

1 Purpose

This procedure outlines the actions and responsibilities involved in formally checking the operation and implementation of the University's Environmental Management System (EMS). To ensure that a systematic and independent examination is made to determine whether –

- Implementation conforms with the planned arrangements;
- The planned arrangements are adequate;
- The EMS is being maintained; and
- To identify good practice and opportunities for improvement.

In auditing the EMS as planned and implemented, the audit programme is intended to demonstrate conformance to ISO14001, but it is NOT a programme of audits of that standard; such audits are conducted by the agreed Certification Body (currently NQA).

2 Scope

2.1.1 The Scope of the Environmental Management System Certification includes the Wheatley, the Harcourt Hill and Headington Campus, as well as our Brookes owned Halls of Residence. Construction, demolition and refurbishment sites where legal responsibility for the area has been handed over to contractor/s (usually surrounded by an area of hoarding) are excluded from the scope of certification.

2.1.2 This procedure applies to all the University's activities, products and services in each FDD that falls within the scope (as defined in 2.1.1) of the significant aspects identified in the Aspects Register (EN002D1) or are covered by procedures listed in the EN006D1 - EMS Document Index.

2.1.3 Local FDD procedures linked to the EMS are NOT included within this scope unless otherwise identified in the EN006D1 - EMS Document Index. The relevant Operational Control Procedures or things such as the monitoring and reporting of data will be identified for each FDD after the EMS is well establish.

2.1.4 This procedure is supplemented by EN012SP – Evaluation of Compliance – which covers the specific requirements of legal compliance auditing in relation to environmental management.

3 References

- EN006D1 - EMS Document Index
- EN001D1 – Legislation Register;
- EN012SP – Evaluation of Compliance;
- EN013SP - Non-conformity, corrective and preventive action
- EN011W1 – Conducting an Internal Audit or Compliance Evaluation

4 Definitions

Agreed Actions

Actions suggested by auditee and agreed with the auditor which will rectify the observations that are not in accordance with the audit criteria

Audit checklist

A list of questions on actions or items required by the audit

	criteria, used as an aide memoir during the audit to identify issues for action
Audit criteria	Policies, practices, aspects, procedures or EMS requirements against which the auditor compares collected audit evidence about the organisation's EMS.
Audit report	The auditor's report which includes the audit plan, forms, issues for action record, agreed action record and closing comments.
Audit scope	The aspect, procedure or other document, functional unit and location(s) to be checked.
Audit trail	A traceable link through EMS documentation demonstrating the completeness of documents and records.
Employee	All persons who are employed full time, part time or temporarily on Campus, including both direct employees and outside Contractors
EMS Operational control procedures	Procedures for the operational control of critical aspects e.g. Waste, Materials & Resources etc.
EMS System procedures	Procedures for the management of the EMS itself.
FDD	Facilities, Departments and Directorates
Findings	Results of the evaluation of the collected evidence compared against the audit criteria. These will form the basis of the audit report.
Issues for action	Observations of non-conformities that are not in accordance with the EMS audit criteria or which highlight a potential improvement to the EMS.
Key Auditee	The member of staff in the audit area responsible for liaising with the lead auditor during the organisation and execution of the audit
Lead Auditor	When an audit team is used, the lead auditor is the approved auditor designated responsibility for conducting the audit.
Local operational control procedures	Procedures within individual FDD that control critical aspects relevant to that individual functional unit. This may include local procedures providing more detailed instruction in relation to an EMS series system or operational control procedure.
Management System Audit	A systematic and documented verification process to objectively obtain and evaluate evidence to determine whether and organisation's EMS conforms to the audit criteria set by the organisation and communicating the results of the process to management.
Non-conformance	Infringement of the requirements of the EMS, including failure to implement the policy, objective & targets, management

programmes, system procedures, operating procedures and any related instructions

Non-conformance - Observation

A non-conformance that cannot be associated as a clear failure in line with the standards this could include areas where a small issue has occurred but there is no clear failure of the standards, but there is the potential for non-conformance to occur.

Non-conformance - Problem

A non-conformance that will (or may) result in the breach of legislation, non-conformance with the requirements of the ISO standards governing elements of the EMS, legal or other requirements, resulting in loss of registration, direct and immediate threat to environment or harm to the reputation of the University.

Responsible People

Key managers and communicators within FDD and student accommodation responsible for disseminating information about the EMS to staff and collection data or information for the Environmental Sustainability Manager (or delegate).

Stakeholder

All persons with legitimate interest in the performance of the Campus, including but not exclusive to: employees, students and other customers, neighbours, regulators, grant-making bodies, non-governmental organisations and the media.

Third Party Audit

An audit undertaken by an independent, external organisation.

5 Responsibility

5.1 The Environmental Sustainability Manager (or delegate) is responsible for –

- preparing and implementing the programme of EMS audits and defining the scope of audits;
- assigning auditors, appropriate to the aspect, procedure and FDD under audit; reviewing and accepting audit reports made by the auditor; and verifications of implementation of agreed actions made by FDD management;
- where appropriate, coordinating improvements to the EMS that result from audit reports;
- assisting with the resolution of disagreements or delays during audits;
- reporting the results of audits to the Management Representative and the Senior Leadership Team;
- maintaining a register of completed audits (EN011D1 – Audit Programme).

5.2 The Lead Auditor is responsible for –

- organising, preparing, conducting and reporting audit;
- coordinating the activities of the audit team, where relevant;
- identifying and requesting any additional documents and information that may be required;
- identifying any relevant legislation or regulation that should be checked (if required as part of the audit);
- reviewing previous audit reports and ensuring familiarisation with the audit criteria;
- preparation of audit checklist(s);

- reviewing, agreeing and documenting issues for action.

5.3 The Key Auditee is responsible for –

- making available all relevant documents, records and personnel;
- providing objective evidence of conformance to the relevant procedures;
- ensuring that agreed corrective actions are implemented within the agreed deadline.

5.4 The Responsible People within FDD are responsible for –

- facilitating audits being undertaken within their functional unit;
- checking and closing out agreed actions once they have been completed.

6 Procedure

6.1 The Audit Cycle

6.1.1 The system and operational control procedures¹ connected with the EMS will be audited at least once every three years, for each relevant FDD.

6.1.2 Relevant local operational control procedures will be audited by selection of an aspect and inspection of its control by each relevant FDD. These audits will cover a random selection of the local control procedures/instructions for that aspect. The local control of significant aspects will be audited for each relevant FDD at least once every three years.

6.1.3 The Environmental Sustainability Manager (or delegate) will use their judgment to determine whether an EMS element, procedure or critical aspect will be audited more frequently. This will be based upon the nature and importance of the aspect or activity to be audited, as well as its nature, scale and complexity.

6.1.4 Where the Environmental Sustainability Manager (or delegate) considers that a problem may be occurring, s/he may programme additional audits of any procedure, aspect or activity. This will be noted in the EMS Audit Three Year Cycle (EN011D1).

6.1.5 Responsible People and their line management may request additional audits of their unit's activities whenever they consider that an audit would be of benefit. Requests for audits should be sent to the Environmental Sustainability Manager (or delegate).

6.1.6 Taking account of audit reports, any amendments to the EMS and relevant plans for the University/Campus, the Environmental Sustainability Manager (or delegate) will review and, where necessary, update the audit cycle on an annual basis and will use this to plan a more detailed audit programme for FDDs.

6.1.7 To compliment the internal audit programmes, the Environmental Sustainability Manager (or delegate) may commission an external third party audit of all or any of the EMS procedures, documents, or significant aspects. The Environmental Sustainability Manager (or delegate), in consultation with the Management Representative will determine the scope of such an external audit, where appropriate this may replace a scheduled internal audit.

6.1.8 Certain procedures may relate to periodic activities, for example certain maintenance activities; therefore the timing of such audits will be dependent upon operational programming.

6.1.9 The audit cycle is outlined in EN011D1; this gives the audit frequency and schedule, and for local controls, the number of local control procedures related to each aspect that will be checked in each audit.

¹ This includes system procedures, University/Campus wide operational control procedures and local operational control procedures relevant to significant aspects.

6.2 Preparing audit programmes, assigning auditors and audit scope

6.2.1 Each detailed audit programme will define:

- the audit date
- the FDD to be audited;
- the scope of each audit^{2 3}
- the audit criteria⁴;
- the lead auditor and any audit team member(s) if required;
- the key auditee(s)⁵; and
- a technical advisor where requested;

6.2.2 In establishing the audit programme the Environmental Sustainability Manager (or delegate) will ensure the following:

- only approved auditors will be designated to conduct audits;
- cross functional auditing will be carried out to ensure audit independence;
- auditors will NOT audit their own FDD; and
- auditors are capable of being objective and impartial.

6.2.3 Where an external, third party audit is being commissioned, the individual auditors selected will demonstrate competence to conduct the audit by registration with an accepted auditor registration association such as EARA, IRCA or equivalent.⁶

6.2.4 The current audit programme will be notified to the relevant Heads of FDD and/or Responsible Persons at the beginning of each academic year, to enable them to plan resource requirements and facilitate the audits. Any relevant personnel (including where relevant contractors/sub-contractors) who may need to be involved in audits should be notified to the Lead Auditor by FDD line management.

6.2.5 The Environmental Sustainability Assistant will notify auditors of their programmed audits and the due dates.

6.2.6 The audit programme will be documented in EN011D1.

6.3 Internal auditor training

6.3.1 All internal auditors will be competent to conduct management system audits⁷ and will be selected by the Environmental Sustainability Manager (or delegate). Approved auditors may be employees, post-graduate students and/or third parties

6.3.2 Internal auditors will be assessed to determine that they have the necessary knowledge, experience and competence need to conduct an EMS audit. Training courses will be provided to those individuals that require it as part of their continual professional development. Auditors will need to understand:

- the general activities relevant to the University;

² The scope of the audit may be focused on checking an individual procedure, a cluster of related EMS procedures, or the control of an individual aspect by random sampling of local procedures and work instructions etc.

³ For audits on the control of aspects by FDD, the Environmental Specialist will identify those control procedures/ instructions etc that have been tested in previous audits, and will instruct the auditor, where possible, to select alternatives for testing.

⁴ Where an FDD has developed a more specific or detailed local procedure relating to main University/Campus wide operational control procedures, these will be considered an extension of the main procedure and will be audited as part of it. Local procedures may include, though are not restricted to - standing instructions; operating procedures/ instructions; work instructions; emergency response plans; operating manuals; and/or flow diagrams etc.

⁵ Certain procedures may require that different auditees are interviewed for different parts of the procedure.

⁶ EARA = Environmental Auditors Registration Association. IRCA = International Register of Certified Auditors.

⁷ ISO19011 provides details of accepted competency requirements for internal audits.

- auditing procedures and techniques;
- the controls (management and technical) relevant to the University; and the element of the EMS that is being audited;
- the technical and other issues related to critical aspects under the control of the EMS;
- the legal and other requirements relating to critical aspects under the control of the EMS;
- the requirements of ISO 14001(2015) - Environmental Management Systems

6.3.3 Only staff and other environmental professional that have attended a full EMS Internal Auditors course and passed the test or have satisfactory experience and training of auditing, will be approved as Internal Auditors

6.4 Audit planning, Conducting and Follow up

6.4.1 Planning, conducting, follow up and reporting of the audit will be carried out in accordance with work instruction EN011W1.

6.5 Completion, review and registration of audits

6.5.1 Upon receipt of the first draft audit report, the Environmental Sustainability Manager (or delegate) will review the issues and agreed actions and will resolve any unsatisfactory aspects with the auditor.

6.5.2 If the Environmental Sustainability Manager (or delegate) considers that further action is required s/he will meet with the relevant personal⁸ to discuss the audit results and actions. Once the Environmental Sustainability Manager (or delegate) is satisfied with the report s/he will send the original copy to the relevant Responsible People to chase up and close out the agreed actions by signing off the report.

6.5.3 The Responsible People will return the completed final audit report to the Environmental Specialist. The Environmental Sustainability Assistant will review the audit report and add any final comments before closing out and registering the audit as completed.

6.5.4 Once the audit is completed, the audit plan – EN011D1 - will be updated as required and the audit report (and associated checklists, plans and other documents) will be filed by the Environmental Sustainability Manager (or delegate).

6.5.5 The Environmental Sustainability Manager (or delegate) will chase, from the relevant Responsible People audit reports that are still outstanding prior to the next SLT report meeting.

6.6 Reporting audit results

6.6.1 The Environmental Sustainability Assistant will report the results of audits to designated management representatives on a periodic basis, any major problems occurring will be reported to the Management Representative immediately in order that appropriate action can be taken.

6.6.2 As part of the ongoing review of the effectiveness of the EMS, the Environmental Sustainability Manager (or delegate) and the Management Representative will analyse the non-conformances identified during internal audits and produce a report for discussion with the Responsible people in charge of the FFD in question. This will include identification of areas of the University's activities requiring preventative actions to be taken in order to avoid recurrence of problems.

⁸ This may include lead auditor, key auditee and/or relevant line managers

6.7 Quality Control of EMS Auditing

6.7.1 To ensure the quality of the audits being conducted, the Environmental Sustainability Manager (or delegate) will periodically select and observe audits being conducted by internal auditors. The observation will be noted on the audit report. Where the Environmental Sustainability Manager (or delegate) considers that the quality of the audit is insufficient, s/he will take appropriate action, including where necessary de-selection of the auditor or requirement for retraining.

7 Impacts and actions required in relation to Non-Conformance

7.1 Failure to apply this procedure may result in:

- a failure to properly monitor the implementation of the EMS and ensure that issues arising do not become significant problems before they are spotted. Internal audits and compliance evaluations are a requirement of certification to ISO14001(2015); when formally certified to ISO14001, failure to implement audits might affect the University's ability to retain certification.
- failure to comply with this procedure may be identified in a number of different ways – both formal and informal - but will be addressed using procedure EN013SP- Nonconformity, corrective action & preventive action.

8 Records and Related Documents

Ref No.	Title	Storage custodian	Retention Period
EN011D1	Audit Plan	Environmental Sustainability Manager (or delegate)	
	Completed Audit Reports & Associated Workpapers	Environmental Sustainability Manager (or delegate)	

9 Custodian and Review Panel

The author of this procedure is: Environmental Sustainability Manager
 The owner of this procedures is: Environmental Sustainability Manager
 This procedure was reviewed by: Environmental Sustainability Assistant

10 Change history

Version 1.0	New procedure issued 21/06/2012
Version 2.0	New procedure issued 03/06/2013
Version 3.0	New procedure issued 30/06/2018
Version 4.0	New procedure issued 01/09/2019

