

Hywel Dda University Health Board

Health & Safety

Final Internal Audit Report

April 2021

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services



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1. Introduction and Background

The review of Health & Safety within Hywel Dda University Health Board was completed in line with the approved 2020/21 Internal Audit Plan. The relevant lead Executive Director for the review was the Director of Nursing, Quality and Patient Experience.

2. Scope and Objectives

The overall objective of the review was to assess the adequacy of management arrangements for Health & Safety in order to provide assurance to the Health Board that risks material to the achievement of the system's objectives are managed appropriately.

The main control objectives reviewed were:

- The Health Board has up to date approved health and safety policies in place that set a clear direction and clarify responsibilities at all levels of the organisation;
- There is a Health & Safety Committee in place with approved terms of reference;
- Appropriate arrangements are in place for the implementation of the Health & Safety Policy;
- The Health Board measures and monitors the effectiveness of its implementation of policy and plans;
- Issues concerning Health & Safety are reported to the Health Board; and
- Staff training in respect of Health & Safety is appropriate and up to date.

3. Associated Risks

The potential risk considered in the review were as follows:

- The Health Board does not comply with the Health & Safety Work Act 1974;
- Divisions and departments do not have appropriate Health and Safety procedures in place; and
- The Health Board is not aware of any Health & Safety issues.


OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Health & Safety is **Reasonable** assurance.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.





Overall the controls in place to manage the risks associated with the systems and processes tested within the review were of a reasonable standard.

The audit concluded that the Health Board has made progress in embedding governance arrangements to allow for the reporting of health and safety from the directorates and services to the Health Board via the Health & Safety Assurance Committee (HSAC). A representative of the Health and Safety Team have begun attending some directorate and service quality and safety meetings during 2020/21. In addition, the Health and Safety Team implemented contingencies to continue the delivery of statutory and mandatory training modules to new and temporary staff during the Covid-19 pandemic.

Whilst no high priority findings were identified, a number of issues were highlighted in this report in relation to weaknesses in the governance arrangements within directorates and services, the lack of reporting of key information at the HSAC and the required updating of the health and safety policy.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

		Assurance Summary*			
Audit Objective					
1	The Health Board has up to date approved health and safety policies in place that set a clear direction and clarify responsibilities at all levels of the organisation			✓	
2	There is a Health & Safety Committee in place with approved terms of reference				✓
3	Appropriate arrangements are in place for the implementation of the Health & Safety Policy			✓	
4	The Health Board measures and monitors the effectiveness of its implementation of policy and plans			✓	
5	Issues concerning Health & Safety are reported to the Health Board			✓	
6	Staff training in respect of Health & Safety is appropriate and up to date			✓	

* The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems/Controls

The findings from the review have highlighted **four** issues classified as weaknesses in the system control/design for Health & Safety. These are identified in the Management Action Plan as (D).

Operation of System/Controls

The findings from the review have highlighted **three** issues classified as weaknesses in the operation of the designed system/control for Health & Safety. These are identified in the Management Action Plan as (O).

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan at Appendix A.

OBJECTIVE 1: The Health Board has up to date approved Health and Safety Policies in place that set a clear direction and clarify responsibilities at all levels of the organisation

The Health Board has in place an approved overarching *Health and Safety Policy* that is due for review on 6th March 2022. The policy is available to employees via the organisation intranet site, together with a number of supporting health and safety related policies and procedures.

A review of the *Health and Safety Policy* sets out a defined direction and process of health and safety within the organisation including the roles and responsibilities of various staffing groups. However, the policy requires updating to reflect the change to the executive lead for health and safety from the Deputy Chief Executive to the Director of Nursing, Quality and Patient Experience. We can also confirm that the details stated in the Health Board's Scheme of Delegation were accurate.

Review of the supporting health and safety policies and procedures identified one policy with an elapsed review date. The *Close Circuit Television Policy (No. 323)* was due for review in July 2019. Information provided by management highlighted that an extension was granted for the review period and that the policy was now ready for approval by the Health and Safety Assurance Committee within the coming months.

See Finding 1 Appendix A

OBJECTIVE 2: There is a Health & Safety Committee in place with approved terms of reference

Following a revision of the corporate governance structure and arrangements in early 2020, the Health and Safety Assurance Committee (HSAC) now stands as a statutory committee of the Board.

We can confirm that the HSAC terms of reference (ToR) were approved by the Board in March 2020 with the Health Board Vice Chair identified as the 'Chair' and the Independent Member (Trade Unions) identified as the 'Vice Chair'.

A review of the ToR identified that the committee's purpose and operational responsibilities had been defined, membership was made up of key executive and management personnel, quorum, frequency of meetings and reporting arrangements had been established.

In accordance with the ToR, meetings were scheduled to take place on a bi-monthly basis. We can confirm that all meetings of the HSAC held during 2020/21 were quorate. However, some of those meetings were re-scheduled due to the Covid pandemic.

A review of the HSAC minutes for the period April 2020 to February 2021 to concluded that attendance levels at all meetings was satisfactory and in line with the ToR requirements. In addition, we can confirm that both corporate and operational risk registers were submitted to the HSAC, whilst there was a dedicated workplan in place for 2020/21.

No matters arising.

OBJECTIVE 3: Appropriate arrangements are in place for the implementation of Health & Safety Policy

At a corporate level, the Director of Nursing, Quality & Patient Experience as the executive lead has overall responsibility for health and safety which is outlined in the Scheme of Delegation.

In May 2020, the HSAC requested a review of the health and safety reporting structure and arrangements. To strengthen governance arrangements within these groups, reviews were undertaken to ensure the consistency of standing items that included health and safety.

The governance arrangements for health and safety were reviewed within the following directorates and counties – Scheduled Care, Women and Child Health (WCH) and Carmarthenshire County.

A review was undertaken to seek assurance that health and safety issues arising at directorate/service level were being adequately discussed at the relevant committees/groups and if necessary escalated to the HSAC. A sample of papers from 2020/21 for the following committees/groups was reviewed and the following noted:

- Scheduled Care – Quality, Safety and Experience Meeting
Minutes of the meetings held for the period June 2020 to February 2021 clearly show a dedicated agenda item for health and safety. The ToR for the group identified a Health and Safety Team representative as a member and we can confirm that they were in attendance in these meetings and provided updates on incidents, HSE notifications and improvement actions and fire safety.

- Women and Child Health - Quality, Safety and Experience Meeting
Minutes of the meetings held for the period October 2020 to January 2021 identified no evidence of health and safety issues being discussed, in addition there was no representative present from the Health and Safety Team.
- Carmarthenshire County Partnership Forum
Minutes of the meetings held for the period May 2020 to January 2021 clearly show a dedicated agenda item for health and safety. There was attendance by a member of the Health and Safety Team and updates given on areas such as incidents, HSE notifications and improvement actions and fire safety.

We noted good practice within the Scheduled Care Quality, Safety and Experience Group whereby a dedicated section for 'Items for Escalation' to the statutory committees, including the HSAC, has been implemented.

See Finding 2 at Appendix A.

OBJECTIVE 4: The Health Board measures and monitors the effectiveness of its implementation of policy and plans

The *Health & Safety Policy* states that regular audits are undertaken throughout the organisation as part of their responsibilities. The Health & Safety Team have in place a dedicated health and safety audit programme. We can confirm that progress updates of audits undertaken against the audit programme for 2020/21 was evident in the reports submitted to the HSAC for the period May 2020 to February 2021.

The health and safety audit programme currently in place is a cyclical plan with the aim of undertaking a review of all wards and departments by 2022. Concluding a review of the HSAC papers, we were unable to evidence the submission of the health and safety audit programme 2020/21 for discussion with members nor a summary of the approach taken in selecting wards and departments for review within the plan.

Previous Internal Audit reports (H DUHB-1617-08 and H DUHB-1920-04) both highlighted the lack of key performance indicators (KPIs) for health and safety. The previous audit report in 2019/20 identified the only KPI being reported was for the reporting of injuries, diseases and dangerous occurrence regulations (RIDDOR). Concluding our review, this KPI continues to be the only one being reported to the HSAC.

See Finding 3 & 4 at Appendix A.

OBJECTIVE 5: Issues concerning Health and Safety are reported to the Health Board

The HSAC ToR states that it is responsible for providing assurance of Health Board arrangements in regard to the health, safety, welfare and security of all employees and of those who may be affected by work-related activities. Assurance of these arrangements have been devolved to the directorates and services following the governance review undertaken in May 2020 with reporting progressed through to the HSAC.

Concluding a review of the Scheduled Care and WCH directorate quality and safety groups, we noted that both ToR stated that relevant matters would be reported by exception to the HSAC. However, the Carmarthenshire County Partnership Forum ToR did not explicitly note the reporting arrangements for health and safety issues.

Concluding a review of the HSAC minutes and papers for the period May 2020 to February 2021, we were unable to evidence the clear reporting of directorate or county issues and risks in the Health and Safety Update Reports.

We can confirm there were regular reporting and scrutiny of external reports including the Health and Safety Executive (HSE) reports and fire enforcement notices issued by the Mid and West Wales Fire Rescue Service (MWWFRS).

A review of Health Board minutes for the period July to November 2020 confirmed the regular reporting of health and safety update reports from the HSAC.

Previous audit reports highlighted the lack of an annual health and safety report that summarised the issues, risks and actions faced by the Health Board over the last year. We can confirm that the annual Health & Safety Report 2019/2020 was presented to the Board in July 2020 with the annual report for 2020/21 scheduled to be submitted to the May 2021 HSAC meeting.

See Findings 5 & 6 at Appendix A.

OBJECTIVE 6: Staff training in respect of Health and Safety is appropriate and up to date

All Health Board employees are required to undertake the mandatory health, safety and welfare training every three years as part of the Core Skills Training Framework, in addition to other key modules as detailed below. Figures in the table below highlight that the Health Board's compliance figures of two modules falls below the set targets.

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Health, Safety and Welfare - 3 Years	10936	10936	9255	84.63%
NHS CSTF Moving and Handling - Level 1 - 2 Years	10986	10986	8466	77.06%
NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal	10986	10986	10160	92.48%
NHS CSTF Violence and Aggression (Wales) - Module B - No Specified Renewal	10986	10986	9841	89.58%
NHS MAND Display Screen Equipment - No Renewal	2126	2126	1946	91.53%

Training Compliance Figures @ 16th March 2021

A review of the HSAC papers and Directorate/Service level papers highlighted that there has been no reporting or discussion of training compliance rates, in particular poor performing areas, such as the 'Health, Safety and Welfare' and 'Moving and Handling' modules.

However, we can confirm the positive actions undertaken by the Health and Safety Team during the Covid-19 pandemic including

- The introduction of a two-day training session to improve health and safety awareness amongst management teams was introduced in October 2020. A further three programmes have been delivered to date with a total of 73 managers attending and delivered via Microsoft Teams.
- Bespoke Prevention and Management of Violence and Aggression (PAMOVA) training has been provided to a number of teams within the organisation through remote teaching using Microsoft Teams, with the first session delivered to Portering staff. This is being followed up by practical sessions, thus reducing the amount of time required for face-to-face training.
- Extra training sessions have been provided for temporary staff manning the mass vaccination centres.
- Manual Handling Training for new temporary staff including approximately 450 Healthcare Support Workers and 70 Porters require were undertaken with courses being provided across all three counties throughout January 2021.

See Finding 7 at Appendix A

7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	0	7	0	7

Finding 1 – Health & Safety Policy (D)	Risk
The <i>Health and Safety Policy</i> requires updating to reflect the change to the executive lead for health and safety from the Deputy Chief Executive to the Director of Nursing, Quality and Patient Experience.	The Health Board is not aware of any Health & Safety issues.
Recommendation 1	Priority level
Management should ensure that the Health and Safety Policy is amended to reflect the change of executive lead for health and safety to the Director of Nursing, Quality and Patient Experience.	MEDIUM
Management Response	Responsible Officer/ Deadline
The amendments will be made to the Health and Safety Policy and submitted to the Health and Safety Assurance Committee for approval following the necessary consultation.	Health of Health, Safety & Security – July 2021
Finding 2 – Reporting of Local Health and Safety Issues (O)	Risk
A review of the minutes for the Women and Child Health Quality & Safety meetings highlighted that there was no agenda items or discussions specifically around health and safety. We also note that there was no representative present from the Health and Safety Team.	The Health Board is not aware of any Health & Safety issues.

We noted good practice within the Scheduled Care Quality, Safety and Experience Group whereby a dedicated section for 'Items for Escalation' to the statutory committees, including the HSAC, has been implemented.	
Recommendation 2	Priority level
Management should review the Women and Child Health Quality & Safety Group agenda to ensure health and safety is a standing item, and to ensure the attendance of a Health and Safety Team representative at future meetings.	MEDIUM
Management Response	Responsible Officer/ Deadline
<p>A standardised agenda for directorate level quality assurance meetings has been provided to all directorates with Health and Safety as a core heading. Use of the standardised template agenda will be reinforced by the Director of Nursing, Quality & Patient Experience and Director of Operations.</p> <p>A member of the Health and Safety team will be programmed to attend directorate meetings based upon capacity and prioritisation within the Health and Safety work plan.</p>	Health of Health, Safety & Security – July 2021
Finding 3 – Health and Safety Audit Programme (O)	Risk
Whilst we can confirm that a health and safety audit programme has been produced and updates on review progress submitted to the Health & Safety	The Health Board is not aware of any Health & Safety issues.

Assurance Committee, we were unable to evidence the submission and approach taken to compile the audit programme 2020/21 for discussion.	
Recommendation 3	Priority level
The Health and Safety Team should submit their annual audit programme and approach taken to the Health & Safety Assurance Committee for discussion.	MEDIUM
Management Response	Responsible Officer/ Deadline
A formal audit programme shall be devised and presented to the Health and Safety Assurance Committee for discussion.	Health of Health, Safety & Security and the Health, Safety and Security Officer – July 2021
Finding 4 – Key Performance Indicators (D)	Risk
Previous Internal Audit reports highlighted the lack of key performance indicators (KPIs) for health and safety. The previous audit report in 2019/20 identified the only KPI being reported was for the reporting of injuries, diseases and dangerous occurrence regulations (RIDDOR). Concluding our review, this KPI continues to be the only one being reported to the HSAC.	The Health Board is not aware of any Health & Safety issues.
Recommendation 4	Priority level

Management should introduce key performance indicators to enable the organisation to measure and monitor health and safety performance.	MEDIUM
Management Response	Responsible Officer/ Deadline
The development of KPIs forms part of the current work towards satisfying the requirements of the HSE.	Health of Health, Safety & Security – September 2021

Finding 5 – Carmarthenshire County Reporting Arrangements (D)	Risk
Concluding a review of the sample directorate and service quality and safety groups, we noted that the Carmarthenshire County Partnership Forum ToR did not explicitly note the reporting arrangements for health and safety issues to be progressed through to the HSAC.	The Health Board is not aware of any Health & Safety issues.
Recommendation 5	Priority level
Management should ensure there is a clear reporting structure from the county partnership forums through to the Health & Safety Assurance Committee.	MEDIUM
Management Response	Responsible Officer/ Deadline

A standardised agenda which includes Health and Safety has been issued to all services as part of the revision of quality governance and assurance arrangements. The Health of Health, Safety & Security will work with the chair of the Staff Partnership to ensure that county level partnership forums routinely provide a report to Staff Partnership forum and that issues are raised at HSAC on an exception basis.	Health of Health, Safety & Security - July 2021
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Finding 6 – Reporting of Directorate/Service Issues to HSAC (O)	Risk
Concluding a review of the HSAC minutes for the period May 2020 to February 2021, we were unable to evidence escalation of key issues, trends and actions from directorate/service quality and safety groups within the Health and Safety Update Reports.	The Health Board is not aware of any Health & Safety issues.
Recommendation 6	Priority level
Management should ensure a summary update of issues, risks and actions arising at directorate and service level is reported through to the Health & Safety Assurance Committee within the Health and Safety Update Reports.	MEDIUM
Management Response	Responsible Officer/ Deadline
The Health of Health, Safety & Security will remind the Chair of each directorate level quality governance meeting to provide exception reports for	Health of Health, Safety & Security - July 2021

consideration at HSAC meetings as appropriate.	
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Finding 7 – Training Compliance Reporting (D)	Risk
A review of the HSAC papers and Directorate/Service level papers highlighted that there has been no reporting or discussion of training compliance rates, in particular poor performing areas.	The Health Board is not aware of any Health & Safety issues.
Recommendation 7	Priority level
Management should ensure that training compliance figures are reported at directorate/service quality and safety meetings and the Health & Safety Assurance Committee to allow for the identification of risks, trends and actions.	MEDIUM
Management Response	Responsible Officer/ Deadline
Training figures will be collated at agreed timescales and reported to the directorate/service quality and safety meetings and the Health & Safety Assurance Committee.	Health of Health, Safety & Security – September 2021

Appendix B - Assurance Opinion and Action Plan Risk Rating

2020/21 Audit Assurance Ratings



Substantial Assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable Assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.



Limited Assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Board has **no assurance** arrangements in place to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are 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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