UniSA **WHS PROCEDURE**

Internal Audit

1. Purpose

The purpose of this procedure is to describe the University requirements for planning, implementing and maintaining a program of internal audit of the safety management system.

Periodic internal audits are conducted to:

- measure the University's performance in meeting the objectives, targets and strategies defined within the system planned arrangements, including the HS&IM Policy, strategic plans, local action plans, key programs, supporting procedures and contingency plans;

- ensure identified corrective actions from evaluations are prioritised and implemented and similarly, areas of success are communicated across the University to promote continuous improvement;

- measure compliance with the Tier 1 Health Safety & Injury Management related legislation (conducted by Assurance Services under the University's Legislative Compliance Program)
  - Work Health & Safety Act 2012 (SA)
  - Return to Work Act 2014
  - Radiation Protection and Control Act 1982
  - Dangerous Substances Act 1979

- inform the review process to determine whether the planned arrangements are suitable to achieve the system objectives and to initiate the development of continuous improvement strategies.

Internal audit contributes towards the overall university governance. A program of internal audits is required under Standard 4 of the ReturntoWorkSA WHS Performance Standards for Self-Insured Employers.
External evaluations are conducted by ReturntoWorkSA to measure UniSA's conformance with the performance standards as part of the university's self-insurer licence renewal.

The University's audit methodology is based on Australian/New Zealand Standard AS/NZS ISO 19011:2014- *Guidelines for auditing management systems.*

This procedure applies to all Academic/Central Units, Research Institutes and all persons involved in the audit process. It is supported by an internal audit process map that outlines the University's approach and responsibilities.

Note: Internal audits are conducted to measure system performance and not the performance of individuals.

2. Definitions

Audit – a systematic examination against defined criteria to determine whether activities and related results conform to planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve the organisation's policy and objectives.

Conformance (C) – evidence obtained verifies activities undertaken and results achieved fulfil the specified requirements of the system elements.

Non-conformance (NC) – evidence obtained verifies activities undertaken and the results achieved do not fulfil the specified system requirements and corrective action must be prioritised and implemented according to the level of risk to prevent injury and ensure legislative compliance.

Opportunity for Improvement (O) – evidence obtained verifies a fulfilment of a specified system requirement however an opportunity for improvement exists due to minor deficiencies.

Legislative Compliance – to comply with an Act, any Regulations or determinations made under an Act or a term of condition of registration or licensing.

Safety management system – the part of the overall management system which includes organisational structure, planning activities, responsibilities, practices, procedures and resources for developing, implementing, achieving and reviewing the HS&IM policy and so managing the risks associated with the business of the University (based on *AS 4801—2000: Occupational health and safety management systems—Specification with guidance for use*).

System element – a significant, indispensable element of the safety management system (for example: hazard management, health and safety training, consultation, emergency management).

3. Roles and Responsibilities

Safety & Wellbeing Team have a responsibility for:

- establishing, implementing, maintaining and reviewing the internal audit program for health safety & injury management
- monitoring implementation of activities within health and safety local action plans and informing local areas of their progress, successes and any deficiencies identified
- assisting local areas with preparing ahead of an internal/external audit or action plan review
- providing technical expertise to local areas in addressing any corrective action identified from audits or reviews
- monitoring and reporting progress on outstanding and/or completed local level agreed actions to the Associate Director: Wellbeing & Employee Benefits
- providing an executive summary report of internal audit findings and agreed actions to Audit & Risk Management Committee (ARMC) and the Enterprise Leadership Team (ELT)
- providing an annual report on performance against LAP Corporate Key Result Areas to the Senior Remuneration Committee, ARMC and the ELT.

Executive Deans, Directors and General Managers are responsible for ensuring:

- active participation in internal audits that are carried out within their area of responsibility
- any agreed action to address a non-conformance at the local level is communicated to the workplace, assigned to a responsible person and action implemented in accordance with the level of risk and agreed timeframe
- immediate action is taken to address any significant non-conformance or non-compliance identified, where there is real potential for university breach of legislation and/or risk of serious personal injury or fatality
- progress on outstanding agreed action is monitored by the local consultative forum, recorded and reported until complete
- feedback provided on the annual review of local action plans is used to inform planned/priority action required in the next year's local action plan
- records of agreed action implemented locally are maintained.

4. Procedure

4.1 Local Action Plan (LAP) Monitoring and Evaluation

Testing implementation of the University's safety management system and strategies occurs through quarterly monitoring of LAP progress and annual evaluation of performance in meeting the LAP requirements and Corporate KRA's.

Feedback on quarterly progress is provided to the local area, including highlighting any priority items requiring specific attention in order to meet required timeframes for completion. Access to local WHS records held electronically or in hard copy must be provided by the workplace to allow verification of activities undertaken.

Overall LAP performance is evaluated against key result areas (KRAs) at the end of each year with results reported to individual areas. This includes reporting good performance, any significant gaps and opportunities for improvement to inform action required in the next plan iteration.

A consolidated university summary of performance in meeting the Corporate KRA is reported annually to the ELT, ARMC and the Senior Remuneration Committee.

4.2 Internal Audits

Workplaces may be randomly selected to participate in an internal audit at their workplace to validate implementation of specific programs or system planned arrangements. Alternatively, they may be targeted based on the results of the annual LAP performance, data analysis, previous evaluation findings and/or a focus on regulatory requirements. Refer to Appendix 1 outlining the planned approach to internal audits.

The University business streams will be examined as they affect the health and well-being of staff, students, contractors, volunteers and visitors:
- Academic Units
- Central Units
- Research Institutes

The scope of each audit will be established by internal/external evaluators, determining boundaries or specific areas for focus and the planned arrangements applicable to system strategies, programs, procedures and their respective performance indicators. Audit topics are generally based on the three-yearly program/procedural review period and/or where a specific need has been identified. The timing of an audit also considers the three yearly review process. Where possible, audits will be conducted ahead of a review to identify system areas needing improvement, or well afterwards to test that improvements implemented have been effective.

In determining the topic for audit, the University Internal Audit Plan managed by Assurance Services is considered to avoid duplication of effort.

The University Safety & Wellbeing Committee undertakes a review of controls in place within 'inherent' risk management programs to determine their effectiveness and identify further opportunities for improvement. Any significant gaps identified may initiate a formal internal audit (if not previously undertaken), to validate findings. Recommendations are made to address any non-conformances or opportunities for improvement.

Individual workplaces selected for audit will be contacted in advance by the nominated internal/external evaluator to discuss the scope, suitable date and necessary arrangements in preparation for a workplace visit. Discussion includes the preparation of requested local documentation/records as a representative sample of evidence relating to the audit scope and coordination of relevant personnel to be involved in a workplace walk through and interview.

An internal audit visit will commence with an opening brief outlining the expectations and will conclude with a summary of findings and an expected timeframe for issuing of the workplace audit draft report.

Note: Injury Management internal audits utilise the University Injury Management Measurement Tool to measure legal compliance. Injury management system documentation is reviewed at the system level and findings are verified with relevant stakeholders to measure performance.

4.3 Audit Reports & Corrective Action Management

A summary report outlining all audit findings and opportunities to improve system elements will be issued to the Associate Director: Wellbeing and Employee Benefits at the completion of each audit topic.

Individual draft reports will be issued to the workplace outlining conformances, non-conformances, and opportunities for improvement and/or other matters of significant interest noted during the course of the audit.

Corrective actions are assigned to the responsible person/s for implementation in accordance with the agreed timeframe (based on any immediate significant risk or non-compliance matter). A record of actions is maintained electronically in Team Mate, a software program administered by Assurance Services. Progress on agreed action is monitored and reported quarterly to the ARMC, ELT and Council until complete. Any barriers to completing actions must be reported to the Associate Director: Wellbeing and Employee Benefits and where necessary, matters may be escalated to ensure they are appropriately addressed.

Recommended system improvements are incorporated into the respective program/procedural review process.

4.4 Audit Review

The internal audit program will be monitored annually and reviewed every three (3) years to ensure priority programs/procedures for focus and workplaces selected are appropriate to effectively measure implementation of safety management systems and strategies to eliminate or minimise risk and identify areas for improvement.

5. Performance Measures

- 100% of local action plan performance against key result areas is evaluated annually.
- 100% of LAP agreed actions to address identified non-conformances have been completed within the agreed timeframes.
- 100% of internal/external audit agreed actions to address non-conformances or non-compliance have been completed within the agreed timeframes.

APPENDIX 1. Internal Audit Planned Approach

Evaluation Topic	Evaluation Description	Frequency	Workplace
1. Local Action Plan	1.1 Monitoring and reporting of priority and key ongoing activities – WHS Consultant guidance and support	Quarterly	All workplaces
	1.2 Evaluation of performance against LAP, relevant program/procedure performance indicators and corporate WHS key result areas. (Desktop examination of local records)	Annually	All workplaces
	1.3 Workplace visit to validate any significant gaps identified following the desktop evaluation.	Annually or as the need is identified	**Targeted** workplaces with suspected system gaps
2. Priority safety and wellbeing planned arrangements (programs/ procedures)	2.1 Workplace visit to evaluate implementation of priority programs, supporting procedures and/or contingency plans that:- • address **specific hazards** associated with university business • outline **key system element** requirements	Annually	• A **random sample** of workplaces relevant to the topic • **Targeted** workplaces based on findings from safety system evaluations, data analysis and/or regulatory focus
	2.2 Evaluation of implementing injury management programs and supporting procedures.	As the need is identified	Safety & Wellbeing team and relevant stakeholders