

Hywel Dda University Health Board

Health & Safety

Draft Internal Audit Report

March 2020

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 2019/20 Internal Audit Plan. The relevant lead Executive Director for the review was the Executive Director of Operations.

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 scope of this review was limited in regard of testing within directorates and services due to the restrictions imposed following the national outbreak of the coronavirus (COVID-19).

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;
- 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 scope of testing within our review was limited due to the restrictions imposed following the national outbreak of the coronavirus (COVID-19).

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.

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 Health Board has an approved Health & Safety Policy that clearly identifies the collective and individual responsibilities of employees. We noted clear lines of reporting at a corporate level from the Health & Safety and Emergency Planning Sub-Committee (HSEpsc) through to the Health Board.

A review of the corporate governance structure and arrangements was commissioned by the Health Board Chair. Concluding this review, a paper outlined the proposed restructure included the elevation of the Health and Safety function to a formal statutory committee of the Board with the creation of a Health & Safety Committee. In addition, executive responsibility of the health and safety function would be reassigned to the Director of Nursing, Quality & Patient Experience.

The Health & Safety Team have undertaken workplace environmental audits throughout 2019/20 with the findings and actions reported in a six monthly report submitted to the HSEPC. A health and safety audit work plan is also in place for 2020/21 in line with the requirements set out in the Health & Safety Policy.

However, one key priority finding identified during this review was the poor attendance of members at the HSEPC meetings during 2019 resulting in risks and lessons learned identified locally not being communicated with other health and safety leads.





We also identified four medium priorities relating to variances in the implementation of the Health and Safety Policy in directorates and services, the lack of key performance indicator to measure and monitor health and safety performance, disconnect between health and safety risks identified locally and the Health & Safety Team, and the lack of an annual health and safety report.

The findings noted above have resulted in a Reasonable assurance rating.

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			✓	

Audit Objective		Assurance Summary*			
					
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 **three** issues that are 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 **two** issue that is 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 was approved by the Health & Safety and Emergency Planning Committee in March 2019. The policy is available to employees on the organisation intranet site, in addition to 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.

No matters arising.

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

A review of the governance arrangements and corporate mechanisms within the Health Board identified the Business Planning and Performance Assurance Committee (BPPAC) as the statutory sub-committee of the Board responsible for health and safety. The operational responsibilities for health and safety were clearly outlined in the BPPAC terms of reference.

The BPPAC has established a Health & Safety and Emergency Planning Sub-Committee (HSEPSC) to oversee the development of health and safety policy and strategy. We can confirm that an approved terms of reference was in place for HSEPSC, meetings were quorate and had occurred on a bi-monthly basis during 2019.

A review of the HSEPSC minutes for the period January to July 2019 was undertaken to establish attendance levels of members. Concluding a review of four meetings undertaken during this period, we noted a number of members with poor attendance records – see Table A for breakdown of attendance.

However, a paper was submitted to the Health Board in January 2020 proposing a revision of the corporate governance structure and arrangements. The proposed restructure included the elevation of the Health and Safety function to a formal statutory committee of the Board with the creation of a Health & Safety Committee.

See Finding 1 at Appendix A.

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

At a corporate level, the Director of Operations was the executive lead with overall responsibility for health and safety. However, the proposed revision of corporate governance structure and arrangements would see the Director of Nursing, Quality & Experience become the lead for health and safety.

Currently, the BPPAC was assigned responsible for assuring that the organisation is compliant with the health and safety legislation and guidance and the safety of patients, staff and others is managed effectively, whilst the HSEPSC was implemented to oversee the development of health and safety policy/strategy and monitor all aspects of health and safety performance.

At directorate and service level, General Managers and Service Heads are responsible for all aspects of health and safety of staff, patients and others in areas where they provide a service or under their control.

A review of directorates and services to establish the arrangements in place for health and safety. However, due to the due to the restrictions imposed following the national outbreak of the coronavirus (COVID-19), testing was limited to the following three areas:

- Estates and Facilities Directorate
- Scheduled Care, Glangwili General Hospital (GGH)
- Theatres Department, Withybush General Hospital (WGH)

Concluding discussions with leads in the above areas, we noted variances with the following:

- Estates and Facilities maintain an overall directorate plan, whilst the Scheduled Care Directorate noted that health and safety plans are maintained within portfolios (i.e. Theatres Department).
- Estates and Facilities have a dedicated health and safety partnership forum, whilst Scheduled Care discuss issues at the Nursing Scrutiny & Assurance Meeting.
- The health and safety representative for Estates and Facilities regularly attends the HSEPSC, whereas a Scheduled Care representative has not attended the HSEPSC meetings between January to July 2019.

The Health & Safety Internal Audit report issued in 2016/17 identified the lack of an actions log following risk assessments undertaken within directorates, services and departments. The management response was to introduce a log of

actions as a key performance indicator (KPI) for the Health & Safety Team. During this review, we noted that risk assessments continue not to be shared with the Health & Safety Team nor is there a KPI in place for the log of actions.

See Finding 2 & 3 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 the Director of Facilities, Estates & Capital Management is required to ensure regular audits are undertaken throughout the organisation as part of their responsibilities. The Health & Safety Internal Audit report submitted in 2016/17 identified the lack of a systemic approach to risk assessments by the Health & Safety Team.

We can confirm that work plans had been established in 2018/19 and 2019/20 for workplace environmental audits only and that progress update reports of audits undertaken were reported to the HSEPSC. We can also confirm that a work plan is in place for 2020/21 to undertake health and safety audits across a number of sites within the Health Board.

The Health & Safety Internal Audit report issued in 2016/17 identified the lack of a structured approach to measuring the Health Board's health and safety performance. The introduction of key performance indicators (KPIs) was recommended and agreed by management. Currently, only one KPI, the reporting of injuries, diseases and dangerous occurrence regulations (RIDDOR), has been implemented to measure health and safety performance.

See Finding 4 at Appendix A.

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

The Health & Safety Executive (HSE) undertook an inspection in July 2019. The publication of their report identified a number of key findings and risks. The HSE report was subsequently submitted to the BPPAC, via HSEPSC, in December 2019.

We can confirm the Health Board were also provided with health and safety update reports via the HSEPSC and BPPAC during 2019. However, the lack of poor attendance by some members of the HSEPSC during 2019, as noted in Objective 2, could have resulted in key health and safety issues not being reported through to the Health Board.

The Health Board do not currently receive an annual health and safety report. Following discussions with the Head of Health, Safety & Security, it was noted that the production of an annual report would be written into the new Health & Safety Committee terms of reference.

See Findings 1 & 5 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, with the organisation overall compliance rate noted as 83.37% as at September 2019. A review of the annual compliance position of the mandatory health, safety and welfare training module noted an improving position over than past two years – see positions below.

Sept 2017
60.9%

Sept 2018
74.1%

Sept 2019
83.4%

Integrated performance assurance reports detailing the position for core skills mandatory training compliance were submitted to the Health Board, BPPAC and the Workforce & OD Sub-Committee meetings during 2019. We can confirm the challenges facing the organisation and actions to improve compliance figures were evident in the reports in order to achieve the 85% target set by the Welsh Government.

We also noted that poor performing areas and departments were flagged up at the Chief Executive performance review meetings where actions taken to address the shortfall would be reviewed.

No matters arising.

Table A – Breakdown of Health & Safety and Emergency Planning Sub-Committee Attendance

MEMBER	17 th January 2019	6 th March 2019	14 th May 2019	17 th July 2019
Deputy Chief Executive/Director of Operations (Joint Chair)	✓			
Director of Public Health (Joint Chair)	✓	✓	✓	✓
Independent Member			✓	
Director of Estates and Capital Management	✓	✓	✓	✓
County Director				
General Manager – Scheduled Care Manager				
General Manager – Unscheduled Care		✓	✓	✓
General Manager – Womens’ and Childrens’ Services				
General Manager – Community		✓	✓	✓
General Manager – Mental Health and Learning Disabilities			✓	
Primary Care representative				
Cancer Services – representative				
Workforce and OD – HR representative				
Head of Health, Safety & Security	✓	✓	✓	✓
Head of Emergency Planning		✓	✓	✓
Health and Safety Manager	✓	✓	✓	✓
Security Manager & Case Manager				
Head of Occupational Health Service	✓	✓	✓	✓
Estates Compliance Manager	✓	✓		✓
Moving And Handling Co-ordinator	✓	✓	✓	✓
Infection Prevention & Control Nurse				
Union Safety Representatives – RCN, RCM, Unite, UNISON, BMA, SOR, etc.	✓	✓		✓

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	1	4	0	5

<p>Finding 1 – Health & Safety Committee (D)</p>	<p>Risk</p>
<p>A review of the HSEPSC minutes for the period January to July 2019 was undertaken and identified a number of members with poor attendance records.</p> <p>Whilst we can confirm the Health Board were provided with health and safety update reports via the HSEPSC and BPPAC during 2019, the lack of poor attendance by some members of the HSEPSC during 2019 could have resulted in key health and safety issues being reported through to the Health & Safety Team and also the Health Board.</p>	<p>The Health Board is not aware of any Health & Safety issues.</p>
<p>Recommendation 1</p>	<p>Priority level</p>
<p>Management should ensure all members of the Health & Safety and Emergency Planning Sub-Committee (and future Health & Safety Committee) regularly attend to ensure health and safety issues identified within directorates and services are reported and lessons learned are shared with other representatives.</p>	<p style="text-align: center;">HIGH</p>
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>
<p></p>	<p></p>

Finding 2 – Risk Assessments (O)	Risk
<p>The Health & Safety Internal Audit report issued in 2016/17 identified the lack of an actions log following risk assessments undertaken within directorates, services and departments. The management response was to introduce a log of actions as a key performance indicator (KPI) for the Health & Safety Team. During this review, we noted that risk assessments continue not to be shared with the Health & Safety Team nor is there a KPI in place for the log of actions.</p>	<p>Divisions and departments do not have appropriate Health and Safety procedures in place.</p>
Recommendation 2	Priority level
<p>Management should ensure mechanisms are in place to capture the findings following risk assessments undertaken by directorates, services or departments to ensure actions are implemented to mitigate the identified risks.</p>	<p>MEDIUM</p>
Management Response	Responsible Officer/ Deadline

Finding 3 – Local Health & Safety Arrangements (O)	Risk
<p>A review of the limited sample of directorates and services identified a variance in the implementation of the Health and Safety Policy, specifically in regards of</p>	<p>Divisions and departments do not have appropriate Health and Safety Procedures in place.</p>


<p>ensuring risks identified with departments are reported through to the directorate or service health and safety leads.</p>	
<p>Recommendation 3</p>	<p>Priority level</p>
<p>Management should liaise with directorates and services to ensure that arrangements currently in place meet the requirements set out in the Health and Safety Policy.</p>	<p>MEDIUM</p>
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>

<p>Finding 4 – Key Performance Indicator (D)</p>	<p>Risk</p>
<p>The introduction of key performance indicators (KPIs) was recommended and agreed by management in the Health & Safety Internal Audit report 2016/17. Currently, only one KPI, the reporting of injuries, diseases and dangerous occurrence regulations (RIDDOR), has been implemented to measure health and safety performance is.</p>	<p>The Health Board is not aware of any Health & Safety issues.</p>
<p>Recommendation 4</p>	<p>Priority level</p>
<p>Management should introduce key performance indicators to enable the organisation to measure and monitor health and safety performance.</p>	<p>MEDIUM</p>


Management Response	Responsible Officer/ Deadline
Finding 5 – Annual Health & Safety Report (D)	Risk
<p>The Health Board do not currently receive an annual health and safety report. Following discussions with the Head of Health, Safety & Security, it was noted that the production of an annual report would be written into the new Health & Safety Committee terms of reference.</p>	<p>The Health Board is not aware of any Health & Safety issues.</p>
Recommendation 5	Priority level
<p>Management should ensure the Health Board receives an annual health and safety report detail the issues and actions undertaken over the previous 12-months to ensure compliance with legislation.</p>	<p>MEDIUM</p>
Management Response	Responsible Officer/ Deadline


Appendix B - Assurance Opinion and Action Plan Risk Rating

2019/20 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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