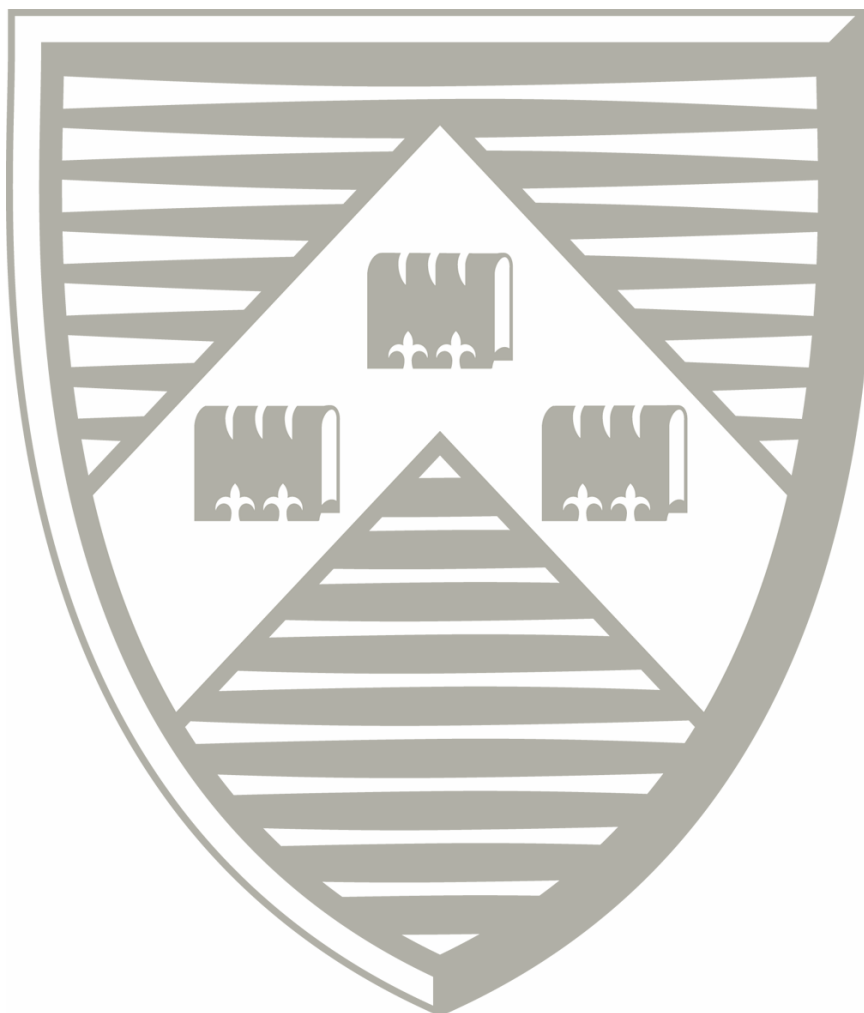




The Workplace Health and Safety Office



UNIVERSITY POLICY AND MANAGEMENT PROCEDURE

Auditing and Monitoring

Statement

*This Management Procedure was approved and authorised by the Health, Safety and Welfare Committee (now Workplace Health and Safety Committee) on **16 November 2007** on behalf of the University Council and forms part of the Health and Safety Policy of the University.*

This document is a Management Procedure for good health and safety management practice. This Management Procedure provides Deans of Faculty, Heads of Departments, Heads of College and all managers, staff and students with the necessary information to incorporate healthy and safety practices and relevant procedures into their activities. Divergence from this Management Procedure may result in Deans of Faculty, Heads of Departments, Heads of College and the University being exposed to possible legal proceedings.

The use of this Management Procedure and the incorporation of its requirements into working practices and activities will ensure that the University and its community achieves compliance with its legal duties with regards to health and safety.

The most recent version of this Management Procedure is available at <https://www.york.ac.uk/admin/hsas/safetynet/atoz.htm>

<i>Date of Review</i>	<i>December 2023</i>	<i>By</i>	<i>The Director of Health and Safety</i>
<i>Date of Last Review</i>	<i>April 2018</i>	<i>By</i>	<i>The Director of Health, Safety and Security</i>
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UNIVERSITY POLICY

1. INTRODUCTION

Higher Education and University facilities are increasingly concerned with achieving and demonstrating sound and robust Occupational Health and Safety (OHS) performance by controlling their OHS risks, consistent with their OHS Policies and Objectives. This is undertaken in the context of increasingly stringent legislation, the development of economic policies and other measures that foster good OHS practice.

This University Policy and Management Procedure will incorporate the basic requirements of the Health and Safety Executive's (HSE) Successful Health and Safety Management Publication (HSG65), Occupational Health and Safety Management Systems (OHSAS) BS ISO 45001:2018 and the Universities Safety and Health Association's (USHA) Health and Safety Management Profile (HASMAPP) Standard.

HSG65, OHSAS and HASMAP standards cover OHS management intended to provide the University with the elements of an effective and robust management system that can be integrated with existing policies and management procedures. Integration into current and existing management systems will accommodate diverse geographical, cultural and social conditions allowing the development of OHS Policy, objectives and procedures to achieve Policy commitments. Enabling the University to take action as needed to improve its performance and demonstrate the conformity of its management systems against the requirements of relevant Standards.

Measurement against the Standards can be achieved through effective auditing and monitoring arrangements. The University will conduct internal audits at planned intervals to determine whether its OHS management systems are effectively implemented and maintained.

The primary purpose of an audit is to enable the University to evaluate its OHS management systems, determine any deficiencies, and generate cost effective and efficient solutions. An audit is performed to check practice against procedure and to thoroughly document any differences and is used to monitor and measure our ability 'to do what we say we are going to do'.

Auditing and monitoring is an essential management tool in the development and implementation of systems at the University. This enables the reinforcement, maintenance and development of systems to reduce and manage risk to its lowest manageable level to ensure continued effective OHS.

An audit is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.

2. POLICY STATEMENT

The University will adopt the principles of HSG65, OHSAS and HASMAP standards in the delivery of its auditing and monitoring arrangements. This will allow internal audits and monitoring arrangements to provide an objective assessment to the Workplace Health and Safety Committee (WHSC) and Council of the adequacy and effectiveness of the University's internal systems of control via review of University Policy and Management Procedures, operations, systems and procedures throughout the University. This is with the aim of improving control, achieving better value for money and continual improvement.

In accordance with this Policy Statement, the University will fulfil the following Policy Objectives.

3. POLICY OBJECTIVES

The Policy Objectives are:

- A scheduled 24 month audit programme of formal inspections at regular intervals will be published at the start of each Academic Year, and will be supported by random workplace inspections at irregular intervals.
- An audit team will demonstrate integrity by the application and display of appropriate standards of personal and professional honesty and sincerity in the performance of duties and responsibilities.
- Objectivity by a balanced assessment of all the relevant circumstances, concluded without undue influence by personal interests or by others.
- Confidentiality through a respect for the value and ownership of the information received, and a requirement not to disclose information without appropriate authority.
- Professionalism which must be upheld at all times in the performance of duties and responsibilities.
- Competency by the application of appropriate knowledge, experience, and responsibility in the performance of duties.
- To appraise the adequacy and effectiveness of the University's internal systems of control.
- To ensure compliance with established policies and procedures.
- To ascertain the integrity and reliability of Departmental and Local Rules and Procedures and other information.
- To ensure that the University's assets are properly controlled and exposure to losses from irregularity is minimised.
- To ensure that the University's systems of control encourage the economic, efficient and effective use of resources.

4. SCOPE AND APPROACH

All the University's activities fall within the scope of the Audit Programme. The scope of internal audit work shall cover all operational and management controls, including those at Departmental

and Section level, and shall not be restricted to the audit of those systems and controls necessary to form an opinion on the OHS management arrangements.

Audits will be performed with due professional care, in accordance with appropriate professional auditing practice including HSG65, OHSAS and HASMAP standards.

5. OPERATIONAL AREAS AND ACTIVITIES

The main areas of service provision will include:

- To undertake planned audit visits to both Academic, non-academic Departments and Support Directorates throughout the University.
- To review critical systems in operation across the University.
- To encourage and promote best practice in Departments in relation to internal control.
- To respond to requests for assistance and advice from Departments in internal control matters.
- To liaise with external auditor bodies or agencies and other auditors to enhance the audit service provided to the University.

6. ROLES AND RESPONSIBILITIES

6.1 Audit Team Leader (Lead Auditor)

The Audit Team Leader (Lead Auditor) reports to the Director of Health and Safety (DHS) to ensure that effective systems and resources are in place to deliver the Audit Programme in accordance with this Management Procedure.

The Audit Team Leader (Lead Auditor) shall be responsible for:

- Ensuring the Audit Team demonstrates integrity by the display of appropriate standards of personal and professional honesty and sincerity.
- Ensuring the highest levels of confidentiality through a respect for the value and ownership of information received, and that there is no disclosure of information without the appropriate authorisation.
- Ensuring the objectivity of the audit process by a balanced assessment of all relevant circumstances, concluded without undue influence by personal interests or by others.
- Ensuring that Audit Team Members are competent by the application of appropriate knowledge, experience and responsibility in the performance of auditing and monitoring.
- Ensuring that Audit Reports and Audit Actions Plans are collated and formally issued within 28 days of completion of an audit.

6.2 Audit Team Members

Audit Team Members are responsible to The Audit Team Leader (Lead Auditor) for ensuring effective systems and resources are implemented to perform and undertake auditing and monitoring in accordance with the issued Audit Programme.

Audit Team Members shall be responsible for:

- Ensuring that adequate resources (time management) are appropriate in supporting The Audit Team Leader (Lead Auditor) in the performance and delivery of auditing and monitoring in accordance with the issued Audit Programme.
- Ensuring their integrity by the display of appropriate standards of personal and professional honesty and sincerity.
- Ensuring the highest levels of confidentiality through a respect for the value and ownership of information received, and that there is no disclosure of information without the appropriate authorisation from The Audit Team Leader (Lead Auditor).
- Ensuring the objectivity of the audit process by a balanced assessment of all relevant circumstances, concluded without undue influence by personal interests or by others.
- Ensuring competency by the application of appropriate knowledge, experience and responsibility in the performance of auditing and monitoring.
- Ensuring that audit findings, observations and any corrective actions and recommendations are collated and issued to The Audit Team Leader (Lead Auditor) within 7 days of completion of an audit.

7.0 INDEPENDENCE

The Audit Team Leader (Lead Auditor) has no executive role within the University. The Director of Health and Safety is solely responsible for the management and development of the Audit Programme. The Audit Team has no responsibility for the development, implementation or operation of systems although it may provide advice on implementation, control and related matters, subject to resource constraints and the need to maintain objectivity.

The Audit Team has unrestricted rights of access to all of the University's records, information, staff and assets, which it considers necessary to fulfil its responsibilities for the purpose of meeting the requirements of this Management Procedure and Audit Programme.

The Director of Health and Safety shall comply with any requests from the external auditors or agencies for access to any information, files or working papers obtained or prepared during auditing and monitoring arrangements that they need to discharge their responsibilities.

ARRANGEMENTS

8.0 AUDITING AND MONITORING PROCEDURE

The auditing and monitoring procedure is a six staged process that will be coordinated by The Audit Team Leader (Lead Auditor) from the Workplace Health and Safety Office (WHSO) and the HoD/C or their nominated representative.

The Audit Team Leader (Lead Auditor) will arrange an introductory meeting with the HoD/C to explain and discuss the nature of the audit to be undertaken and to identify useful pre-audit material including Departmental Organisational Charts, copies of minutes from Department Committees etc.

The key areas to be audited and reviewed will be discussed with the HoD/C in order to ascertain the main 'contact' staff within the Department who will liaise with the Audit Team throughout the course of the Audit.

8.1 Stage One – Selection Process

A Department of the University will be selected for audit in accordance with the Audit Programme. This may happen in the following ways:

- As part of the scheduled Audit Programme.
- Concern exists within a Department or is brought to the attention of the Director of Health and Safety of the appropriateness of management arrangements and systems to the current activity and undertakings of a Department.

8.2 Stage Two – Desktop Study

The Audit Team Leader (Lead Auditor) will contact the HoD to agree a mutually convenient timetable for completion of the audit and to request copies of relevant documents to enable the audit to proceed. These may include:

- Departmental Health and Safety Policies.
- Departmental procedures (Local Rules) including operating procedures, risk assessments and method statements.
- Training records supported by Certificates of Competency and Qualification.
- Results of any previous audits (both internal and external).
- Accident and Incident investigation Reports and Corrective Actions.

The Audit Team Leader (Lead Auditor) may choose to view copies of relevant documents within a Department if the provision of additional copies is not feasible. In this case, a suitable location will be required for use by the Audit Team. This will depend on the nature and complexity of the area being audited but may include the involvement of other specialist advisers/auditors.

The Auditor Team will review and examine the documentation received to formulate and

develop their understanding of the operational arrangements and system controls of the selected Department prior to conducting the audit. This will identify the minimum audit criteria and benchmarking arrangements for the audit.

The HoD is requested to ensure that they notify all their staff of the audit being conducted.

8.3 Stage Three – The Audit

The audit will comprise and consist of a systematic examination of the documents produced and a desktop survey of Departmental operational activity, using specific questions which will be used as a basis for private and confidential interviews with a number of contact staff within the selected Department. These questions will assist in the targeting of various issues which may have been identified as requiring further attention during Stage 2 of the auditing process.

8.4 Stage Four – Post Audit Fieldwork

Post audit fieldwork may be required to be undertaken with 'contact' staff to discuss preliminary findings and observations to clarify any outstanding matters. This can be done by a number of various methods including e-mail, telephone and face to face meetings.

A post audit fieldwork (close-out/wash-up) meeting is undertaken between The Audit Team Leader (Lead Auditor) and the HoD in order to discuss preliminary findings and observations.

8.5 Stage Five – The Draft Audit Report

The draft audit report (hardcopy and electronic 'pdf' version) is issued to the HoD providing an opportunity to respond to the report's findings and recommendations. The HoD is required to identify who in the Department will have responsibility for implementing each of the agreed recommendations, corrective actions and the timescale for implementation.

An electronic response document will be issued by e-mail. This response document sets out in a table format the report's recommendations and the HoD/C is required to complete the Management Response, Actioned by and Timescale sections of the response document.

8.6 Stage Six – The Audit Report

A final Audit Report will be issued by the Director of Health and Safety to the HoD/C within 28 days of completing the audit. It will include audit observations and recommendations that require corrective actions and a prioritised timescale to achieve closure.

Written feedback and progress of the Audit Report will be required by the HoD/C, to be returned to the DHS within 28 days of receipt of the Report. It may be necessary for the HoD/C to provide consecutive progress updates dependent upon the nature of the observation, findings or actions necessary to achieve closure. Such reports will be agreed

on a case-by-case basis between the DoHS and the HoD/C.