Training.	
<b>Publishing Requirements: Can this document be published on the Trust's public page:</b>  <b>Yes</b>  If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure and Local Procedures, as well as considering any redactions that will be required prior to publication.	
<b>To be read in conjunction with:</b> Trust Health & Safety Policy (HSO1)	
<b>Initial Equality Impact Assessment: Completed Yes</b> <b>Full Equality Impact assessment(as required): Completed NA</b> If you require this document in an alternative format e.g., larger print please contact Policy Management Officer for Trust- wide documents or your line manager or Divisional Management Office for Local documents.	
<b>Contact for Review</b>	Group Specialist Head of Health & Safety.
<b>Monitoring arrangements</b>	Compliance to be monitored and reported on via Divisional Governance Meeting and the Trust Health & Safety Group. Further report on compliance to be provided to the Trust Management Committee and Quality Committee.
<b>Document summary/key issues covered.</b> This SOP outlines a structured approach to conducting Health and Safety audits across the Trust, designed to ensure compliance, mitigate risks, enhance safety culture, and drive continual improvement. The procedure comprises two main stages: 1. <b>Health &amp; Safety Self-Assessment (HSSA):</b> Conducted twice annually by the Service/Department Manager or Responsible Person, this assessment addresses Risk Assessment, Training, Incident Reporting, Safety Culture, and Workplace Safety. Services identified as high-risk may be subject to more frequent evaluations. <b>Health and Safety Quality Audit (HSQA):</b> Conducted by the Health and Safety Team to verify evidence and compliance, review performance, and confirm improvements identified in the HSSA.	
<b>Key words for intranet searching purposes</b>	H & S Auditing