

Health & Safety

Final Internal Audit Report

2024/25

Hywel Dda University Health Board



Limited Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

HDU-2425-23

July - November 2024

15 January 2024

February 2025

James Severs, Director of Therapies & Allied Health Professionals

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit



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Executive Summary

Purpose

To review the arrangements for ensuring compliance with Health & Safety regulations.

Overview

We have concluded **limited** assurance on this area. The matters requiring management attention include:

- Lack of oversight of (non-mandatory) H&S training participation rates [*Finding 1 – Medium*]
- Insufficient monitoring of actions arising from H&S site visits, significant volume of outstanding actions and weakness in the methodology for prioritising actions [*Finding 2 – High*]
- Non-compliance with RIDDOR reporting timescales [*Finding 3 – Medium*]
- Poor Executive director attendance at Health & Safety Committee [*Finding 4 – Medium*]
- Gaps in assurance reporting to the Health & Safety Committee [*Finding 5 – High*]

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

| Objectives | Related Findings | Assurance |
|--|------------------|--------------------|
| 1 Health & safety policies and procedures are in place and appropriate training is provided to staff | 1 | Reasonable |
| 2 Mechanisms are in place to identify, raise awareness and monitor compliance with regulatory requirements | 2, 3 | Limited |
| 3 Risks are managed effectively, with actions arising from internal and external reviews monitored through to implementation | - | Substantial |
| 4 Governance structures are appropriate and effective, with mechanisms for regular reporting and escalation of key health and safety matters to the Health Board | 4, 5 | Limited |

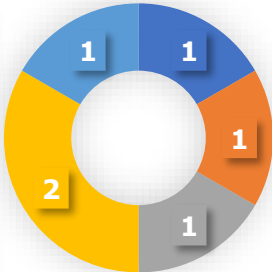
Management Actions



High Priority



Medium Priority



Themes

- Governance
- Policies & Procedures
- Quality, Safety & Patient Experience
- Reporting
- Training & Development

Risk Types

- Quality or Safety Issues
- Legal & Regulatory Non-Compliance
- Public Perception & Reputational Risk

Health & Safety - At a Glance

Statutory & Mandatory Training *[see Objective 1]*

| Competence Name | Compliance |
|--|------------|
| Moving and Handling - Level 1 | 80% ● |
| Violence Against Women, Domestic Abuse and Sexual Violence | 82% ● |
| Health, Safety and Welfare | 86% ● |
| Fire Safety | 89% ● |
| Violence and Aggression - Module A | 93% ● |

Internal H&S Inspections *[see Objective 2]*

| | Acute | Other | Total | % |
|-----------------------|-------|-------|-------|------------------------|
| Total areas | 409 | 173 | 582 | 100% |
| Visited 2023-2024 | 58 | 66 | 124 | 21% |
| Not Visited 2023-2024 | 107 | 351 | 458 | 79% |
| Planned 2024-2025 | 49 | 23 | 72 | 16% (of 'not visited') |

| | | Areas Inspected | Total Actions | Resolved | Managed Risk | Unresolved |
|--------------|---------------|-----------------|---------------|-----------|--------------|-------------|
| Acute | Bronglais | 17 | 181 | 0 | 16 | 165 |
| | Glangwili | 23 | 46 | 0 | 10 | 46 |
| | Prince Philip | 8 | 220 | 0 | 30 | 188 |
| | Withybush | 10 | 107 | 0 | 9 | 98 |
| Other | | 66 | 907 | 11 | 95 | 593 |
| Total | | 124 | 1461 | 11 | 160 | 1090 |

H&S Incidents April 2023 – July 2024 *[see Objective 2]*

| Status | Level of Harm | | | Total |
|-------------------------|---------------|------------|-----------|-------------|
| | None/Low | Moderate | Severe | |
| New Incident | 20 | 6 | 1 | 27 |
| Under Investigation | 3 | 6 | 0 | 9 |
| Management Review | 119 | 33 | 5 | 157 |
| Closed/Awaiting Closure | 1897 | 78 | 5 | 1980 |
| Total | 2039 | 123 | 11 | 2173 |

Top Categories

Behaviour (including V&A) 60%
Accident, Injury 23%

89

RIDDOR Reportable Incidents

Top Sub-Categories

Patient clinically challenging behaviour 25%
Aggressive / threatening behaviour 16%

Findings & Agreed Action Plan

Objective 1: Health & safety policies and procedures are in place and appropriate training is provided to staff **Reasonable**

Overview / Summary of Observations

In accordance with the Health & Safety at Work Act 1974, the Health Board has a documented Health & Safety Policy which was reviewed and updated in September 2024. The H&S Policy is supported by a suite of policies, procedures and guidance documents available to staff via the intranet.

The HS&S Team maintains a Regulation Compliance List mapping regulations to policies. Comparison of the H&S policy with policies of neighbouring health boards did not identify any gaps. We identified that the intranet links to two policies required updating – this was highlighted to management and addressed during audit fieldwork.

Statutory and mandatory training compliance rates exceed the target 85% for all courses except Moving & Handling, which had an 80% compliance rate at the time of fieldwork. *See page 2 for details.*

The Health, Safety & Security (HSS) Team have developed additional bespoke training courses including a Managers Health & Safety Induction course covering all aspects of health and safety, and specific in-person courses on manual handling and violence and aggression. Available courses are advertised on the intranet, via the 7-minute briefings and through HS&S Team attendance at the directorate governance groups. These courses are not mandatory. Attendance is recorded, but the groups/roles that require training have not been defined or quantified. **[Finding 1]**

Policy is clear that managers and supervisors are responsible for ensuring that staff receive sufficient training as to the hazards and risks of the activities that they perform and environments in which they work. The onus is on employees and their line managers to seek out and book relevant training, although the HS&S Team will also target 'hotspot' areas for training based on incident rates.

| Key Findings | | Risk & Impact | Agreed Management Action |
|--------------------------------------|---|---|--|
| 1 | <p>H&S Training</p> <p>A central record of training participants for the non-mandatory training courses is maintained, although monitoring or oversight of participation rates is not possible because the staff groups/roles that training is intended for have not been defined or quantified.</p> | <p>Staff are not appropriately trained, potentially increasing the risk of health & safety related incidents which could cause harm to staff or patients.</p> | <p>Agreed Action: Determine the staff groups/roles to be targeted for each H&S training course. Consider whether they should be mandatory, in order to ensure that staff are appropriately trained for their role.</p> <p>Quantify the individuals requiring training and monitor participation/uptake, with poor participation rates escalated to directorate governance groups where appropriate.</p> |
| | | Medium Priority | <p>Expected Evidence of Implementation: Target staff groups/roles, including the number of staff, identified for each H&S training course. Monitoring of course participation rates. Reporting to directorate governance groups, where appropriate.</p> |
| Theme: Training & Development | | Control Design | Officer: Tim Harrison, Head of Health Safety & Security Target Implementation Date: 31 July 2025 |

Overview / Summary of Observations

The Health Board subscribes to Barbour – an external provider of regulatory information, guidance, standards and resources to support with health and safety compliance, including notifications of any changes to regulatory requirements. The Regulation Compliance List maps regulations to policies and sets out the monitoring arrangements. There is a dedicated health and safety section on the intranet, providing contact details for the HS&S Team, links to policies procedures and guidance, an overview of key regulations and a comprehensive suite of resources to support compliance. The HS&S Team also produce Quarterly 7 Minute Briefings providing staff with a one-page overview of key health and safety updates, Local Safety Notices and forthcoming training.

The HS&S Team aim to carry out site visits of all Health Board areas at least once every five years, with the current programme commencing in 2023. The visits are a visual inspection of premises and environment, culminating in a report to the responsible manager detailing any remedial actions. Actions reference the relevant policy/regulatory requirements and can relate to opportunities for improvement, minor or major non-compliance with policies and regulations. At the time of our review, 75% of actions were classed as *unresolved*. A follow up visit is undertaken in some circumstances, but reliance is placed on the site manager/lead to provide updates on implementation. **[Finding 2]**

Datix is configured to notify the team of any health and safety related incidents. There have been 2173 incidents between April 2023 – July 2024, 91% of these are closed or awaiting closure and 94% are recorded as resulting in no or low harm. There have been 89 RIDDOR incidents during the same period. See **page 2 for details**. The H&S Team maintain a RIDDOR log to track compliance with reporting requirements. Both the log and our sample testing identified delays in reporting RIDDOR incidents to the Health & Safety Executive (HSE). **[Finding 3]**

| Key Findings | Risk & Impact | Agreed Management Action |
|---|---|---|
| <p>2 Health & Safety Site Visits</p> <p>The health and safety site visits database records site visits completed in 2023 - 2024 (124) and the number of remedial actions identified (1461).</p> <p>21% of the identified Health Board areas have been visited to date, and 75% of resulting actions were classed as <i>unresolved</i> at the time of our review. See page 2 for details.</p> <p>Actions are assigned a priority rating but this is based on how quickly an issue can realistically be addressed rather than the significance or urgency. A central log of actions is not maintained – these are detailed only within individual site reports, and actions are not monitored through to implementation by the H&S Team, with reliance placed on the site manager/lead to provide updates. Consequently, there is no oversight of the significance of issues raised or outstanding.</p> | <p>Non-compliance with health and safety regulations is not identified or addressed, potentially resulting in harm to staff or patients, HSE penalty and reputational damage.</p> | <p>Agreed Action: A central record of all actions arising from H&S Site Visits will be maintained to facilitate oversight, monitoring and sharing of lessons.</p> <p>The methodology for prioritising actions will be refined to ensure that actions are prioritised based on the significance of the associated risk and urgency of action required.</p> <p>A follow up process will be established to ensure the highest priority actions are promptly addressed or escalated where appropriate.</p> <p>Expected Evidence of Implementation: Log of actions arising from H&S Site Visits. Updated action priority methodology. Evidence of pro-active follow up of the highest priority actions – e.g. email correspondence, repeated site visits undertaken.</p> |
| <p>Theme: Quality, Safety & Patient Experience</p> | <p>High Priority</p> <p>Control Design</p> | <p>Officer: Tim Harrison, Head of Health Safety & Security</p> <p>Target Implementation Date: 31 July 2025</p> |

| | | |
|---|---|--|
| <p>3 RIDDOR Reporting</p> <p>The HSE RIDDOR reporting procedure requires reporting within 10-15 days of the incident, depending on the nature of the incident. The RIDDOR log highlights 53% compliance with reporting requirements for April – December 2024.</p> <p>Sample testing of 20 RIDDOR reportable incidents (as categorised on Datix) identified six cases where the incident had been reported to HSE between 19 – 61 days following the incident. Delay in reporting the incident on Datix was a contributory factor, and the Datix records demonstrated delays in service areas providing the H&S Team with the additional information required for HSE reporting.</p> | <p>Non-compliance with HSE RIDDOR reporting requirements.</p> | <p>Agreed Action: The H&S Team will raise awareness of RIDDOR timescales and requirements at directorate governance groups, and set timescales for responding to information requests to support compliance with reporting deadlines. Delays will be escalated to service/directorate management as appropriate.</p> |
| <p>Theme: Reporting</p> | <p>Medium Priority</p> <p>Control Operation</p> | <p>Expected Evidence of Implementation: Evidence of awareness raising e.g. directorate governance group meeting minutes, training and other correspondence. Timescales for response to information requests stipulated in correspondence. Evidence of escalation of delays in responding. Improved compliance with RIDDOR reporting timescales.</p> <p>Officer: Tim Harrison, Head of Health Safety & Security</p> <p>Target Implementation Date: 30 April 2025</p> |

Objective 3: Risks are managed effectively, with actions arising from internal and external reviews monitored through to implementation **Substantial**

Overview / Summary of Observations

Risks are captured on Datix at service/departmental level, directorate level and corporate level. There are five corporate and seven directorate (operational) risks assigned to the Health & Safety Committee, with evidence of regular reporting and monitoring of these. The HS&S Team have oversight of all risks within the 'Safety' domain on, and receive automated notifications when a new risk in that domain is added to Datix.

Actions arising from external reviews are captured on the Health Board's Audit Management & Tracking (AMaT) system with progress reported to the Audit & Risk Assurance Committee.

Withybush and Bronglais hospitals were subject to HSE inspection in March 2024 to assess the Health Board's management of RAAC and asbestos, with no issues identified.

Overview / Summary of Observations

The Health & Safety Committee (HSC) is responsible for providing assurance to the Board around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors. Terms of reference were most recently updated and approved by the HSC in November 2024. HSC reports to the Board were confirmed to be consistent with minutes of committee meetings.

Review of the meeting papers and minutes for January – November 2024 noted poor attendance by some Executive Directors. **[Finding 4]**

Meeting agendas are broadly in line with the workplan. Comparison of the workplan and terms of reference identified gaps with the absence of reporting on incidents, inspections and training compliance. **[Finding 5]**

We also noted instances where the committee has been unable to take assurance on matters reported, due to lack of detail, conflicting information or the presenters inability to adequately answer questions. The HSC Self-Assessment Outcomes report includes actions to address these issues. The six-month update report to the HSC in November 2024 reports that these are mostly complete with one action not due until January 2025. Consequently, no further actions are raised in this regard.

In May 2024 executive responsibility for health, safety and security transferred from the Director of Nursing, Quality & Patient Experience to the Director of Allied Health Professions & Health Science. This prompted a review of governance arrangements undertaken by the Director of Corporate Governance, which identified:

- numerous health and safety sub-groups reporting to HSC or Quality, Safety & Experience Sub-Committee, none of which had been formally constituted as terms of reference were out of date, had not been approved by the host committee or reflected in the terms of reference of the host committee.
- inconsistency in membership and quoracy requirements, and meeting frequency

Sub-groups have now been rationalised, sit within the health and safety governance structure and strengthened terms of reference have been developed, although it was too early to review the operation of these groups. The Health & Safety Advisory Group has been disestablished and a new Health & Safety Sub-Committee created to focus on setting the direction for the remaining sub-groups. Terms of reference for the sub-committee were presented to the HSC in November 2024.

| Key Findings | Risk & Impact | Agreed Management Action |
|--|--|---|
| <p>4 HSC Attendance</p> <p>Review of the meeting papers and minutes for January – November 2024 noted poor attendance by some Executive Directors/nominated representatives, with no medical representation present any meetings, and others attending only two of five meetings reviewed. The same was highlighted in the Committee Self-Assessment Outcomes report presented to the HSC in March 2024.</p> <p>HSC membership has been updated in the revised terms of reference (November 2024) with the addition of the Director of Corporate Governance and Director of Estates, Facilities &</p> | <p>The HSC is ineffective in discharging its duties and reporting assurance to the Health Board.</p> | <p>Agreed Action: Executive Director members of the HSC, as per the revised terms of reference, will be reminded of their duty to attend HSC meetings. Attendance will be monitored on an ongoing basis.</p> <p>Expected Evidence of Implementation: Improved HSC meeting attendance rates.</p> |

| | | |
|---|--|---|
| <p>Capital Management, and removal of the Assistant Director of Nursing.</p> <p>Theme: Governance</p> | <p>Medium Priority</p> <p>Control Operation</p> | <p>Officer: James Severs, Executive Director of Allied Health Professions & Health Science</p> <p>Target Implementation Date: 30 April 2025</p> |
| <p>5 HSC Workplan / Assurance Reporting</p> <p>Terms of reference state that the HSC is responsible for:</p> <p><i>3.8 Ensure there is a process of review of accident, incident and notifiable disease statistics to keep an organisational focus on trends, ensure that corrective action is taken</i></p> <p>Whilst we observed examples of ad hoc reporting of learning from specific incidents, there is no reporting of H&S incident numbers, themes or trends.</p> <p><i>3.13 Ensure there is a process of review of the efficacy of the health, safety, fire and security training programmes and ensure this process is adequate to meet the Health Board’s objectives and statutory requirements.</i></p> <p>Whilst we observed ad hoc examples of reporting in relation to training provided in response to specific issues or incidents, there is no routine monitoring or reporting on H&S training compliance.</p> <p><i>3.10 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place.</i></p> <p><i>3.18 Ensure there is a process of review of health and safety compliance across the whole of the Health Board’s business undertakings, including through a programme of health and safety audits and agree and monitor KPIs for health and safety performance to ensure evidence of compliance with external standards and regulatory requirements</i></p> <p>Site visits are undertaken (see Objective 2) but there is no evidence of reporting progress against the programme, actions identified or progress in addressing these (note Finding 3 re outstanding actions).</p> <p>There is no evidence of KPIs in place, or monitoring/reporting in this regard. We are aware of plans to develop a H&S dashboard following the Committee Self-Assessment.</p> | <p>The HSC is ineffective in discharging its duties and reporting assurance to the Health Board.</p> <p>High Priority</p> | <p>Agreed Action: The identified gaps will be reviewed and incorporated into the remit and workplan of the HSC or H&S Sub-Committee where appropriate.</p> <p>Expected Evidence of Implementation: Updated workplan demonstrating inclusion of the identified gaps. Meeting agendas, papers and minutes demonstrating monitoring and reporting in relation to the identified gaps</p> <p>Officer: James Severs, Executive Director of Allied Health Professions & Health Science</p> |
| <p>Theme: Reporting</p> | <p>Control Design</p> | <p>Target Implementation Date: 30 April 2025</p> |

Appendix A

Assurance Opinion

| | | |
|--|-----------------------|--|
| | Substantial | Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. |
| | Reasonable | Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. |
| | Limited | More significant matters require management attention. Moderate impact on residual risk exposure until resolved. |
| | Unsatisfactory | Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. |
| | Advisory | 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. |

Prioritisation of Findings

| Priority | Explanation |
|---------------|---|
| High | Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance. |
| Medium | Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance. |

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)



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Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Hywel Dda University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

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Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

