2.3   Internal Audit report and Management Response
Presenter: Tim Harrison
              Item 2.3 Health and Safety Internal Audit Report
              HDUHB-1920-04 Health and Safety (Final) IA Report

HEALTH & SAFETY ASSURANCE COMMITTEE
PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 June 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Internal Audit
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety and Security

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health and Safety Assurance Committee has requested an update on the actions from the Internal Audit report on 'Health and Safety' completed in March 2020.

The Committee is being asked to note the management response against the five recommendations, together with the specified timescales for completion.

Cefndir / Background

The Internal Audit review of Health & Safety within Hywel Dda University Health Board was completed in line with the approved 2019/20 Internal Audit Plan. At the time of the review, the relevant lead Executive Director was the Executive Director of Operations, however, the delegated responsibility has now been transferred to the Executive Director of Nursing, Quality and Patient Experience.

The overall objective of the review was to assess the adequacy of the management arrangements in place for Health & Safety in order to provide assurance to the Health Board.

The scope of this review was limited in regard to the 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.

The level of assurance given 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.

Finding 1 – Health & Safety Committee
A review of the Health and Safety & Emergency Planning Sub-Committee (HSEPSC) minutes for the period January to July 2019 was undertaken and identified a number of members with poor attendance records.

Whilst we can confirm the Health Board was provided with health and safety update reports via HSEPSC and the Business, Planning and Performance Assurance Committee (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 not being reported through to the Health & Safety Team and also to the Health Board**.**

Recommendation 1
Management should ensure all members of the Health & Safety Assurance Committee regularly attend to ensure health and safety issues identified within directorates and services are reported and lessons learned are shared with other representatives.

Action Recommendation 1	
Attendance to be monitored at all future meetings and reported through the Health & Safety Assurance Committee Annual Report.	Complete
Issues identified at service/directorate level will be escalated where necessary to the Committee via the local quality governance arrangements. These arrangements will be further developed and confirmed at the September 2020 Health & Safety Assurance Committee.	Sept 2020

Finding 2 – Risk Assessments
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.

Action Recommendation 2	
Datix Risk is now being reviewed and scrutinised by the Health and Safety Team	Complete
Control measures are being evaluated and where necessary departments visited to establish if they provide the adequate level of protection for staff or others. Any concerns regarding controls to reduce the risks will be documented and monitored. KPIs are under development and will be presented to HSAC once finalised.	Sept 2020
Reports to be monitored at each directorate quality & safety meeting and corporate Health & Safety risks to be presented at agreed intervals to HSAC.	

Finding 3 – Local Health & Safety Arrangements

A review identified a variance in the implementation of the Health and Safety Policy, specifically in regards to ensuring risks identified with departments are reported through to the directorate or service health and safety leads.

Action Recommendation 3 Health and Safety Team will develop a model of introducing 'H&S Champions/Co-ordinators' into several departments during 2020/21. Model proposal to be completed by August 2020. In the meantime, H&S departmental Audits being undertaken that commenced March 2020. Planned annual programme in place.	August 2020

Finding 4 – Key Performance Indicator

Currently, only one KPI, the reporting of injuries, diseases and dangerous occurrence regulations (RIDDOR), has been implemented to measure health and safety performance. Management should introduce key performance indicators to enable the organisation to measure and monitor health and safety performance.

Action Recommendation 4 Health and Safety Team will gather data on the following and introduce additional KPIs for example: • Percentage of workforce trained in manual handling and fire safety awareness • Number of risk assessments reviewed as well as percentage of actions generated by risk assessment completed • Number of Safety tours completed by Senior Manager The Health and Safety Team is currently designing the H&S Quality Dashboard which will display both H&S incident data and data from the new Datix RIDDOR module to allow senior managers to easily access statistical information to inform their meetings and gain assurance.	Sept 2020

Finding 5 – Annual Health & Safety Report

The Health Board does 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.

Action Recommendation 5 Health, Safety and Security Department will produce an annual report on the anniversary of the committee's inauguration. A 2019/20 Annual Report is currently being prepared for consideration by the meeting in June 2020.	May 2021

Argymhelliad / Recommendation

The Committee is asked to discuss and consider progress made in respect of the recommendations from the Internal Audit report on Health and Safety.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.3 Reports and audits from enforcing agencies and internal sources are considered and acted upon.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Focus On What Matters To Patients, Service users, Their Families and Carers, and Our Staff Focus On What Matters To Patients, Service Users, Their Families and Carers, and Our Staff
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	2019/20 Internal Audit Plan
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	HSAC 14.05.2020

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian:	No expected impact

Financial / Service:	
Ansawdd / Gofal Claf: **Quality / Patient Care:**	N/A
Gweithlu: **Workforce:**	No adverse impact
Risg: **Risk:**	Risk mitigation in place in terms of PPE, safe systems of work and safe environments
Cyfreithiol: **Legal:**	Health and Safety at Work Act 1974 Management of Health and Safety at Work Regulations
Enw Da: **Reputational:**	
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Hywel Dda University Health Board

Health & Safety

Final Internal Audit Report

June 2020

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services

Contents

Review reference:	HDUHB-1920-04
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Fieldwork commencement:	16th August 2019
Fieldwork completion:	17th March 2020
Draft report issued:	31st March 2020
Management response received:	5th June 2020
Final report issued:	5th June 2020
Auditor/s:	Ceri-Ann Corcoran & Gareth Heaven
Executive sign off:	Mandy Rayani (Director of Nursing, Quality & Patient Experience)
Distribution:	Rob Elliott (Director of Estates & Facilities)
	Tim Harrison (Head of Health, Safety & Security)
Committee:	Audit & Risk Committee

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.

Disclaimer notice - 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 & Risk Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit & Risk 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

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 Nursing, Quality & 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 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 HSEPSC. 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 HSEPSC 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:

Audit Objective		Assurance Summary*			
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			✔	

		Assurance Summary*			
Audit Objective		![gauge low]	![gauge mid-low]	![gauge mid-high]	![gauge high]
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 undertaken 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	Sept 2018	Sept 2019
60.9%	74.1%	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	17th January 2019	6th March 2019	14th May 2019	17th 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

Finding 1 – Health & Safety Committee (D)	Risk
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. 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.	The Health Board is not aware of any Health & Safety issues.
Recommendation 1	**Priority level**
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.	HIGH
Management Response	**Responsible Officer/ Deadline**
The first meeting of the newly established Health & Safety Assurance Committee took place on the 14th May 2020. This is now a Committee directly reporting to the Board and the inaugural meeting was well attended. Attendance to be monitored at all future meetings and reported through the annual Health & Safety Report.	Head of Health, Safety & Security 5th June 2020

Further consideration of membership will be undertaken post COVID-19 arrangements in line with other committee meetings. It is expected that issues identified at service/directorate level will be escalated where necessary to the Committee via the local quality governance arrangements. These arrangements will be further developed and confirmed at the September 2020 Health & Safety Assurance Committee.	Executive Director of Nursing Quality & Patient Experience 30th September 2020

Finding 2 – Risk Assessments (O)	Risk
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.	Divisions and departments do not have appropriate Health and Safety procedures in place.
Recommendation 2	**Priority level**
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.	**MEDIUM**
Management Response	**Responsible Officer/ Deadline**

Datix Risk is now being reviewed and scrutinised by the Health and Safety Team. Control measures are being evaluated and where necessary departments visited to establish if they provide the adequate level of protection for staff or others. Any concerns regarding controls to reduce the risks will be documented and monitored. Key performance indicators are under development and will be shared with HSAC once finalised. Risk report to be provided and monitored at each directorate quality meeting and corporate Health & Safety risk registered to be presented at agreed intervals to HSAC.	Head of Health, Safety & Security (supported by the newly appointed H&S Advisers) 30th September 2020

Finding 3 – Local Health & Safety Arrangements (O)	Risk
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 ensuring risks identified with departments are reported through to the directorate or service health and safety leads.	Divisions and departments do not have appropriate Health and Safety Procedures in place.
Recommendation 3	**Priority level**
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.	**MEDIUM**
Management Response	**Responsible Officer/ Deadline**

The Health and Safety Team will develop a model of introducing 'H&S Champions/Co-ordinators into several departments during 2020/21. H&S Co-ordinator model currently being developed with the aim to submit the proposal to the H&SA Committee August 2020.	Head of Health, Safety & Security 31st August 2020
The champions will co-ordinate and implement local H&S arrangements and advise the Heads of Department if performance/compliance does not reach the standards required.	
The role will involve proactively working with the Health and Safety Team to establish and maintain a culture of safe, environmentally friendly practices across the organisation. Working with the Directorate senior management team, they will be responsible for implementing the health and safety policy and systems, and keeping up-to-date with relevant legislation.	
In the meantime, the H&S Team are undertaking H&S departmental Audits that commenced March 2020. Planned annual programme in place.	

Finding 4 – Key Performance Indicator (D)	Risk
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.	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**
During 2020/21 the Health and Safety Team will gather data on the following and if necessary introduce additional KPI's • Percentage of workforce trained in manual handling and fire safety awareness • Number of risk assessments reviewed as well as percentage of actions generated by risk assessment completed • Number of Safety tours completed by Senior Manager In addition, the Health and Safety Team is currently designing a H&S Quality Dashboard which will be able to display both H&S incident data and data from the new Datix RIDDOR module to allow senior managers to easily access statistical information to inform their meetings and gain assurance. This will be available via the IRIS (Information Reporting Intelligence System).	Head of Health, Safety & Security 30th September 2020

Finding 5 – Annual Health & Safety Report (D)	Risk
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	The Health Board is not aware of any Health & Safety issues.

that the production of an annual report would be written into the new Health & Safety Committee terms of reference.	
Recommendation 5	**Priority level**
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.	**MEDIUM**
Management Response	**Responsible Officer/ Deadline**
In line with the establishment of the Health & Safety Assurance Committee the Health, Safety and Security Department will produce an annual report on the anniversary of the committee's inauguration. This will be written into the Terms of Reference of the new committee. An initial Annual Report is currently being prepared for consideration by July 2020.	Head of Health, Safety & Security 31st May 2021

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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