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AUTHOR	ISLHD Safety Coordinator
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FUNCTIONAL GROUP OR HUB	District wide
NSQHS STANDARD	Standard 1 - Governance
SUMMARY	Regularly evaluate and report on performance and measure conformance to the safety management system requirements

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to ISLHD-CorporateGovernance@health.nsw.gov.au

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1. POLICY STATEMENT

Illawarra Shoalhaven Local Health District (ISLHD) shall regularly evaluate and report on performance and measure conformance to its safety management system requirements. ISLHD shall ensure the implementation of the systems for conducting conformance audits, reviews, WHS Workplace inspections and other related safety assurance activities. It shall ensure they are implemented, recorded and reported.

Corrective actions to address non-conformance to the Safety Management System (SMS) shall be assigned and tracked until completion.

2. BACKGROUND

ISLHD's SMS aims to implement an effective management system to cover the positive steps that ISLHD is taking with hazard identification, hazard/risk assessment and control of risks.

3. RESPONSIBILITIES

3.1 Employees must:

- Immediately report all safety risks and all unsafe working conditions to management
- Participate in inspections, observations and audits when requested by management.
- Implement recommendations as assigned by management.

3.2 Line Managers must:

- Implement the ISLHD WHS Performance Assessment and Auditing procedure and take part in inspections and audits, in accordance with this procedure.
- Conduct or participate in inspections and audits in accordance with procedures and schedules.
- Make inspection reports available to all workers.
- Monitor all corrective actions for effectiveness.
- Ensure all recommendations are implemented, as soon as practicable, through periodic follow up.

3.3 General Managers/ Service Directors must:

- Apply due diligence by monitoring the implementation of ISLHD WHS Performance Assessment and Auditing procedure, and ensure that inspections and audits occur in accordance with this procedure.

- Review inspection and audit reports and recommendations, and accept or decline these recommendations. If declined on an appropriate basis, that decision must be documented in the final report.
- Assign accountability for the implementation of recommendations and provide required resources.
- Ensure all recommendations are implemented, as soon as practicable, through periodic follow up.

3.4 Chief Executive must:

- Ensure a process is in place to develop and implement the WHS Performance Assessment and Auditing Program.
- Ensure resources, time, money, and technology is available to support the WHS Performance Assessment and Auditing

3.5 Senior Workforce Health and Safety Manager must:

- Collect and maintain records and statistics of WHS performance indicators,
- Develop a schedule of Ministry of Health WHS Audits for each Department/Location.
- Report to the ISLHD Board, ISLHD Executive and Ministry of Health the results of the scheduled audits and WHS performance.

4. PROCEDURE

4.1 Measuring WHS performance

- The Senior Manager Workforce Health and Safety shall collect and maintain records and statistics of WHS performance indicators.
- The WHS performance indicators are to be established by the current needs of ISLHD
- The WHS performance indicators are to meet the current best practice
- These metrics shall include leading and lagging indicators, and be based on qualitative and quantitative data.

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NSW GOVERNMENT

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WHS performance indicators measure WHS performance, and include the following:

General	Incidents
• Average No. of employees o Hours Lost	• No. of incidents reported • No. of Lost Time Injuries • Notifiable Injury/Illness • Notifiable Event
Performance Indicators • No. of Ministry of Health WHS Audits Conducted • No. of SafeWork NSW Improvement Notices issued • No. WHS Improvement Actions Completed • No. WHS Improvement Actions Outstanding	

4.2   Monthly WHS Executive Report

The WHS performance indicators shall be reported to the Chief Executive and Board. The Senior Manager Workforce Health and Safety is responsible for preparing this report and analysing the data sourced for this report.

Additional reporting on these performance indicators that is broken down to site and service levels will also be provided or made available for site/service management as appropriate and agreed.

Performance shall be measured on a regular basis and include an evaluation of:
- The extent to which objectives are being met.
- Progress against targets.
- The effectiveness of controls.
- Proactive conformance measures.
- Reactive or historical performance measures.

4.3   WHS Workplace Inspections

WHS workplace Inspections are conducted to:
- Identify those aspects of the working environment and work tasks that could contribute to injury/damage allowing unacceptable conditions or conduct to be identified and controlled.
- Review workplace standards in accordance with legal and procedural requirements.
- Provide a systematic means to control the working conditions of all ISLHD staff.

Inspections play a part in the reduction of risks through the identification of issues which are assessed, reported and fixed. Inspections are only part of the risk control process. They are complemented by:

- Plant and equipment audits.
- Task analysis and introduction of safety procedures.
- Control and monitoring of materials.
- Employee training.
- Consultative procedures

For further information on WHS Inspections refer to WHS Fact Sheet – Workplace Inspections and ISLHD CORP F230

4.4   Ministry of Health WHS Audit Tool

- These audits will be completed using the MoH WHS Audit Tool.
- The purpose of these audits is to support continuous improvement by ensuring that the Safety Management System (SMS):
  - Conforms to the requirements of AS/NZS 4801:2001 OH&S Management Systems.
  - Has been properly implemented and maintained.
  - Is effective in meeting ISLHD policies and procedures, as well as objectives and targets, for continual WHS improvement.

4.4.1   Responsibilities and Authority

- The responsibility to manage reported non-conformances lies with the site / service who must assess the root cause of the non-conformance and evaluate the most appropriate corrective action.
- The General Manager/Service Directors shall be responsible for reviewing any recommendations made by sites and services, and for approving the corrective actions recommended.
- The site / service shall be responsible for monitoring the effectiveness of all corrective actions that have been raised from the Audit.

4.4.2   Audit Schedule

- MoH WHS Audit is conducted bi-annually as per MoH Policy PD2016_017 WHS Audits
- Workforce Health and Safety Unit will prepare a MoH WHS Audit Schedule for each 2 year cycle.
- Unscheduled audits may be initiated by the Senior Manager Workforce Health and Safety or Ministry of Health at their discretion and in response to trends of non-conformance or where incidents point to a potential deficiency. Follow-up audits may

also be conducted where instances of non-conformance are detected and the auditor considers it necessary.

4.4.3 Auditors

- The auditor(s) appointed shall be suitably trained in line with MoH WHS Audit Policy.
- The auditors are to be independent of the activity they are auditing
- The auditor(s) shall verify that the SMS procedures and commitment to the SMS is understood and maintained by all employees.

4.4.4 Action Plans Review

- Following each audit, an action plan to address identified non-compliance is required to be developed by the site / service with the support of their Workforce Support Safety Advisor
- Workforce Support Safety Advisors will verify that the MoH WHS Audit actions plans have been developed and progress of implementation of actions is monitored and documented.

4.4.5 District MoH Audit Criteria

- ISLHD will have the Safety Management System (SMS) audited by another district against district wide criteria in line with the MoH Policy PD2016_017 WHS Audits. Non-compliance of any district wide criteria will be rectified within each two yearly audit schedule.

5. DOCUMENTATION

- WHS Inspection Checklist
- MoH WHS Audit Tool
- Schedule of Planned Audits

6. AUDIT

Compliance with this procedure will be audited through MoH WHS Audit at least every two years.

7. REFERENCES

- Work Health and Safety Audit PD2016_17
- PD2018_013 Work Health and Safety: Better Practice Procedures
- Work Health and Safety Act 2011 No 10
- Work Health and Safety Regulation 2017

- Code of Practice – How to Manage Work Health and Safety Risks
- AS/NZS ISO 45001:2018 Occupational Health and Safety management systems – Requirements with guidance for use

8.   REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
September 2015	0	Safety and Well-Being Manager ISLHD Safety Management System Review and Implementation Approved by Executive Management Committee April 2015
May 2019	1	Safety Coordinator Safety Management System Review
August 2019	1	Approval/Date: Policy Recommendation Committee – August 2019
August 2019	1	Approval/Date: Executive Director Strategic Improvement Programs – August 2019

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