CONTENTS   Page

1.0 INTRODUCTION

This policy has been implemented to ensure the conformity of internal and externally provided processes, products, and services.

Lancaster City Council operates an organisation-wide audit programme, covering internal, supplier and external audits that serves the following purposes:

- To determine if the requirements of management systems are effectively implemented including any specific customer or regulatory requirements.
- To ensure the workplace is safe.
- To ensure that all legal and other requirements are met.
- Identification of non-compliances.
- Verification of effective correction of all identified non compliances.
- To contribute to the continual improvement process.
- To ensure suitability and competency of suppliers.

2.0 GENERAL STATEMENT

Lancaster City Council (the organisation) is committed to protecting the health, safety and welfare of our employees and recognises that there is a requirement for checking all workspaces are legally compliant and our services are of a suitable standard.

Scope: Audits cover the following areas:

- Management systems and processes
- Suppliers
- Approval body requirements (including regulators) where required.

This policy refers to all Lancaster City Council sites, operations, and activities.

Implementation: It is the responsibility of line managers to ensure that staff members are aware of and understand this policy and any subsequent revisions.

Compliance: This policy complies with all relevant regulations and other legislation.

3.0 ORGANISATION AND MANAGEMENT RESPONSIBILITIES

Whilst it is neither possible nor desirable to fully define responsibilities, the following give the main responsibilities in relation to this policy:

Senior Leadership Team

- To ensure an effective and robust auditing programme is in place.
- To ensure that key posts are filled by competent individuals and the requirements of these posts are being met.
- To ensure that the Senior Management Team gives matters of health and safety equal importance as other key business functions.
- To ensure that the Senior Management Team provides as far as is reasonably practicable the resources deemed necessary, to fulfil the requirements determined by statute.
- Review performance of the organisation with the Management Team.

Chief Executive Officer

- The Chief Executive has overall responsibility for ensuring that the Organisation meets its statutory obligations and that effective arrangements for the management of auditing are put in place.

Chief Officers

- The Chief Officers have executive responsibility ensure an audit programme is implemented and adhered to in accordance with relevant legislation, best practice guidance and policies to meet legal and organisational requirements.
- The Chief Officers have a responsibility ensure that audits are carried out in accordance with the audit programme by trained and competent persons as and when they are required.

Internal Auditors

- Internal auditors are responsible for ensuring audits are carried out in an effective and consistent manner.
- Producing comprehensive audit reports.
- Identifying non-conformities and Opportunities For Improvement (OFI's).

Line Managers (Departmental inc. Facilities)

- Line Managers have direct responsibility for ensuring that the implemented audit programme is adhered to by their respective teams/functions/departments.
- Line managers also have a responsibility to ensure that all necessary documentation, evidence and information is provided upon request of an internal auditor and without delay.
- Line managers also have a responsibility to ensure that co-operation with the audit programme provided and any assistance required during the audit process is provided.

Employees

Employees are responsible for co-operating with the audit programme/process and all internal auditors.

Health and Safety Trade Union Representatives

Trade Union Representatives undertake specific audits and consultations with the direct teams. All Trade Union Representatives are able to have access to all audit and inspection data when requested.

4.0 DEFINITIONS

Audit: An assessment of the effective implementation of the Management System.

Non-conformance: A requirement that is not fulfilled.

OFI (opportunities for improvement): A learning or minor deficiency that has no impact and can usually be fixed with little effort on the spot or at some point in the future with little or no impact.

Minor Non-conformance: is a failure to comply with standards / process which based on judgment and experience is not likely to result in the failure of the management system or immediately impact on the health, safety, environment, or product quality or reduce its ability to ensure controlled processes or products.
It may be one of the following:
- A failure in some part of the management system relative to standards / process.
- A single observed lapse in following one item of a company's management system.
- A failure which could result in statutory requirement not being met but which does not immediately impact on health, safety, environment or plant and equipment.

Major Non-conformance: is one or more of the following:
- Any issue which if not rectified would immediately impact on health, safety, environmental or product / service delivery and which needs to be addressed as an urgent priority.
- The absence or total breakdown of a system / process to meet a requirement.
- A number of minor nonconformities against one requirement can represent a total breakdown of the system and thus be considered a major nonconformity.
- Any noncompliance that would result in the probable shipment of nonconforming product.
- A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.
- A noncompliance that judgement and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to ensure control of processes and products.

Corrective Action process: Process used to rectify a Noncompliance / Non- conformance.

Standard: The term given to a set of agreed upon standards set out by an awarding body, organisation. Accreditors, legislation, professional body or governing body.

5.0 Audit Schedule Planning

The annual audit schedule is available to all staff via the My Compliance system, through the Intranet or from their line manager. The plan covers Internal, External and Supplier audits.

The schedule contains the following:
- Area being audited
- Date (by month)
- Responsible auditor (by role)

The following factors may cause the planned schedule to be revised:
- Status and importance of processes and areas to be audited
- Results of previous internal / external audits
- Results of self-inspections
- Injury statistics
- Management priorities
- Commercial intentions
- Legal, regulatory, and contractual requirements
- Customer requirements

- Needs of other interested parties
- Risks to the organisation
- Performance related issues

6.0 Type of Audits

Types of Internal audits carried out are listed below. These cover all areas of the organisation based on risk level from onsite operations to management level.

1. Management system audit – carried out by qualified auditors and looking mainly at procedural/standard compliance.

Key performance indicator: The management systems will be formally audited every 6 months to ensure compliance with the required measures.

2. Technical process system audit – carried out by experienced staff with knowledge of the area being audited and concentrating on technical compliance, competency and understanding of process by the auditee.

Key performance indicator: all process audits will be based on risk which is identified within the Annual Audit Programme.

3. EHSS site audit – carried out by operational staff and specific sites and department locations focussing on the high-risk level hazards and requirements.

Key performance indicator: all appointed Managers are required to complete a EHSS site audit once per month within their designated location / team.

4. Management engagement tour – carried out by senior management at all of the organisation's facilities. This is a general safety audit and technical expertise would be called on as required to assist.

Key performance indicator: Each Chief Officer is to have an engagement tour per allocated auditor per quarter to engage in feedback from the workforce on EHSS issues.

5. Supplier Audits – The frequency of audits will be dependent on an annual risk review or performance of the supplier:

> High risk - 6 months to 1 year
> Medium risk - 1 to 2 years
> Low risk - 2 years (desktop review only)

Key performance indicator: All high-risk suppliers to be audited once per year initially, following this based upon the severity of actions will determine the subsequent frequency.

6. External Audits – These consist of the following types:

    a. Certification / accreditation audits
    b. Regulatory agencies audits

7.0 Audit Process

Before any planning for an audit is done the auditor should notify the auditee of their intent to audit them and agree a suitable time.

Planning

The auditor prepares for the audit by reviewing one or all of the following as applicable regardless of type:

Document Reference	AUD-POL-01	**Version Number**	1.0
Policy Owner	Health and Safety Manager	**Last Review Date**	February 2024
Date First Issued	February 2024	**Next Review Date**	February 2025

- Standard requirements
- Requirements of the management system
- Customer requirements
- Previous audits and unverified corrective action
- Previous observations
- Review scope of current / future contracts with operations team(s)
- Resource requirements
- Auditee contact

Carry out audit

- Opening meeting - All audits will have an opening meeting explaining to the auditees the scope and purpose of the audit
- Conduct Audit – Conduct audit with planned checklists
- Closing meeting - All audits will have a closing meeting to inform the auditee of the preliminary audit results. The meeting will need involvement of higher management to these areas.

Audit report

It is the responsibility of the auditor to issue the final report in a timely manner along with any associated corrective actions / observations (This should be within 3 working days).
For all types of audits carried out except for engagement tours the audit report should consist of the following:
- Scope of Audit
- The auditee/s
- Summary of Audit
- Strong Points (General summary not a list of good points found)
- Weak Points (General summary not a list of actions found)
- List of Corrective actions
- Areas for improvement / Observations

Non-conformity / Corrective Action

Any identified NCR's and corrective actions will be issued to the auditee within the audit report, these actions must also be logged on the My Compliance action tracker for completion. NCR's and corrective actions should also be raised for external audits carried out by a third party so all actions across the company get captured are actioned formally. All corrective actions should be submitted within 25 days either closed out or detailing the planned close out actions that need to take place. All evidence as applicable should be supplied with the close out. The auditor will monitor / assist with close out as required.

Areas for improvement / Observations

Any identified areas for improvement / observations will be reviewed at the next audit of that area.

Verification

The Auditor verifies effective correction of all identified non compliances after the auditee has submitted objective close out evidence. This should be completed within 1 to 3 months.

Records

Records of audit reports and corrective actions are filed on the My Compliance and within the audit schedule.

8.0 Addressing Non-conformities and Opportunities for Improvement

Any non-conformities and Opportunities for Improvement must be addressed to ensure compliance is maintained with the relevant standard or procedure they are related to. These can be addressed in various ways such as:

- Reviewing current working/operational practices to bring them in line with the standard or procedure.
- Reviewing and updating procedures to reflect changes in operational and working practices.
- Reviewing the organisations legal register to ensure all the organisations practices and activities are undertaken in accordance with the law. This also provides the opportunity to ensure all relevant legislation, applicable to the organisation has been documented and considered.
- Carrying out period management meetings to raise, discuss and find appropriate solutions to non-conformities and OFI's.
- Discussing Non-conformities and OFI's with line managers and other relevant personnel to communicate non-conformities and OFI's and develop an action plan to address them.

Non-conformities and OFI's are addressed post audit and report, during the health and safety committee and the SLT meetings, elaborated on and solutions to be suggested. The attendees of this meeting shall also develop a plan of action, along with times scales, to remedy all Non-conformities and OFI's.