

Health and Safety

Final Internal Audit Report

September 2022

Swansea Bay University Health Board



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Executive Summary

Purpose

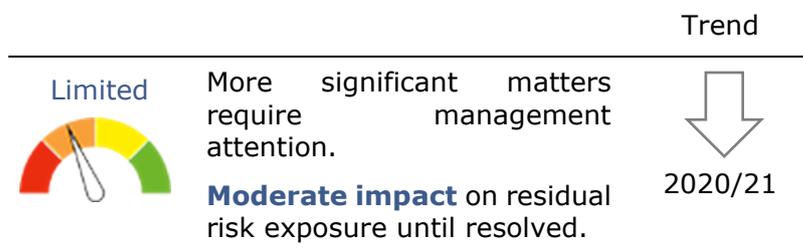
To review the health board’s structures and arrangements for complying with the Health and Safety legislation

Overview

We have issued limited assurance on this area. The significant matters which require management attention include:

- Minimal reporting against agreed KPIs.
- Limited progress in addressing areas within the health and safety plan, including audit programme and training.
- Estates reporting to HSOG in need of refinement.
- HSOG terms of reference overdue and clarity required on supporting groups.

Report Classification



Assurance summary¹

Assurance objectives	Assurance
1 Health and safety policy	Limited
2 Health and safety structure	Reasonable
3 Health and safety plan monitoring and resourcing	Limited
4 Compliance mechanisms	Limited
5 Training requirements and needs	Limited
6 Reporting of risks and issues	Reasonable

Key matters arising

	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Health and safety policy content and availability	1, 2	Design	Medium
2 HSC Work Programme	2	Design	Medium
3 HSOG Terms of Reference and supporting groups	2	Design	Medium
4 Estates reporting to HSOG	2	Design	Medium
5 Service Group health and safety group alignment and operation	2	Design	Medium
6 Health and safety strategic action plan	3	Design	Medium
7 Health and safety resourcing	3	Design	Medium
8 Reporting against Key Performance Indicators	4	Operation	High
9 Assessment to support training	5	Design	Medium
10 Health and Safety Annual Report	6	Operation	Medium

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1. Introduction

- 1.1 All organisations have a legal duty to put in place suitable arrangements to manage health and safety as outlined within the Health and Safety at Work Act (1974). It is for the management, employees and stakeholders of Swansea Bay University Health Board ('the health board') to work together to fulfil current legislation, and essential that the organisation can demonstrate compliance with the Act through robust governance arrangements.
- 1.2 The risks considered during the review were as follows:
- i. The health board does not comply with its statutory responsibilities resulting in harm to patients and staff.
 - ii. Financial and reputational implications associated with the failure to effectively manage health and safety requirements.

2. Detailed Audit Findings

- 2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	0	8	0	8
Operating Effectiveness	1	1	0	2
Total	1	9	0	10

- 2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).
- 2.3 Our previous review of health and safety was undertaken in 2020/21 reported *reasonable* assurance. This was a follow up audit which had a limited scope to consider progress against previous recommendations made in the 2019/20 *limited* assurance health and safety review. It also excluded a small number of recommendations as these remained outstanding at time of fieldwork, and noted of the 12 recommendations raised in 2019, five had been actioned, five partially actioned and two remained outstanding.

This audit has been undertaken with a full scope to consider progress in establishing health and safety governance, but also implementation of actions within the priority areas identified by previous internal and external reviews.

Audit objective 1: The health board has a health and safety policy that sets a clear direction, and which outlines statutory requirements and key responsibilities.

- 2.4 The health board's '*Health and Safety Policy*' (the '*Policy*') was approved by the Health and Safety Committee (HSC) at its April 2022 meeting. Key changes within the Policy content include reflecting the change in lead Executive Director responsibility, detail added to the role of the Assistant Director of Health & Safety, and an appendix which sets out the Committee and supporting group structure.
- 2.5 The Policy includes a statement of intent and aims and objectives, which are framed against the requirements of the Health and Safety at Work Act (1974). Additional detail is provided for roles and responsibilities at various levels of the organisation, including at Board level, Chief Executive Officer, Executive and Service Group Directors, and employees.
- 2.6 We are also informed that there are arrangements underway to identify site leads and clarify responsibilities for this role, see 2.29 for further detail. Currently the Policy contains outline that Service Group Directors '*Ensure there are appropriate arrangements within their areas of the organisation for the effective management of health and safety with clearly defined roles and responsibilities.*' We were informed that arrangements on acute Service Group sites were well established through the existing management structures. For those Service Groups which operate across multiple community sites responsibilities were not as clearly defined. In light of this Service Group responsibilities could be expanded to incorporate the need for site specific leads for those across multiple community sites, and for the Policy to contain detail on this role. **See MA1**
- 2.7 The Policy also captures the arrangements by which the health board will identify health and safety risks and the procedures, protocols, and safety systems of work to address these. For a number of these areas, the Policy indicates there will be separate policies and procedures but without specifically referencing these. Additionally, Section 3.1 '*Health Board Wide Policies*' refers to an appendix on supporting policies. However, it does not provide a listing, instead directing the reader to review the health board corporate policy library. Review of health and safety policies in place at other health boards within Wales established that all but one includes reference to key supporting policies and procedures. The HSC receives policies for approval through the Health and Safety Operational Group (HSOG) *Key Issues* report on an ongoing basis, but we could not identify reporting to the Committee which provided an overview or status of the full range of policies and procedures which relate to health and safety. **See MA1**
- 2.8 We note the latest version of the policy is not available through the corporate library, and review of the health board website identified it currently holds the 2016 iteration of the policy. The health board intranet site has recently been relaunched, but at the time of fieldwork it did not contain a health and safety section, although key policies can be found within the corporate policy library. **See MA1**

- 2.9 Legislative references are listed within an appendix of the Policy, and we have been provided with a document which has begun the process of mapping these against relevant health board policies and procedures. However, the mapping document is still in its early stages. A second '*Policies and Procedures List*' collates health board health and safety related policies and procedures with review dates and owners, although not all have both aspects populated. There could be benefit in combining these two documents once completed to fully reflect current health board arrangements to meet its responsibilities. **See MA1**

Conclusion:

- 2.10 The health board has recently reviewed its Health and Safety Policy. It sets out roles and responsibilities and includes a statement of intent, but it does not provide detail on the range of supporting policies and procedures which support the overall policy. There is also opportunity to further define health board coverage against legislative requirements. We assign this objective **limited** assurance.

Audit objective 2: The health board has an established structure to manage health and safety responsibilities.

Health and Safety Committee (HSC)

- 2.11 The HSC terms of reference (ToR) were approved by the Board in October 2021 and received and approved by the Committee at its July 2022 meeting. We reviewed the content of the ToR finding that they outline the Committee's purpose, responsibilities and contained detail on membership, quorum, frequency of meetings and arrangements for reporting to the Board.
- 2.12 The Committee meets quarterly and all meetings between April 2021 and April 2022 have been quorate. However, we note that whilst the Director of Therapies and Health Sciences is listed within the membership, we could not identify their attendance at any meeting held during the period.
- 2.13 The HSC has a work programme, approved in July 2021, and updated in April 2022. The programme does not include direct reference to subject specific topics from within the HSC ToR, such as violence and aggression, fire safety, hazardous substances, and manual handling. A number of these areas are covered within Service Group presentations or through the HSOG '*Key Issues*' report, following deep dives into relevant areas.
- 2.14 The HSOG meets on a quarterly basis and its work programme includes the scheduling of deep dive topics across the period between February 2021 and November 2022. Consideration has been given to include two deep dive subjects at each meeting, however it was agreed that it is more practical to focus on just one topic. We also note that topics scheduled can be amended to accommodate requests from HSC members, an example of this being the inclusion of desk screen equipment assessments in August 2022. The May 2022 HSOG meeting was

used as an opportunity to review and reflect on previous deep dives and assess current status.

- 2.15 Review of the HSOG forward plan noted that some subjects featured just once within the programmes period (RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), Electrical Safety, COSHH (Control of Substances Hazardous to Health)), whilst those included twice vary in time between updates (fire – 18 months, violence and aggression – 9 months). If the HSC is reliant on HSOG for subject specific updates, then this could lead to lengthy gaps between information received. **See MA2**
- 2.16 Review of HSC agendas and papers against its ToR identified that no information has been presented on the topic of patient falls/patient manual handling. The ToR also includes HSC oversight of the security strategy, as part of its violence and aggression remit, and this is currently overdue for review (review date - August 2020). We note that the HSC was informed at its July 2022 meeting that the health board's Security Group was in the process of being re-established. Additionally, we note the HSC has also not undertaken a self-assessment within the time period reviewed (April 2021-April 2022). **See MA2**

Health and Safety Operational Group (HSOG)

- 2.17 The ToR of the HSOG were last approved in February 2021 and so are overdue for review, and we were informed that they were reviewed at the August 2022 HSOG meeting. We reviewed the content of the ToR finding that they outline the Group's purpose, responsibilities and contained detail on membership, quorum, and frequency of meetings. We note that reporting arrangements still reference the Senior Leadership Team which has since been replaced by the Management Board. Review of Management Board's work programme confirms the inclusion of HSOG reporting, however at the time of fieldwork the reporting frequency had not been included. **See MA3**
- 2.18 We reviewed HSOG agendas and papers for the period between February 2021 and April 2022, alongside the groups forward work plan/work programme. The Group receives exception reports from Service Groups, Support Services and Estates at each meeting. Other agenda items include a health and safety risk register, RIDDOR/incidents reports, and policies for discussion.
- 2.19 The Group also schedules subject specific deep dives at each meeting, including fire, manual handling, RIDDOR and violence & aggression. At its May 2022 meeting, it held a feedback session to reflect on learning generated from these reviews.
- 2.20 Review of papers identified that there has been no presentation of the health boards health and safety strategic action plan. We also note HSC approved Key Performance Indicators (KPIs) were shared at the May 2021 meeting, but these are not all incorporated into the reports received by the group. KPI reporting is further considered at 2.45.
- 2.21 Whilst there has recently been regular presentation of reports from the health board's Fire Safety Group and one report from the Water Management Group, but

there is a lack of a clear outline of which other health and safety related groups should report to the HSOG. A number of these are included within the Estates report. **See MA3**

- 2.22 The Estates Department prepare a report to each HSOG meeting, to provide updates against several areas such as medical gases, waste, electrical services, ventilation, and fire amongst others. The report is narrative and does not include reference to KPIs. We also note where action plans are referenced, copies are not included, which could make subsequent tracking difficult. Review of content highlighted that, in some areas, it does not give a discernible update with some text unchanged from previous updates. It also did not identify reference to estates and facilities alerts and notifications received, or information on compliance against these (we note the health board has recently set up a task and finish group to review and improve the management of alerts and notices). At close of fieldwork, we were informed a meeting to review Estates reporting has been arranged to consider the format and content of updates to HSOG. **See MA4**
- 2.23 The Group has been quorate at all meetings; however, we note that not all attendees have arrangements in place for deputies to attend in their absence. Two out of five meetings reviewed had no Estates representation present.

Service Group Health and Safety Groups

- 2.24 We requested three recent health and safety group papers from each of the Service Groups and reviewed the content of agendas and papers to consider alignment and consistency of operation with the HSOG.
- 2.25 We noted some inconsistencies of approach, with Morriston and Neath Port Talbot & Singleton (NPTS) Service Groups receiving attendance and papers from Estates and Support Services, which is not replicated at Primary Community and Therapies (PCT) and Mental Health and Learning Disabilities (MHL) Service Groups.
- 2.26 Reports received at these groups also varied. Morriston and PCT both require exception reporting by division, whereas NPTS receive verbal updates and MHL receive reports on a service group wide basis. Only PCT had a health and safety action plan included within agendas, and this was last presented in February 2022.
- 2.27 NPTS and MHL agendas include the HSOG report and receive feedback from the Group. Whilst Morriston has included it on the agenda twice within recent meetings, the report itself was not presented. The PCT group is currently reviewing its meeting arrangements.
- 2.28 Similarly, we note that coverage of deep dives at service group level varies. An update paper has been presented to the MHL meeting on actions to date, and NPTS has discussed this at one of its meetings. However, we could not identify similar updates provided at Morriston or PCT. **See MA5**
- 2.29 The PCT Service Group report to the HSC in October 2021 had highlighted that the Service Group was taking forward discussions on site leadership, as the group operated out of around 32 properties. In its July 2022 meeting, the Support

Services report to the HSC highlighted an ongoing risk of poor response to fire and intruder alarms on small, unmanned sites during out of hours periods. Action in this area has been taken forward with the support of the Assistant Director of Health and Safety to identify site leads. We were provided with a Standard Operating Procedure agreed with the PCT Service Group in May 2022, which provides clarification on the service groups health and safety meeting purpose, arrangements and key responsibilities.

- 2.30 PCT and MHLD Service Groups have received site listings to be populated with leads as part of mapping of responsibilities, and this remained ongoing at time of fieldwork. As highlighted in 2.07 we note the Policy could include further detail on roles and responsibilities in this area. The HSC work programme includes an update on the associated action plan for progressing this at its October 2022 meeting. **See MA1**
- 2.31 The above suggests that group arrangements are operating reasonably but there could be consideration towards further standardisation.

Conclusion:

- 2.32 We have identified some gaps in coverage; however, the health board has established a clear structure for the management of health and safety responsibilities from service group to committee. We assign this objective **reasonable** assurance.

Audit objective 3: Health and safety plans are monitored and there is adequate resourcing to support delivery.

- 2.33 Following the Health and Safety Executive inspections in 2019/20, where enforcement and improvement notices were issued, the health board developed and approved a Health and Safety Strategy Action Plan. The plan outlined areas to be addressed over a three-year period. As a result of the COVID-19 pandemic, delivery of the plan has been impacted and in October 2021 the HSC received and approved an updated version of the plan – now titled '*Health, Safety and Welfare Strategy Implementation Plan 2021-23*', with the majority of actions to be delivered in 2022/23.
- 2.34 Review of plan content identifies that it contains 13 priority areas, which include training/guidance, resource, engagement, audits and assessments, performance, and policy/procedure. Each priority includes an outline task, milestone, start/end date, lead, resource requirements, measure (action), RAG rating and alignment to a strategy priority.
- 2.35 We considered the content against the health board's Recovery and Sustainability (RS) plan and noted that it does broadly address the themes outlined within that document. The RS plan includes the collaboration and advice provided by the Health and Safety Team to the Occupational Health Team, which is not captured within the Strategy Action Plan, but we recognise that is an ongoing arrangement rather than a set action.

- 2.36 We also considered the Strategy Action Plan content against the HSC terms of reference, noting that it does not reference a number of the subject specific areas (violence and aggression, manual handling, hazardous substances, patient falls, patient manual handling, water safety). However, some of these can be linked to the development of Key Performance Indicators – Strategy Action priority 8. See 2.45 for further consideration of KPI's.
- 2.37 The covering report for the Strategic Action Plan and the health and safety policy both reference the development of an annual improvement plan, but we note there is currently not an annual plan in place. Consideration should be given to aligning the policy wording to reflect the use of a multiyear plan if that is the health board preferred approach.
- 2.38 The Health and Safety Strategy Action Plan has been included within the HSC agenda for most meetings in 2021 and 2022 (to date), with a mix of verbal and formal papers. The latest version of the action plan was presented to the April 2022 HSC meeting, and minutes note that dates had again been reassessed in light of COVID-19 pressures and availability of health and safety resources. Dates had been amended for five priority areas, and we note the narrative updates for two others indicated similar delays were expected. The plan was only partially RAG rated (for green completed actions only), and the covering report presented alongside the plan did not include detail on which areas had been delayed. **See MA6**
- 2.39 At the April 2022 meeting, the Director of Finance and Performance suggested further enhancement of the report through a quarter-by-quarter Gantt chart. Discussion with the Assistant Director of Health and Safety outlined that there is also consideration being given to wider review of plan format and content. **See MA6**
- 2.40 '*HS Priority 5*' within the action plan includes the review of the health boards health and safety resource and department structure. A business case has been developed and the latest version, dated May 2021, was provided to demonstrate progress in assessing the current and required resource.
- 2.41 The business case includes a number of new posts, including specialists in fire safety, violence and aggression and manual handling. It also includes further administrative support for the team.
- 2.42 The latest action plan update to the HSC in April 2022 included that resource was being appointed when available, with two fire safety officers appointed in early 2022 and the intention was to appoint to a number of other posts through 2022/23 and 2023/24. When observing the HSC meeting in July 2022, an update on resourcing was provided and intention to advertise for several roles referred to above was outlined to the committee.
- 2.43 We note that there is further opportunity to consider and progress the teams resourcing, following the health and safety portfolio moving to the Director of Finance and Performance and the Assistant Director of Health and Safety post becoming vacant in July 2022. At the time of fieldwork, the previous Assistant

Director of Health and Safety had taken up a new post within the health board as Assistant Director of Strategy (Capital), whilst continuing to fulfil health and safety responsibilities until arrangements regarding a replacement are confirmed. **See MA7**

Conclusion:

2.44 The latest version of the Health and Safety Strategic Action Plan has been approved by the HSC and progress is reviewed at most meetings. Subsequent updates have outlined forecast delays across a number of indicators, with Health and Safety Team resource identified as a challenge. Additionally, our review of plan content identified further review of dates is required and there is scope to make enhancements to future reports. We assign this objective **limited** assurance.

Audit objective 4: Mechanisms are in place to ensure compliance with health and safety legislation.

- 2.45 Key Performance Indicators have been developed by the Health and Safety Team and were approved for adoption by the HSC at its July 2021 meeting. The KPIs cover a wide range of subject areas, from health and safety training and induction, to RIDDOR, incident reporting, fire safety, and estates specific areas such as water management, gas safety and asbestos management.
- 2.46 We also reviewed the KPI subject areas against content within the Strategic Action Plan, health and safety policy and the HSC ToR, and note they align with the subject specific requirements of these documents.
- 2.47 Review of HSC papers has identified no further presentation of the KPIs since their approval in July 2021, outside their inclusion within the Strategic Action Plan as a priority area.
- 2.48 Noting that KPIs are not reported as a dedicated item within HSOG papers, we reviewed exception reports from Service Groups, Estates and the reporting of the Health and Safety Team to the HSOG, to confirm if they were in use. We identified little evidence to support their ongoing use, only information on health and safety training compliance is regularly reported by Service Groups. Updates on fire risk assessments are provided through circulation of the Fire Group minutes as part of the HSOG agenda. **See MA8**
- 2.49 We note that the sources of information which make up the current KPIs would need to be collated from across Service Groups, Estates and the Health and Safety Team, and so it is unclear if reporting by individual groups or through one specific report is intended. **See MA8**
- 2.50 Priority four listed within the Strategic Action Plan is the development of a template health and safety external audit tool.
- 2.51 We were provided with a copy of the health and safety audit template (version 9) alongside a good practice IOSH peer review tool which had been used to support the development of the template. The health board template appears

comprehensive and versatile, providing a possible 153 questions across 33 topic areas ranging from organisation health and safety, to lighting, heating, storage, and more specialist areas such as COSHH, gas systems and asbestos.

- 2.52 The latest action plan update to the HSC confirmed that the template had been developed, but due to COVID-19 pressures and health and safety resource constraints the audit programme was yet to begin. Whilst that is the case, we note the Chair of the HSC has been joined by the Assistant Director of Health and Safety on health and safety site visits, with two undertaken in April 2022 following some earlier postponements due to COVID-19 operational pressures.
- 2.53 We were also informed of arrangements at Service Group level to undertake checks to support management of risk areas, such as fire compartmentalising assessments, or in support of subject areas within HSOG deep dives.

Conclusion:

- 2.54 We note that the KPIs were approved by the HSC, and the audit tool developed to support site reviews both appear to provide good coverage against required areas. However, we have not identified the ongoing use of the KPI and there no audit programme currently in place. We assign this objective **limited** assurance.

Audit objective 5: Training requirements and needs have been identified for those with executive and operational health and safety responsibilities.

- 2.55 The first two priorities listed within the Strategic Action Plan outline the need to identify and schedule training at NEBOSH (National Examination Board in Occupational Safety and Health) for Executive Directors, and IOSH (Institution of Occupational Safety and Health) training for the wider management group.
- 2.56 There has been progress in securing IOSH training, but this is now to be delivered to Executives. It has been scheduled for two days in September 2022 with attendance including a number of Executive Directors, Independent Members, and Service Group Directors.
- 2.57 Discussion with the Assistant Director of Health and Safety outlined that the development of training to support wider management has seen limited progression. We were informed that there has been attendance and review of the online training offered by a neighbouring health board, to identify the elements which could be incorporated within the future training provision by the Health and Safety Team. Due to the large number of applicable managers in the Band 8a to 8c range, it was initially forecast that the delivery of training course could take up to ten years, but this is now being targeted for a 3-4 year cycle. We note there would be opportunity to link roll out of training to the work being undertaken on site specific responsibilities referred to at 2.29. See **MA9**
- 2.58 We were also provided with an outline of some of the developments and specialist training support provided by the Health and Safety Team on manual handling. This has been a mix of support for complex handling needs in theatres and intensive care units, alongside induction training at field hospital sites. We were

informed the health boards use of QR (quick response) barcode stickers for equipment refresher training has been shared on an All-Wales basis.

- 2.59 Statutory and mandatory training is reported by Service Groups and Support Services to the HSOG, and this features within the *Key Issues* report from HSOG to HSC. At the time of fieldwork recent reporting outlined performance as shown below, noting the national target is 85%:

Course/Subject area	NPTS	Morrison	PCT	MHLD	Support Services	Estates
Fire Safety	89%	77%	86%	86%	70%	Not reported
Health and Safety	87%	74%	89%	87%	75%	
Manual Handling	86%	70%	87%	85%	71%	
Violence & Aggression	97%	71%	97%	93%	91%	

Figures provided from reports to HSOG in August 2022 and relate to June 2022.

Conclusion:

- 2.60 We note progress in the securing of multiple training dates to support the delivery of health and safety training to senior management and Independent Members. However, we note there has been little progress in the development of training for the health boards wider management group, and so we assign this objective **limited assurance**.

Audit objective 6: Health and safety risks are monitored at committee level and key issues escalated and reported to the Board.

- 2.61 The HSC work programme includes regularly scheduled presentation of the risks assigned to the Committee within the health board risk register (HBRR). Review of papers confirmed the HBRR risks are accompanied by a summary outline of health and safety risks held at service group level, which is provided by type or theme (e.g., health and safety environment, COSHH, fire etc).
- 2.62 The Committee also receives information on Service Group risks, through their inclusion within the HSOG *Key Issues* report and as part of the individual Service Group reports to the Committee, which are provided on an annual basis.
- 2.63 Review of the Service Groups presentations to the HSC did however note some variation of detail, such as the inclusion of risk scores and mitigating actions. There could be benefit from standardisation of information required as part of this reporting process.
- 2.64 The HSC provides a *Key Matters Arising* report for presentation to the Board, following each committee meeting. We reviewed those submitted for the period between April 2021 and April 2022 and confirmed discussion on the high scoring risks highlighted is reflected within Board minutes.
- 2.65 Included within the HSC work programme for 2021-22 was a health and safety Annual Report, to be provided to the October 2021 meeting. Discussion with the

Assistant Director of Health and Safety outlined that due to the operational pressures faced by the team the report had not been produced. See **MA10**

Conclusion:

- 2.66 There is regular presentation of health and safety risks and issues to the HSC, which in turn regularly reports its key issues to the Board. We note the committee and board has not received an annual report as scheduled. We assign this objective **reasonable** assurance.

Appendix A: Management Action Plan

Matter arising 1: Health and safety policy content and availability (Design)	Impact
<p>Section 3.1 within the health and safety policy notes that the Policy will be supported by a number of other health board wide policies. It refers to a later appendix, however this contains reference to legislation, regulations and sources of information but it does not contain a listing of the health boards own supporting policies such as Fire Safety, Violence & Aggression, Manual Handling, Incident Reporting and Control of Substances Hazardous to Health policies. This information is listed within the majority of other health board policies reviewed.</p> <p>The health board has started to map its policies and procedures against legislative requirements. However, this is at an early stage, and in its current format does not include detail on review dates and oversight arrangements for those documents listed. The HSC receives policies for approval through the HSOG Key Issues report on an ongoing basis, but we could not identify reporting to the committee which provided an overview or status of the full range of policies and procedures which relate to health and safety.</p> <p>The Policy includes that Service Directors will ensure there are <i>'appropriate arrangements within their areas of the organisation.'</i> The health board is currently establishing arrangements in place for Service Groups operating across multiple community sites.</p> <p>The Policy notes, under section 6.4 'Health and Safety Information', that copies of relevant policies and procedures will be available for employees. The current iteration of the intranet does not hold any health and safety guidance, although key policies are available in the corporate policy library.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Policy does not provide comprehensive coverage of related areas. • Limited information available to staff.
Recommendations	Priority
<p>1.1 The health board should complete the identification of which policies relate to and support the overall health and safety policy. This could include capturing policy ownership, oversight group and review dates. Once complete the overarching health and safety policy should include detail on supporting policies.</p> <p>1.2 a. The Health and Safety policy should outline responsibilities for assigning site leads and detail on the role.</p> <p>b. Once site leads have been identified for all premises this information should be shared with the HSC and arrangements made for this information to be accessible to relevant staff.</p>	<p>Medium</p>

- 1.3 Health and safety policies held within the corporate library and on the external internet page should be updated to the latest approved version. The health board should also consider adding key health and safety guidance to the intranet ahead of the full roll out of detailed health and safety page.

Management response	Target Date	Responsible Officer
1.1 The H&S Policy was recently reviewed following the change of executive lead for H&S and is a statement of intent of the organisation of which it does. The policy does outline additional policies and it is an oversight of not including a link to other health & safety related policies. The policy will be amended to include the link.	31 st October 2022	Director of Finance and Performance
1.2 a. The Health and Safety Policy includes roles and responsibilities and outlines this, specifically covering Service Groups, where it states 'Ensure there are appropriate arrangements within their areas of the organisation for effective management of health and safety with clearly defined roles and responsibilities'. So do not believe this requires a more detail for individual service group areas.	Complete	N/a
b. Once the service group provides the information, this will be shared with the HSC, it is worth noting that the only area not covered to date is Primary Care, so this information is already available for three out of the four service groups.	30 th November 2022	Director of Finance and Performance
1.3 The Health and Safety Policy as stated by audit is the old H&S policy, this has been superseded by the one approved by the HSC in 2022, this will be uploaded on to the intranet and internet websites.	31 st October 2022	Director of Finance and Performance

Matter arising 2: HSC Work Programme (Design)

Impact

Review of the HSC terms of reference (ToR) and its work programme identified topics and subject areas listed within the ToR which do not explicitly feature within the work programme in their own right. We note for a number of these the intention is that assurance will be provided through deep dives undertaken at the Health and Safety Operational Group (HSOG) and reported through the subsequent 'Key Issues' Report. Whilst there is evidence to support this process in operation, we would note that the frequency of HSOG meetings does mean there could be substantial time gaps between reporting.

Review of HSC agendas and papers also identified a gap where the HSC has received no information related to patient falls/patient manual handling. The ToR also includes HSC oversight of the security strategy, related to its remit of violence and aggression, and this is currently overdue for review (review date - August 2020).

The HSC has also not undertaken a self-assessment within the time period reviewed (April 2021-April 2022).

Potential risk of:

- Assurance may not be communicated effectively to the Committee on all areas

Recommendations

Priority

- 2.1 If there is continued use of the subject specific HSOG deep dives for assurance then consideration should be given to periodic updates on topics which the HSOG will not be addressing within a 12-month period. This could perhaps feature through an end of year deep dive reflection/assessment.

Medium

Management response

Target Date

Responsible Officer

- 2.1 Deep dives are being carried out as outlined in the forward plan, there is also evidence that topics have been changed when specific areas have been raised.

31st December 2022

Assistant Director of Health and Safety

The group tested the option of undertaking two deep dives per meeting and it was agreed by the group that due to the amount of work to undertake the deep dives, that one is sufficient. The point raised by audit can be addressed by reviewing the exception reporting template to capture specific areas. This will be put to the next HSOG meeting in November 2022.

Matter arising 3: HSOG Terms of Reference and supporting groups (Design)

Impact

The HSOG terms of reference were last approved in February 2021. We note they include a requirement for annual review and were informed they were presented to the HSOG meeting in August 2022. We note that reporting arrangements still reference the Senior Leadership Team which has since been replaced by the Management Board. Review of Management Board's work programme confirms the inclusion of HSOG reporting, however at the time of fieldwork the reporting frequency had not been included.

Potential risk of:

- Unclear governance and reporting arrangements.

Review of HSOG papers identified that there has been no presentation of the health boards health and safety strategic action plan at the group.

HSOG now receives regular reporting from the health boards Fire Safety Group, and we note one report has been received from the Water Management Group. Currently a number of specialist groups report through the Estates report, however the content of the report does not always include frequency of meetings held and detail of group operation.

Recommendations

Priority

- 3.1 a. HSOG terms of reference should clarify arrangements for onward reporting.
- b. As part of the above review, there should be consideration of formalising the relationship and reporting expectations from specialist groups into the HSOG.
- c. HSOG should receive and monitor updates to the health and safety strategic action plan.

Medium

Management response

Target Date

Responsible Officer

- | | | |
|---|---------------------------------|---|
| 3.1 a. The HSOG ToR were reviewed and updated during the HSOG meeting in August 2022. | Complete | N/a |
| b. This has been addressed as part of the review. | Complete | N/a |
| c. The strategic plan has been updated following agreement at the HSC that the change of dates were acceptable given the reasons provided. The update will be | 30 th September 2022 | Assistant Director of Health and Safety |

circulated by 30th September 2022 to both groups prior to the next meeting dates for information.

Matter arising 4: Estates reporting to HSOG (Design)

Impact

It was highlighted at the July HSC meeting that there is currently limited management resource and challenges faced in recruiting to fill vacant posts within the Estates team. This has been highlighted across the Estates reports to HSOG on a frequent basis. Although we note where the Assistant Director of Estates has not attended there has been no deputy in attendance.

Estates provide a report to each HSOG which provides updates against several areas such as medical gases, waste, electrical services, ventilation, and fire amongst others. The report is narrative and does not include reference to KPIs. We also note where action plans are referenced, copies are not included, which could make subsequent tracking difficult. Review of content highlighted that, in some areas, it does not give a discernible update with some text unchanged from previous updates. (Medical Gases, Electrical Services, Cause and effect drawings, emergency lighting, fire dampers, decontamination, Cefn Coed site, waste).

Review of content did not identify reference to Estates & Facilities Alerts and Notifications received or compliance against these.

Potential risk of:

- Ineffective reporting mechanisms.

Recommendations

Priority

- 4.1 a. The format of reporting provided from Estates services to HSOG should be reviewed and consideration given to modifying the format away from narrative updates to align with agreed Key Performance Indicators, group operation and progress against action plans, and alerts and notifications (where appropriate).
- b. Where the Assistant Director of Estates is unable to attend HSOG meetings a deputy should attend to present the report.

Medium

Management response

Target Date

Responsible Officer

- 4.1 a. The exception reporting provided by estates is being reviewed and will be updated ready for the next HSOG meeting in November 2022. 30th November 2022 Assistant Director of Estates
- b. The Assistant Director of Estates has nominated a deputy, unfortunately their deputy has been unable to attend on a couple of occasions, will ask to nominate two deputies to cover this going forward to cover unforeseen absence. 30th September 2022 Assistant Director of Estates

Matter arising 5: Service Group health and safety group alignment and operation (Design)

Impact

We requested three recent health and safety group papers from each of the Service Groups and reviewed the content of agendas and papers to consider alignment and consistency of operation with the HSOG. The following was noted:

- Service Group meeting health and safety agendas appear to align with the areas covered by HSOG, however we note no service group currently has an active health and safety improvement or operational plan.
- Required input and attendance from Estates and Support Services varied at Service Group meetings.
- Formal reporting from services and divisions also varied, with verbal updates noted at NPTS, and only service group wide reporting at MHL D.
- Inclusion of the Service Group report to HSOG and feedback from that group varied – whilst Morriston has listed it within the agenda for 2/3 meetings reviewed the report was not presented, PCT agenda arrangements are currently under review.

Potential risk of:

- Unclear governance and reporting arrangements.

Discussion and monitoring of progress against HSOG Deep Dives varied, we note only MHL D has received a formal paper summarising the service group position against these.

Recommendations

Priority

5.1 The health board should consider further standardisation of operation for Service Group health and safety groups, which could include development of improvement plans and mechanisms to review and monitor actions linked to HSOG deep dives.

Medium

Management response

Target Date

Responsible Officer

5.1 Each of the service groups should have action logs that include any actions identified through deep dives. Service groups will be asked for this as part of their exception reporting going forward.

30th September 2022

Director of Finance and Performance

Matter arising 6: Health and safety strategic action plan (Design)

Impact

Following the approval of the most recent version of the Health and Safety Strategic Action Plan in October 2021, an update has been provided to the HSC in April 2022 which contains delays to at least 7 of the priority areas.

Review of plan detail noted:

- HS priority 6 – Culture survey start date delayed by 6 months with no change in end date.
- HS priority 7 – Development of an audit tool contained no change in end date (June 2022) despite this being dependent on further health and safety resourcing and no audit programme scheduled.
- HS priority 8 – Key Performance Indicators – marked as green and 'ongoing', but no current reporting to HSC on outcomes.

We note that accompanying reporting does not include outline of changes made to the plan to assist in ongoing monitoring.

Potential risk of:

- Ineffective reporting arrangements.

Recommendations

Priority

- 6.1 a. Identify revised timescales for HS priority 6 & 7 and include revised dates within the next presentation of the Strategic Action Plan.
- b. Consider how the ongoing monitoring of Key Performance Indicators can be included in the Strategic Action Plan.
- c. Future reporting of health and safety plans to the HSC should include summary by priority areas, outlining any changes in timescales and detail of actions underway to mitigate delays to implementation.

Medium

Management response

Target Date

Responsible Officer

- 6.1 a. Following agreement at the HSC on the strategic plan, it was updated to reflect the current status covering all aspects of the plan. Complete N/a
- b. KPI's are monitored at the HSOG meetings, these are not specifically covered in a section called 'KPI's' and on reflection from this audit, this will be addressed. 4th October 2022 Assistant Director of Health and Safety
- c. This has been addressed and will be regularly updated going forward. Complete N/a

Matter arising 7: Health and safety resource (Design)

Impact

A business case has been developed as part of the review of the health boards health and safety resource and department structure. We were provided with the latest version, dated May 2021, which includes a number of new posts, including specialists in fire safety, violence and aggression and manual handling. It also includes further administrative support for the team.

Potential risk of:

- Insufficient resource impacting oversight and delivery

Updates provided to the HSC in April and July 2022 included that resource was being appointed when available, with two fire safety officers appointed in early 2022 and the intention was to appoint to a number of other posts through 2022/23 and 2023/24.

At the time of fieldwork, the previous Assistant Director of Health and Safety had taken up a new post within the health board as Assistant Director of Strategy (Capital), whilst continuing to fulfil health and safety responsibilities until arrangements regarding a replacement are confirmed.

Recommendations

Priority

- 7.1 The health board should review and update the health and safety team resource business case to reflect the current and intended structure. This should include arrangements to support the long-term leadership of the health and safety function through the appointment of a substantive Assistant Director.

Medium

Management response

Target Date

Responsible Officer

- 7.1 This has and is continually being reviewed, with some recruitment already taking place and/or in progress. Two fire safety advisers were appointed in Jan/Feb 2022, with interviews taken place in July/August for one health and safety advisor and one manual handling trainer/advisor, with expected commencement dates in September/October 2022. Further appointments will be phased in over the next 12 – 18 months to increase the level of resources.

31st December 2022
(for final agreed structure)

Director of Finance and Performance

Matter arising 8: Reporting against Key Performance Indicators (Operation)

Impact

Key Performance Indicators were approved by the HSC in July 2021 and shared at HSOG. We have been unable to identify any further KPI papers at HSC or HSOG. We reviewed papers submitted to HSOG by Service Groups, Estates and the Health and Safety Team, to identify if the KPIs featured within ongoing standard reporting noting the following:

- Incident reporting – exception reports include information on numbers and themes but not the KPIs which is timeliness of entry onto Datix.
- RIDDOR – report provided by Health and Safety Team to HSOG, but not by Service Group.
- Induction – Service Groups provide training information, but not induction figures as outlined by KPIs.
- Health and Safety training – Compliance reported in required areas.
- Health and Safety audits – audit programme not in place.
- Fire – Information from Fire Safety group includes risk assessments but not the other 7 KPIs.
- Manual Handling – no information for KPIs.
- Water Management/Asbestos/Fixed Wiring/Gas Safety – no related KPI performance information within Estate’s reporting.

Potential risk of:

- Gaps in performance reporting

Noting the varying sources required to populate the wide ranging KPIs and the gaps identified above, it is unclear at what levels they are to be reported and monitored.

Recommendations

Priority

- 8.1 The health board should establish the responsible leads for collating and reporting the agreed KPIs. The frequency and forum at which the KPI’s will be reported should also be confirmed.

High

Management response

Target Date

Responsible Officer

- 8.1 KPI report to be developed to provide a clear focal point for discussion with leads identified to provide routine monitoring.

31st December 2022

Director of Finance and Performance with Assistant Director of Health and Safety

Incidents are reported by each of the service groups with an overall report submitted by the Head of Health & Safety.

RIDDOR’s are recorded by the service groups, with the main RIDDOR report produced by the health & safety team as outlined. All identified RIDDOR’s are recorded and discussed at the HSOG.

Health Board inductions have changed during the pandemic, with more concentration on the local induction and mandatory training and will work with service groups to see how this is captured.

All service groups and support services provide training figures with the exception of estates. This is being addressed as an overall review of the exception reporting template takes place and there will be a specific template for estates to capture information.

Health & Safety audits have not commenced, this is due to resources and will be addressed once appropriate resources are in place as outlined on the plan.

The HSOG and the HSC receive the minutes from the Fire Safety group, will review to see if an exception or key issues report would better address areas raised by audit.

Manual handling training is reported in general, will look to include MH coaches and any audits/inspections that have taken place going forward.

The reporting of estates KPI's is being reviewed and an updated version will be produced in time for the November HSOG meeting ahead of determining the final KPI model by 31st December 2022.

Matter arising 9: Assessment to support training (Design)

Impact

Priority two within the Strategic Action Plan outlines steps towards the development of training to support managers within the health board. Milestones include:

1. *Identify appropriate managers to undertake IOSH Managing Safely or equivalent.*
2. *Identify course provider or develop internally.*
3. *Schedule initial dates for pilot course completion. This potentially will be 10-year programme.*

During fieldwork we were informed that there has been consideration of the method of programme delivery, including review of training provided by neighbouring health boards. However, identification of managers remained outstanding outside of links to specific bandings and we note there is opportunity to link this to the identification of site leads currently being progressed by the health board

Potential risk of:

- Training requirements unclear without full needs assessment.

Recommendations

Priority

- 9.1 The health board should undertake an assessment to ensure there is identification of managers, and those with health and safety responsibilities for specific sites, to ensure the rapid progression of training once the course and its delivery method are agreed.

Medium

Management response

Target Date

Responsible Officer

- 9.1 The Health Board have commissioned a course for the Executive team and these are scheduled for 14th & 16th September 2022.

September 2022 (booked)

Assistant Director of Health and Safety

Managing safely or equivalent level of course aimed at managers/supervisors is in progress, with the aim to have the first pilot in place by December 2022, with the intention of commencement of full roll out of this course in 2023.

March 2023

Assistant Director of Health and Safety

Dates will be published and the overall duration to capture identified staffing groups will depend on the number of courses and attendances at each course per week, with the commencement of a health and safety advisor post in September/October increasing the resources to help support this.

Matter arising 10: Health and Safety Annual Report (Operation)

Impact

The HSC 2021-22 work programme included presentation of a health and safety annual report scheduled for October 2021. Review of papers and discussion with management confirmed that no annual report was prepared for the committee and so subsequently the Board has not received an overview of the issues and risks outside of the key issues reports which summarise HSC meetings.

Potential risk of:

- Board not sighted on health and safety issues.

Recommendations

Priority

10.1 An annual health and safety report should be provided to the HSC which captures issues, risks, and actions for subsequent presentation to the board.

Medium

Management response

Target Date

Responsible Officer

10.1 This point is noted and it is the aim of the team to produce an annual report for the November 2022 HSOG meeting ahead of presentation to the HSC and to the board.

November 2022

Assistant Director of Health and Safety

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved.</p>
	<p>No assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.</p>
	<p>Assurance not applicable</p>	<p>Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.</p>

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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