



## **CORPORATE PROCEDURE**

### **INTERNAL AUDITING**

#### **1 Aims of the procedure**

The aim of this Corporate Procedure is to outline the manner in which internal auditing shall be undertaken so as to ensure compliance with Occupational Health and Safety Assessment Series 18001 (OHSAS 18001). In doing so it will act to provide a number of benefits for Neath Port Talbot County Borough Council (NPTCBC):-

- Confidence in our service delivery.
- Verifiable evidence that both our own objectives and the criteria of a nationally recognised health and safety standard have been met.
- Identified the strengths and weaknesses in the management system being audited in order to inform the management review process.
- To provide the basis for improvement in our service delivery and business efficiency.
- Assist in the process of continual improvement of the services offered by NPTCBC

#### **2 Responsibilities**

##### **2.1 Corporate Directors**

Corporate Directors and those persons charged with such responsibility shall ensure that they receive the internal audit reports and act upon the results of the findings.

##### **2.2 Head of Service**

Each Head of Service is responsible for ensuring that periodic internal auditing of the Corporate Health and Safety Management System is undertaken in their Service Division, in accordance with the internal audit schedule [CF/02/01](#)

## **Governing Bodies of Schools Maintained by Education Authority**

There is a shared overall responsibility for health, safety and welfare between the LEA, governing body and headteacher.

### **2.4 Managers/ Headteachers**

are responsible for ensuring the implementation of this corporate procedure within their workplaces to comply with management guidance.

### **2.5 The Corporate Health and Safety Manager**

The Corporate Health and Safety Manager is to ensure that only appropriately trained and authorised Corporate Health and Safety Officers are permitted to conduct internal audits that shall be set against the criteria of OHSAS 18001.

### **2.6 The Corporate Health and Safety Officers**

The Corporate Health and Safety Officers in consultation with the Directorate Heads of Service shall produce an annual internal audit programme to run from 1<sup>st</sup> April – 31<sup>st</sup> March based on the needs of the Directorate and that of the wider needs of NPTCBC where appropriate.

## **3 Auditor Competency**

So as to ensure a systematic and standardised approach, all internal auditors shall be competent to conduct an audit. Competency shall be determined through the following key attributes:-

- Thorough knowledge of the application of OHSAS 18001 standard.
- A sound level of health and safety knowledge demonstrated by the achievement of NEBOSH Dip2 or equivalent.
- Thorough knowledge of the processes being audited.
- Auditing skills relevant to the principles contained within OHSAS 18001.
- Good, constructive, objective and impartial communication skills.
- An ability to collect information through effective interviewing, listening, observing and reviewing documents, records and data.

## **4 Audit frequency**

The audit programme should cover all of the processes/ activities undertaken by the Directorate to be audited, including previous performance history and outstanding items that have not been “closed off”. As a minimum it is expected that each of the authorised Corporate Health and Safety Officers shall undertake at least 6 audits per fiscal year and that the audits shall be set against the individual Heads of Service.

## **5 Audit Scope, Criteria and Objectives**

5.1 The audit programme is to be based on documented objectives, scope and criteria. This will provide the Corporate Health and Safety Officer with sufficient information to effectively plan the programme in advance of the audit being undertaken.

5.2 The criteria and objectives to be followed and achieved during the audit shall be determined by the Corporate Health and Safety Officer prior to the audit programme being implemented and used as the reference against which non-conformity or observation is established

5.3 The audit scope will describe the extent and boundaries of the audit as well as the time period covered by the audit. Physical locations, organisational units or activities and processes could determine the boundaries of the audit; whatever boundaries are chosen, it needs to be ensured that they are sufficient to allow the audit objectives to be met.

## **6 Conduct of the Audit**

The authorised Corporate Health and Safety Officer responsible for undertaking the audit shall contact the Head of Service and Manager for the site/service area, activity or location at least 14 calendar days prior to the audit date to confirm the arrangements for the audit. Additionally, they are to outline the audit plan and allow the auditee to ask any questions.

## **7 Collecting and verifying evidence**

It is essential that the authorised Corporate Health and Safety Officers shall, as part of the audit process collect information that is relevant to the audit objectives, scope and criteria, or where this is not possible clearly identify the location and reference number of the document so as to allow for a process of verifying evidence if necessary. The information should be collected by sampling and must

be verified; only verifiable information can be used as audit evidence. Audit evidence should be recorded on the appropriate documentation.

## **8 Audit Results**

8.1 The evidence gathered during the audit should be evaluated against the audit criteria to determine if the activity being audited conforms to the management system being assessed.

8.2 Audit results are to be recorded on form [CF/01/01](#) – Internal Audit Report. Conformity with the system and the supporting evidence is to be included on the report. Areas of excellent performance will be highlighted in the report and brought to the attention of senior management to allow for recognition and motivation of others.

8.3 Non-conformities should not be considered as criticism although should represent opportunities for improvement and should be brought to the attention of the auditee at the earliest opportunity during the audit. Every effort should be made to resolve any disagreement regarding non-conformities between the auditor and auditee, disagreements that cannot be resolved should be recorded and brought to the attention of Head of Service and the Corporate Health and Safety Manager.

## **9 Concluding the Audit**

Prior to leaving the location where the audit has taken place, the Corporate Health and Safety Officer is to conclude the audit with the relevant manager. The purpose of this is to present the audit conclusions to the local management. The audit conclusions should cover the following:-

- The extent that the activities being audited conform, or not, with the OHSAS 18001 management system.
- Any areas of excellent performance.
- Any non-conformities with legislative requirements.
- Where appropriate, discuss recommendations for improvements to ensure compliance with the management system being audited.
- Audit follow-up, discuss time frame for implementation of improvement measures where appropriate.

## **10 Audit Report**

The internal audit report is to be complete and distributed within 14 calendar days of the audit. The following information is to be recorded:

- Name of Corporate Health and Safety Officer.
- Name of Head of Service
- Site/location where the audit took place.
- Name of Site Manager/Headteacher representative.
- Activity(ies) audited.
- Purpose of the audit (Routine/Special/Follow-up).
- Date of the audit.
- Audit criteria.
- Audit findings.
- Audit conclusions.
- Any unresolved disagreements with regard to the audit findings.

## **11 Distribution**

The report should be distributed to the following as a minimum:

- Manager/ Headteacher responsible for the site/activity being audited.
- Corporate Health and Safety Manager.

## **12 Audit Follow-up**

12.1 Once the audit report has been issued, the relevant Manager/ Headteacher is responsible for ensuring that any non-conformities or negative observations raised in the report are completed along with specified time scales, and that the information is then forwarded to the Corporate Health and Safety Officer for approval. Once the time scales and corrective actions are agreed it is the responsibility of that Manager to ensure that the corrective actions have been addressed.

12.2 If there are any difficulties encountered in achieving resolution of the non-conformances, this is to be brought to the attention of the Head of Service and the Corporate Health and Safety Officer at the earliest opportunity.

### **13 Audit Close-out**

The audit will be closed off by the Corporate Health and Safety Officer once all of the non-conformances and observations raised in the audit report have been resolved.