

## Bundle Audit & Risk Assurance Committee 22 October 2019

5.10 Water Safety Follow-up (Substantial Assurance)

*Presenter: James Johns*

*Please note - the attached report has been updated, to address the formatting issue identified at Appendix A – Item 4*

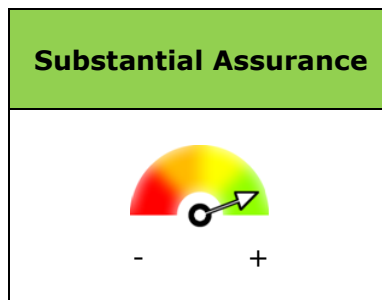
Water Safety Follow-up Final Report

Water Safety Final Follow-up Report (update231019)

**Water Safety Follow-up**  
**Final Internal Audit Report**  
**2019/20**

**Hywel Dda University Health Board**

**NHS Wales Shared Services Partnership**  
**Audit and Assurance Services**



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Appendix A	Previously agreed management actions
Appendix B	Audit assurance ratings

<b>Review reference:</b>	SSU HDU 1920 07.01
<b>Report status:</b>	Final
<b>Fieldwork commencement:</b>	4 <sup>th</sup> July 2019
<b>Fieldwork completion:</b>	9 <sup>th</sup> September 2019
<b>Draft report issued:</b>	20 <sup>th</sup> September 2019
<b>Draft Report meeting:</b>	25 <sup>th</sup> September 2019
<b>Proposed Final Report issued:</b>	1 <sup>st</sup> October 2019
<b>Updated management response:</b>	4 <sup>th</sup> October 2019
<b>Final report issued:</b>	7 <sup>th</sup> October 2019
<b>Auditor/s:</b>	NWSSP: Audit & Assurance - Specialist Services Unit
<b>Executive sign off:</b>	Joe Teape, Director of Operations
<b>Distribution:</b>	Rob Elliot, Director of Estates, Facilities & Capital Management Paul Evans, Assistant Head of Operational Facilities Management Heather Williams, Head of Operational Facilities Management
<b>Committee:</b>	Audit Committee



Audit and Assurance Services conform to all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Internal Auditors.

### **ACKNOWLEDGEMENT**

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

#### **Please note:**

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

## 1. Introduction and Background

This audit forms a part of the 2019/20 agreed internal audit plan. It sought to determine the status of previously agreed recommendations arising from a "**limited assurance**" Water Safety audit report issued in April 2019.

The purpose of the April 2019 audit was to evaluate supportive processes and procedures for water safety management within the University Health Board.

The audit assessed compliance with the requirements of Welsh Health Technical Memorandum (WHTM) 04-01, Safe Water in Healthcare Premises, with specific audit testing undertaken at the **Glangwili** and **Prince Philip** Hospital sites.





## 2. Prior Scope and Objectives (April 2019 audit)

The scope and remit of the April 2019 audit was previously directed to the following areas:

- **Governance** - The Health Board had adequate arrangements in place to support the implementation of the approved code of practice. In addition, that an appropriate policy was in place to address water safety issues, there were defined allocation of responsibilities, clear lines of communication and reporting and approval processes.
- **Procedures** - To ensure that management were implementing applicable procedures – both internal and external requirements.
- **Monitoring and Reporting** - To ensure that the estate was appropriately monitored. To ensure that the Health Board had effective monitoring procedures in place e.g. the establishment of appropriate Water Safety Groups (WSGs). Assurance that there was appropriate record retention and dissemination of information through to the Executive team and Board.
- **Management** - Assurance that relevant staff received appropriate training and appropriate resources were allocated. Assurance that an appropriate inspection / detection regime was operated.
- **Risk Management** - Assurance that the Health Board had performed a suitable and sufficient assessment of risks. Risks were appropriately managed.

### 3. Prior assurance summary (overall "limited" assurance)

The April 2019 summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Governance			✓	
2	Procedures		✓		
3	Monitoring & Reporting			✓	
4	Management		✓		
5	Risk Management		✓		

Recommendations relating to each of these areas are separately identified at **Appendix B** to facilitate identification of issues and progress in each area.

### 4. Current Scope and Objectives

This audit was restricted to ensuring that appropriate management action had been taken to address the recommendations made at the Water Safety Audit report issued in April 2019.

The audit was progressed through obtaining evidence in support of each recommendation, to demonstrate sufficient action had been taken to address each recommendation.

### 5. Associated Risks





The potential risks considered in the review were as follows:

- control frameworks continue to exhibit weaknesses;
- management do not have processes in place to review and action agreed audit recommendations (and consequential risk mitigation); and
- management do not have adequate recording systems to inform whether requisite actions have been undertaken, and are therefore unable to evidence actions.

## OPINION AND KEY FINDINGS

### 6. Current Assurance Summary

The summary of assurance in relation to previously agreed actions is described in the table below (i.e. follow-up assurance in relation to issues raised at the previously sampled sites of Prince Phillip and Glangwili general hospitals):

Assurance Summary					
1	Governance				✓
2	Procedures				✓
3	Monitoring & Reporting				✓
4	Management				✓
5	Risk Management				✓


This is supported by the detail outlined at **Appendix A** that outlines the full implementation of all previous audit recommendations.

### 7. 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.

Recommendations made at the prior audit (issued April 2019) were fully addressed.

Accordingly, a **substantial** level of assurance has been determined.

RATING	INDICATOR	DEFINITION
Substantial Assurance		The Board can take <b>substantial assurance</b> 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 <b>low impact on residual risk</b> exposure.

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



**Appendix A: Previously agreed management actions**

No.	Agreed management action (April 2019)	Current status	Priority
1.	An appropriate Deputy Responsible Person at Prince Phillip Hospital should be formally appointed as soon as possible (O).	<b>Actioned</b> – Appointment certificate evidenced.	<b>Medium</b>
2.	The Water Safety Policy should be updated and formally approved by the appropriate forum (D).	<b>Actioned</b> since original fieldwork.  The UHB’s water safety policy was fully approved at the Infection Prevention Control sub-committee in March 2019.	<b>Medium</b>
3	The Outbreak Plan should be reviewed and tested (where possible) to assess its suitability (D).	<b>Actioned</b> – the Outbreak Plan is being adhered to in relation to current legionella findings. While not having to address an infection outbreak, the initial phases of this policy were seen to be applied, and an Outbreak Control Team meeting convened.	<b>Medium</b>
4	a) The Water Safety Plan should be reviewed and updated in line with current guidance, and approved by the Water Safety Group.  b) The Water Safety Plan should be subject to continual review and updating as necessary from now on (O).	<b>Actioned</b> –  (a) The Water Safety Plan has been reviewed and updated to reflect WHTM 04 and associated guidance. It has been approved by the Water Safety Group  (b) The Water Safety Plan has also been forwarded to NWSSP: Specialist Estates Services for additional could. Also reference ccc	<b>High</b>

No.	Agreed management action (April 2019)	Current status	Priority
		and associated recommendation regarding potential further enhancement.	
5	<p>a) A review should be undertaken of all outstanding high priority actions arising from NWSSP: SES audits, including assessment of the risk to the Health Board of these not being completed.</p> <p>b) A plan should be put in place to address the outstanding actions as soon as possible, where appropriate.</p> <p>c) The results of this exercise should be reported to the Water Safety Group (O).</p>	<p>Logged as <b>Actioned</b> since audit fieldwork at the prior report i.e.</p> <p>(a) A review of outstanding "high priority" actions was evidenced.</p> <p>(b) An action plan to address the outstanding actions was developed.</p> <p>(c) Actioned as submitted to Water Safety Groups April – July 2019.</p>	<b>High</b>
6	Logbooks should be archived in a manner that allows documents to be retrieved and reviewed when required (O).	<b>Actioned</b> - Records locally available	<b>Medium</b>
7	<p>A risk assessment should be undertaken in relation to the uncompleted PPM 1464 at PPH.</p> <p>The risk assessment should be reported to the Water Safety Group for a decision to be made on whether the risk of not completing the task is acceptable to the UHB or not (O).</p>	<p><b>Actioned</b> since original fieldwork.</p> <p>PPM tasks that are not completed because of staffing arrangements are now prioritised and tracked by the assigned officer. Performance is reviewed via Key Performance Indicators. It was agreed, with the Chair of the Water Safety Group, that relevant PPMs would feature as a regular agenda item to assess compliance, and for escalation / sign off by WSG members.</p>	<b>Medium</b>

No.	Agreed management action (April 2019)	Current status	Priority
8	Logbooks should be checked and authorised by senior staff members to identify anomalies and report accordingly (O).	<b>Actioned.</b> A Deputy Responsible Person (DRP) had been appointed for this purpose. Logbooks inspected were found to be appropriately authorised.	<b>Medium</b>
9	Estates staff should receive training to ensure there is no key person dependency in the system and logbooks are uploaded in a timely manner (O).	<b>Actioned</b> – appropriate training evidenced. Logbooks found to be appropriately available.	<b>Medium</b>
10	a) A review should be undertaken on the efficacy of the current control regime across all sites, in respect of water safety management. b) The results should be reported to the WSG, for a decision to be taken on the current approach to legionella monitoring across the UHB (O).	a) <b>Actioned</b> - internal review evidenced.  b) <b>Actioned</b>	<b>Medium</b>
11	Training should be updated for all staff with assigned water management responsibilities. In future, training should be arranged in advance of expiry of prior training (O).	<b>Actioned</b> since original audit fieldwork.	<b>Medium</b>
12	Training records for Estates staff should be enhanced, to incorporate (for example): <ul style="list-style-type: none"> <li>• The training needs for each member of staff (based on specific assigned responsibilities, including water management);</li> <li>• A record of training undertaken; and</li> <li>• Expiry / refresh dates (D).</li> </ul>	<b>Actioned</b> since original audit fieldwork.  A training needs assessment (TNA) was updated for all estates staff for training including general health and safety requirements, such as working at height, asbestos, confined spaces etc. For all Health Technical Memorandum training, including that	<b>Low</b>

No.	Agreed management action (April 2019)	Current status	Priority
		<p>of water safety, completion and refresher dates are now logged.</p> <p>Formal records of training are recorded and issued to respective site managers for retention in local staff training records. These are now scanned and issued via e-mail to all local managers, including a link to the scanned training records.</p>	

## 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** that arrangements to secure governance, risk management and internal control, within those areas under review, 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.

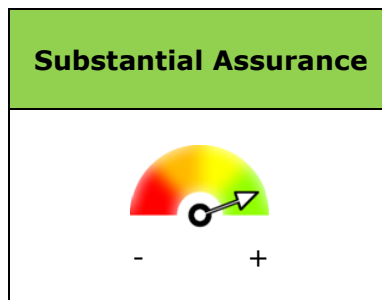
Priority Level	Explanation	Management action
<b>High</b>	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in control design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

# **Water Safety Follow-up Final Internal Audit Report 2019/20**

**Hywel Dda University Health Board**

**NHS Wales Shared Services Partnership  
Audit and Assurance Services**



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2.	The Water Safety Policy should be updated and formally approved by the appropriate forum (D).	<b>Actioned</b> since original fieldwork.  The UHB’s water safety policy was fully approved at the Infection Prevention Control sub-committee in March 2019.	<b>Medium</b>
3	The Outbreak Plan should be reviewed and tested (where possible) to assess its suitability (D).	<b>Actioned</b> – the Outbreak Plan is being adhered to in relation to current legionella findings. While not having to address an infection outbreak, the initial phases of this policy were seen to be applied, and an Outbreak Control Team meeting convened.	<b>Medium</b>
4	a) The Water Safety Plan should be reviewed and updated in line with current guidance, and approved by the Water Safety Group.  b) The Water Safety Plan should be subject to continual review and updating as necessary from now on (O).	<b>Actioned</b> –  (a) The Water Safety Plan has been reviewed and updated to reflect WHTM 04 and associated guidance. It has been approved by the Water Safety Group.  (b) The Water Safety Plan has also been forwarded to NWSSP: Specialist Estates Services for additional comment (and will be further updated if required). Also reference	<b>High</b>

No.	Agreed management action (April 2019)	Current status	Priority
		<p>Recommendation 1 of the Water Safety – Additional Sampling report (issued separately) re: potential further enhancements.</p> <p>The Water Safety Plan will be reviewed against all future enhancements/changes to current guidance/ H&amp;S requirements.</p>	
5	<p>a) A review should be undertaken of all outstanding high priority actions arising from NWSSP: SES audits, including assessment of the risk to the Health Board of these not being completed.</p> <p>b) A plan should be put in place to address the outstanding actions as soon as possible, where appropriate.</p> <p>c) The results of this exercise should be reported to the Water Safety Group (O).</p>	<p>Logged as <b>Actioned</b> since audit fieldwork at the prior report i.e.</p> <p>(a) A review of outstanding “high priority” actions was evidenced.</p> <p>(b) An action plan to address the outstanding actions was developed.</p> <p>(c) Actioned as submitted to Water Safety Groups April – July 2019.</p>	<b>High</b>
6	<p>Logbooks should be archived in a manner that allows documents to be retrieved and reviewed when required (O).</p>	<b>Actioned</b> - Records locally available	<b>Medium</b>
7	<p>A risk assessment should be undertaken in relation to the uncompleted PPM 1464 at PPH.</p> <p>The risk assessment should be reported to the Water Safety Group for a decision to be made on whether the risk of not completing the task is acceptable to the UHB or not (O).</p>	<p><b>Actioned</b> since original fieldwork.</p> <p>PPM tasks that are not completed because of staffing arrangements are now prioritised and tracked by the assigned officer. Performance is reviewed via Key Performance Indicators. It was agreed, with the Chair of the Water Safety Group, that relevant PPMs would feature as a</p>	<b>Medium</b>

No.	Agreed management action (April 2019)	Current status	Priority
		regular agenda item to assess compliance, and for escalation / sign off by WSG members.	
8	Logbooks should be checked and authorised by senior staff members to identify anomalies and report accordingly (O).	<b>Actioned.</b> A Deputy Responsible Person (DRP) had been appointed for this purpose. Logbooks inspected were found to be appropriately authorised.	<b>Medium</b>
9	Estates staff should receive training to ensure there is no key person dependency in the system and logbooks are uploaded in a timely manner (O).	<b>Actioned</b> – appropriate training evidenced. Logbooks found to be appropriately available.	<b>Medium</b>
10	a) A review should be undertaken on the efficacy of the current control regime across all sites, in respect of water safety management. b) The results should be reported to the WSG, for a decision to be taken on the current approach to legionella monitoring across the UHB (O).	a) <b>Actioned</b> - internal review evidenced. b) <b>Actioned</b>	<b>Medium</b>
11	Training should be updated for all staff with assigned water management responsibilities. In future, training should be arranged in advance of expiry of prior training (O).	<b>Actioned</b> since original audit fieldwork.	<b>Medium</b>
12	Training records for Estates staff should be enhanced, to incorporate (for example): <ul style="list-style-type: none"> <li>• The training needs for each member of staff (based on specific assigned responsibilities, including water management);</li> <li>• A record of training undertaken; and</li> </ul>	<b>Actioned</b> since original audit fieldwork.  A training needs assessment (TNA) was updated for all estates staff for training including general health and safety requirements, such as working at height, asbestos, confined spaces etc. For all Health	<b>Low</b>

No.	Agreed management action (April 2019)	Current status	Priority
	<ul style="list-style-type: none"><li data-bbox="248 363 696 400">• Expiry / refresh dates (D).</li></ul>	<p data-bbox="1124 363 1827 469">Technical Memorandum training, including that of water safety, completion and refresher dates are now logged.</p> <p data-bbox="1124 507 1827 719">Formal records of training are recorded and issued to respective site managers for retention in local staff training records. These are now scanned and issued via e-mail to all local managers, including a link to the scanned training records.</p>	



## 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** that arrangements to secure governance, risk management and internal control, within those areas under review, 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
<b>High</b>	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*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	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.