

## Security Improvement Audits

**Summary** This Policy Directive provides procedures for NSW Health Agencies to undertake security improvement audits (audits) across their facilities using the Security Improvement Audit Tool (SIAT). This audit drives continuous improvements in security risk management performance through the assessment of compliance with the NSW Health security standards set out in Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies (Security Manual).

**Document type** Policy Directive

**Document number** PD2021\_037

**Publication date** 01 October 2021

**Author branch** Workplace Relations

**Branch contact** (02) 9391 9373

**Replaces** PD2018\_038

**Review date** 01 October 2026

**Policy manual** Not applicable

**File number** H21/159500

**Status** Active

**Functional group** Corporate Administration - Security  
Personnel/Workforce - Occupational Health and Safety, Security

**Applies to** Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Community Health Centres, Dental Schools and Clinics, Public Hospitals

**Distributed to** Ministry of Health, Public Health System

**Audience** All Staff of NSW Health

## SECURITY IMPROVEMENT AUDITS

### POLICY STATEMENT

NSW Health Agencies must undertake security audits focused on assessing their compliance with the security standards set out in [Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies \(Security Manual\)](#) using the *Security Improvement Audit Tool* (SIAT).

The SIAT aims to provide a consistent and effective approach for information gathering on which an Agency can act, in order to comply with its obligations. It also provides for and supports continuous improvement in security risk management through planning and implementation of safety improvements.

### SUMMARY OF POLICY REQUIREMENTS

A robust audit program is a key strategy for improving security risk management practice across NSW Health.

SIAT audits are to be undertaken within a two-year audit cycle (audit cycle). The audit scope must include all sections (Chapters) from the [Security Manual](#) that apply to that workplace.

All NSW Health hospitals are to be audited. Other NSW Health owned or leased facilities (including those that are not located on Local Health District / Speciality Health Network complexes) can be audited and an assessment of security risks must be undertaken to determine whether SIAT will be completed at these sites. Where SIAT is not undertaken these sites still retain the obligation to identify, assessment and manage security risk.

The Chief Executive of the NSW Health Agency will ensure that adequate resources are provided to support the audit program.

Auditing teams must include a person who has, as a minimum, a 1A security licence and experience with security risk in a health care setting, and a work health and safety (WHS) practitioner. Both of whom are independent of the facility they are auditing. Individuals who have the relevant technical expertise (acquired through training, qualification or experience) relevant to what is being audited can be included in the audit team as required.

Plans must be developed to address the findings and recommendations of the audit. The plan must include actions and timeframes for implementation, and be signed off by the relevant senior executive(s). The plan must be developed following consultation with workers and other stakeholders.

The results and recommendations of the audits, and the plan to address recommendations, must be provided to the Chief Executive and the Board. Regular progress on actions included in the plans are to also be provided to the Chief Executives and the Board.

Key audit outcomes must be communicated to affected workers and their representatives where relevant.

Requirements for governance and reporting include reporting of audit outcomes to the Ministry.

## REVISION HISTORY

Version	Approved by	Amendment notes
October-2021 (PD2021_037)	Deputy Secretary, People, Governance & Culture	Policy purpose and mandatory requirements updated and clarified. Procedures updated including changes to the audit tool. The audit tool now sits separately to policy document.
October 2018 (PD2018_038)	Deputy Secretary, People, Governance & Culture	New policy.

## ATTACHMENTS

1. Security Improvement Audits: Procedures.

## CONTENTS

<b>1</b>	<b>BACKGROUND.....</b>	<b>1</b>
1.1	About this document.....	1
1.2	Security Improvement Audit Tool.....	1
1.3	Key definitions.....	1
<b>2</b>	<b>LEGAL AND LEGISLATIVE FRAMEWORK.....</b>	<b>2</b>
2.1	Work Health and Safety Act 2011 (WHS Act) and Regulation 2017 (WHS Regulation)	2
<b>3</b>	<b>AUDIT PROCESS .....</b>	<b>3</b>
3.1	Staff with appropriate auditing expertise .....	3
3.2	Audit cycle.....	3
3.3	Auditing program requirements .....	4
<b>4</b>	<b>GOVERNANCE AND REPORTING.....</b>	<b>5</b>
<b>5</b>	<b>SECURITY IMPROVEMENT AUDIT TOOL STRUCTURE.....</b>	<b>5</b>
5.1	Contents Page .....	5
5.2	Security Improvement Audit Tool Summary Report.....	6
5.3	Results – Summary Table .....	6
5.4	Security Improvement Audit Tool Report .....	6
<b>6</b>	<b>SECURITY IMPROVEMENT AUDIT TOOL DOCUMENTATION.....</b>	<b>7</b>
<b>7</b>	<b>SUPPORTING DOCUMENTATION.....</b>	<b>7</b>

# 1 BACKGROUND

## 1.1 About this document

This document provides procedures for NSW Health Agencies to undertake security improvement audits (audits) across their facilities using the *Security Improvement Audit Tool* (SIAT).

This audit drives continuous improvements in security risk management performance through the assessment of compliance with the NSW Health security standards set out in [Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies \(Security Manual\)](#).

## 1.2 Security Improvement Audit Tool

The aim of SIAT is to provide a consistent, effective and transparent approach for information gathering on which an Agency can act, in order to comply with its obligations as set out in the [Security Manual](#) and this Policy Directive. As an extension of this it can improve its performance by:

1. Identifying the existence of and assessing the quality of compliance to this Policy Directive and the [Security Manual](#).
2. Assessing the extent to which this Policy Directive and the [Security Manual](#) has been implemented and applied in the Agency's facilities.
3. Assessing the awareness of workers on the systems and procedures implemented by the Agency to comply with its security risk management obligations, as set out in the [Security Manual](#).

## 1.3 Key definitions

### Audits

Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled<sup>1</sup>.

### Audit Program

Arrangement for a set of one or more audits planned within a specific timeframe.<sup>2</sup>

### Audit Scope

Extent and boundaries of an audit, it includes a description of the physical locations, organisational units, activities and processes, as well as the time period covered.<sup>3</sup>

### Facility

Is a hospital, nursing home, residential care or any other NSW Health workplace that provides services where the [Security Manual](#) applies. This includes all surrounding buildings that form part of the complex.

<sup>1</sup> AS/NZS ISO 19011:2014 Guidelines for auditing management systems

<sup>2</sup> AS/NZS ISO 19011:2014 Guidelines for auditing management systems

<sup>3</sup> AS/NZS ISO 19011:2104 Guidelines for auditing management systems

It also includes NSW Health workplaces that are standalone (don't form part of a Local Health District /Speciality Health Network complex) such as warehouses and collection centres.

### **NSW Health Agencies**

For the purposes of Security auditing include:

Local Health Districts, Justice Health and Forensic Mental Health Network, Sydney Children's Hospitals Network, NSW Health Pathology, HealthShare NSW, Albury Wodonga in respect of staff who are employed in NSW Health.

Affiliated health organisations in respect of its recognised establishment and services are to comply with this Policy Directive but do not need to report to the NSW Ministry of Health on a quarterly basis on the progress and outcome of audits.

## **2 LEGAL AND LEGISLATIVE FRAMEWORK**

### **2.1 Work Health and Safety Act 2011 (WHS Act) and Regulation 2017 (WHS Regulation)**

The WHS laws create duties and obligations regarding management of risks in the workplace in consultation with workers. These are to

- I. Identify hazards in the workplace
- II. Assess the risks those hazards create
- III. Then eliminate or minimise these as much as possible
- IV. Monitor and review

Agencies have a legal duty to eliminate or minimise risks to health and safety of workers at work. The person with management or control of a workplace also has a legal duty to make sure, so far as is reasonably practicable, that there are no health and safety risks to anyone working in or visiting the workplace. This includes when people are entering or exiting the workplace.

Strategies that Agencies can adopt to manage their hazards and health and safety risks include:

- consulting with workers about safety, hazards, and risk control
- implementing a safety management system and a risk management process that are regularly reviewed
- consulting, cooperating and coordinating with any other duty holders who have a responsibility for health and safety
- maintaining the workplace and facilities in a safe condition
- providing appropriate training
- implementing appropriate procedures for workers who work in remote or isolated worksites

- providing first aid equipment and prepare, implement and practice emergency plans for evacuations in emergencies.

Each Agency must address security risks in accordance with these duties. Where it is reasonably practicable an Agency should eliminate or minimise a risk, even if not required by the [Security Manual](#).

For further information in relation to the *WHS Act* refer to the Policy Directive [Work Health and Safety: Better Practice Procedures – NSW Health](#) or the [SafeWork NSW website](#).

### 3 AUDIT PROCESS

#### 3.1 Staff with appropriate auditing expertise

NSW Health Agencies are to ensure that the appropriate level of resources are available to undertake audits. This may involve the engagement of security staff and work health and safety practitioners from other Agencies to undertake audits, as long as the requirements of this Policy Directive are met.

Those undertaking audits are independent of the facility they are auditing. This means an individual can not audit decisions they have made (ie - they do not have any accountability for that facility). Independent auditors may be someone from:

- another facility within the districts/networks/or other NSW Health Agency
- another district/networks/or other NSW Health Agency
- external to NSW Health.

Staff with a district wide role must ensure that their work/decisions are audited by someone independent to that work (eg Health Agency wide procedure). They may however audit a local facilities' implementation of that work/decision.

The two key roles in an audit team	
Security managers / senior security staff	Who will organise schedules, lead the audits, prepare audit reports and communicate audit outcomes.
Work health and safety practitioners	Who will provide expert WHS advice during the audit

Individuals who have the relevant technical expertise (acquired through training, qualification or experience) to what is being audited can be included in the audit team as required. This may include clinical staff with an understanding of the setting, type of practice, and clinical models of care including trauma informed care. These experts do not have to be independent of the facility as their role is to provide expert knowledge to auditors so that they can assess the level of compliance in respect of what is being audited.

#### 3.2 Audit cycle

The audit cycle is the timeframe within which an Agency completes audits of its facilities. Each hospital must be audited at least once in every two-year audit cycle.

**All hospitals** are to be audited within the audit cycle to the extent required based on the level of risk. For example, every Emergency Department and mental health facility must be audited but not every ward within a hospital will need to be audited, a sample of different types of wards are to be included within the scope of the audit.

Agencies responsible for **other types of facilities** are also required to adhere to the two-year audit cycle. Audit programs must include an adequate sample of facilities based on the level of risk where there are multiple facilities that have a similar function such as warehouses and collection centres.

Note: some sections of the [Security Manual](#) are audited as part of the NSW Health WHS Audit process.

### 3.3 Auditing program requirements

The SIAT audit is to be used for all audits conducted under Chapter 8 of the [Security Manual](#) (Continuous Improvements). This will provide audit consistency and context to the criteria contained in the [Security Manual](#)/SIAT to identify what is compliant and to provide recommendations for improvement and positive feedback.

Each NSW Health Agency must ensure:

- an audit program is established for the audit cycle. The NSW Ministry of Health (the Ministry) may request a copy of the audit program and audit reports.
- the audit scope must include all sections (Chapters) from the [Security Manual](#) that apply to that workplace.
- agreed arrangements for inclusion in audits are in place with other Agencies and businesses that are responsible for services within the scope of the audit. These may include HealthShare, NSW Health Pathology, a Private Public Partnership or retail businesses located in the audit site.
- a plan is developed to address the findings and recommendations of the audit. The plan must include actions and timeframes for implementation and be signed off by the relevant senior executive(s). The plan must be consulted with workers and other stakeholders. The findings and recommendations may include the Agencies head office as well as the local facility.
- the results and recommendations of the audits are provided to the Chief Executive and the Board, where relevant, as officers under WHS legislation.
- outcomes of audits are reported to the Ministry as required under the governance and reporting section of this procedure.



## 4 GOVERNANCE AND REPORTING

Chief Executives are to ensure the following.

The results of audits and recommendations are reported to Boards and/or a committee of the Board (including the Audit and Risk Committee) as required as part of established regular reporting mechanisms

The action being taken in response to the audit reports is appropriate and commensurate with the level of risk having regard to work health and safety and security related legislative obligations, and the action is reported to the Board (where applicable) as required

Reports are provided to the Ministry on a quarterly basis through the Work Health & Safety Executive Reporting process on the following:

- progress of their audits during the two-year audit cycle
- provision of significant outcomes of the audit. Significant outcomes are considered to be either:
  - criteria sections rated as 'limited' in their implementation/compliance, or
  - criteria sections rated as 'partial' in their implementation that may have significant impact. The non-compliance(s) identified have a possibility that:
    - legal or regulatory action may be taken against the Facility
    - workers and others may be seriously injured
    - there will be a major disruption to the Facility if corrective action is not taken
    - the matter may be a State-wide issue.

Agencies are also encouraged to provide information on any initiatives identified through the audit that can be shared as innovation or good practice with other Agencies in relevant forums.

Key audit outcomes are to be communicated to affected workers and their representatives where relevant.

The Agency must ensure that audit reports and associated documents are available for review by the Ministry when requested from time to time.

## 5 SECURITY IMPROVEMENT AUDIT TOOL STRUCTURE

The audit tool and supporting documents are available on the NSW Health Intranet ([Employment – Security](#)) . The tool is an excel spreadsheet made up of four worksheets.

### 5.1 Contents Page

The contents page lists the audit Criteria and provides easy reference to the different criteria sections contained within the SIAT.

It provides a link to each criteria section for easy navigation.

## 5.2 Security Improvement Audit Tool Summary Report

This template is used by auditors to provide an overall summary of the audit and its outcome.

## 5.3 Results – Summary Table

This worksheet automatically calculates the audit outcome for each Criteria section based on the audit decision of the auditors. This page is included as part of the Audit Report.

## 5.4 Security Improvement Audit Tool Report

The report is a detailed summary of the audit findings. The different sections of the audit report and their application is as follows:

- *Criteria* – sets out the requirements against which audit evidence is compared.
- *Compliance Criteria* – sets out the evidence required to determine compliance.

Detailed evidence guides and risk assessment templates for each section criteria are made available on NSW Health Intranet ([Employment – Security](#)) and circulated to the relevant Agencies.

Where a documented risk assessment has identified that a requirement of the [Security Manual](#) is not met actions to eliminate the risk, or if that is not practicable, to reduce the risk must be taken. These actions must follow the WHS hierarchy of hazard controls and progress with implementation and outcomes must be monitored.

- *Implementation and compliance* - This is where the audit decision is recorded. This can be either an outcome of Compliant, Not Compliant or Not Applicable, or where related to implementation of actions Substantial, Partial or Ineffective must be chosen for each criterion.

Where Not Applicable is chosen, a reason why must be included.

If any criterion is 'Not Compliant' implementation cannot be rated as 'Substantial'.

The level of implementation gives the audit result for each section.

Effectiveness of current controls	Explanation of rating
Substantial Implementation / Compliance	Controls are well designed for the risk and address the root causes. They appear to be effective and reliable at all times. All requirements of the Security Manual have been addressed and where not possible to implement these adequate alternatives have been identified and implemented. Nothing more to be done except review and monitor the existing controls.
Partial Implementation / Compliance	Most controls are designed correctly and are in place and effective. Some more work to be done to improve operational effectiveness or there are doubts about operational effectiveness and reliability.
Limited Implementation / Compliance	Significant control gaps. Either controls do not treat root causes or they do not operate at all effectively. High probability of an adverse event occurring

- *Evidence Sighted During Audit* – Evidence sighted and where relevant the positions held of those contacted during the audit to determine compliance to the criterion are recorded in this section. The evidence included in this column must be verifiable and are to include a unique identifier, such as a title and a date or a document number.
- *Audit Comments / Recommendations* – The auditor will provide recommendations for compliance, positive feedback and opportunities for improvement.
- *Reference Material* for this section – At the end of each section an indication of the main reference material in determining compliance to the relevant section is provided.

## 6 SECURITY IMPROVEMENT AUDIT TOOL DOCUMENTATION

An Excel version of the SIAT will be provided to all Health Agencies and updates provided when applicable.

The text and calculations contained within this excel document must not be changed and must be the same as the document available on NSW Health Intranet ([Employment – Security](#))

Additional columns to the right of the last column in the “Audit Tool” tab can be inserted to assist with managing the audit process, for example columns which contain the agreed actions and timeframes to be taken for each not compliant criterion.

## 7 SUPPORTING DOCUMENTATION

Evidence guides, Template Risk Assessments and other audit preparation supporting documentation for each section of the SIAT that may be developed are made available at NSW Health Intranet ([Employment – Security](#))