

Health and Safety Final Internal Audit Report

February 2023

Public Health Wales NHS Trust

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Acknowledgement

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

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Executive Summary

Purpose

The overall objective of the audit is to consider corporate reporting of Health and Safety matters with consideration to matters concerning staff working from home.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- The information on the risk register is not up to date / accurate and may include risks which are not actual risks.
- Policies / Procedures within Health and Safety require updating.
- The membership of the Health and Safety Group needs to be reviewed.

Report Opinion



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved

Assurance summary¹

Objectives	Assurance
1 H&S is adequately resourced and there is a responsible officer	Substantial
2 There are appropriate H&S policies and procedures and include effective training for staff	Reasonable
3 There is regular monitoring and reporting of Health & Safety matters	Substantial
4 The risk register is updated as necessary to reflect any risks that arise from Health & Safety matters	Reasonable
5 Health and Safety risks have been considered for staff that are working at home	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Health and Safety policies / procedures are out of date	2 Operation	Medium
3	The Health and Safety Risk Register is not completed fully	4 Operation	Medium

1. Introduction

- 1.1 Our audit review of health and safety was completed in line with the 2022/23 Internal Audit Plan for Public Health Wales NHS Trust (the 'Trust').
- 1.2 Effective health and safety performance stems from the Board who have both collective and individual responsibility. The Health and Safety at Work Act (1974) is the primary piece of legislation covering occupational health and safety in the UK, and this requires the Board to establish a health and safety policy that should become an integral part of the Trust's culture, values, and performance standards.
- 1.3 Successful delivery of the policy depends on an effective management system to ensure, so far as is reasonably practicable, the health and safety of employees, contractors, visitors, and members of the public. The Board should aim to protect people by introducing a management system and practices that ensure that health and safety risks are dealt with sensibly, responsibly, and proportionately.
- 1.4 The relevant lead for the review is the Deputy Chief Executive/ Executive Director of Operations and Finance.
- 1.5 The potential risks considered in the review were as follows:
 - The Trust has inadequate health and safety arrangements in place resulting in avoidable accidents and incidents.
 - The failure to comply with health and safety legislation results in financial penalties and reputational damage.

2. Detailed Audit Findings

Objective 1: Health and safety is adequately resourced, and responsibility for health and safety has been specifically assigned to a member of staff and a member of the Board.

- 2.1 The executive lead for health and safety is the Deputy Chief Executive / Executive Director of Operations and Finance.
- 2.2 The Health and Safety department appears adequately resourced with a Head of Estates and Health and Safety who is responsible for 'monitoring Estates and Health and Safety Performance'. There are Health and Safety managers in place within the Screening and Microbiology divisions as it is deemed that they are required within these divisions. They have 'specific responsibilities to ensure the implementation of the Health and Safety policy within their respective Divisions'.
- 2.3 The Health & Safety department uses an external consultant to help aid with any health and safety issues that have arisen across the Trust. In addition, they have provided help with risk assessments and provide support to the Health and Safety Microbiology and Screening managers. The external consultant will also act as a mentor for the new Health & Safety advisor who has recently come into post.

Conclusion:

- 2.4 There is an appropriate Board level lead for health & safety, and the department is adequately resourced with support provided by an external contractor as and when required. **(Substantial Assurance)**

Objective 2: There are appropriate health and safety policies and procedures in place that have been approved by the Board that include effective training provisions for staff.

- 2.5 Health and safety policies are available to staff on the Intranet. The Health and Safety policy outlines both employers and employees' responsibilities for health and safety, along with monitoring arrangements. However, we note that seven out of ten health and safety policies had passed their review date. **(Matter Arising 1 – Medium Priority)**
- 2.6 Staff who are appointed into health and safety roles are required to demonstrate the necessary competencies through the application process for their role. As a professional they maintain the relevant accreditations as required. In-House training is not provided for health and safety, but staff are supported to attain additional qualifications and attend conferences, which contribute to their CPD.
- 2.7 All staff are required to undertake statutory health and safety training, including new starters to the Trust.

Conclusion:

- 2.8 Staff who are in health and safety roles have the necessary qualifications for their role. However, some of the Health and Safety policies need to be reviewed to ensure that the information is still appropriate and up to date. **(Reasonable Assurance)**

Objective 3: There is regular monitoring of reporting of Health and Safety matters and any escalation issues to the Board, appropriate Committee, and the health and Safety Executive (HSE) where appropriate.

- 2.9 There is a Health and Safety Group and a health and safety workplan is a regular agenda item. The work plan is reviewed by the Health and Safety Group and highlights health and safety activities that need to be undertaken whilst covering topics such as Display Screen Equipment (DSE), health and safety and risk dashboard.
- 2.10 There are Terms of Reference and Operating Arrangements for the Health & Safety Group. The Health and Safety Manager (Professional Lead) is identified within the membership, but has been on secondment since the start of the pandemic and subsequently has left the organisation. In addition, all meetings reviewed were quorate, however, two members had failed to attend the last two meetings. **(Matter Arising 2 – Low Priority)**
- 2.11 There are regular updates provided to the Health and Safety Group from the Health and Safety Leads, which includes reports from Microbiology and Screening identifying any issues. Reporting includes information on risk assessments, the number of cases of COVID-19, and staffing issues.

- 2.12 The Health and Safety Group provides the Quality, Safety and Improvement Committee with a Health and Safety report including information on incidents. This information is reported by division and health and safety category. The report also includes any Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) that have been reported to the (Health and Safety Executive) HSE and details of the investigation following the RIDDOR and actions to prevent future occurrences.
- 2.13 There have been six RIDDORS submitted to the HSE in the last 12 months. The Health and Safety Group were advised that an internal review exercise had been undertaken to establish if there were any links between the six RIDDORS that had been submitted and no link was identified. In addition, further work had been undertaken to analyse if there were any internal / external factors, with the outcome reported to the Health & Safety Group.

Conclusion:

- 2.14 There is regular reporting and monitoring of health & safety issues at the Health and Safety Group, along with the Quality, Safety, and Improvement Committee. There is also information on RIDDORS that have been reported to the Health and Safety Executive and feedback provided when necessary. However, members of the Health and Safety Group should attend or send representatives on their behalf. **(Substantial Assurance)**

Objective 4: The risk register is updated as necessary to reflect any risks that arise from health and safety matters

- 2.15 Health and safety risk is discussed at the Health and Safety Group and risks are reported as part of the Health and Safety report to the Quality, Safety and Improvement Committee.
- 2.16 The Health and Safety Group workplan highlights that the health and safety risks should be reviewed and updated. However, the narrative identifies that this process is ongoing. **(Matter Arising 3 – Medium Priority)**
- 2.17 There are 19 risks recorded on the Health & Safety Risk Register (as at November 2022). Our testing identified that there are several fields that have not been completed within DATIX. However, it was established within the Health & Safety Workplan that training should be arranged for senior managers within Screening and Microbiology to enable them to complete all relevant fields in DATIX, but at the time of our audit this had not been actioned. **(Matter Arising 3 – Medium Priority)**

Conclusion:

- 2.18 Although a framework is in place for scrutiny of risks with reporting through to the Health & Safety Group and the Quality, Safety and Improvement Committee, the information in the risk register is limited as there are a number of gaps within it. **(Reasonable Assurance)**

Objective 5: Health and safety risks have been considered for staff that are working at home and they are able to report risks.

- 2.19 Health and safety issues in relation to working at home, are escalated through the Executive Lead, the Head of Estates and Health & Safety who in turn notify the Health and Safety Group.
- 2.20 The health and safety workplan has an action to review health and safety requirements, including DSE, following the implementation of 'Work how it works best'. This programme is to enable more choice and flexibility around work and identify where it is done best, the needs of the team, and where staff would prefer to work.
- 2.21 The Head of Estates and Health and Safety and Senior Facilities Manager are working with the People and Organisational Development Directorate to ensure health and safety elements are considered as part of the guidance and resources for 'Work How it Works Best'.
- 2.22 There is a Lone Working Procedure in place 'to protect staff so far as is reasonably practicable from the risks of lone working'. The policy was scheduled for review in March 2021. **(Matter Arising 1 – Medium Priority)**

Conclusion:

- 2.23 Health and safety issues in relation to working at home can be escalated within the Trust. There is a Lone Working Procedure in place, but the guidance is due for review. **(Substantial Assurance)**

Appendix A: Management Action Plan

Matter Arising 1: Out of date policies and procedures (Operation)	Impact
<p>We reviewed a sample of ten health and safety policies / procedures. Our testing confirmed that the Health and Safety policy has been approved by the Quality, Safety and Improvement committee in July 2022, and we note that the Fire Safety Policy & Procedure was scheduled for review by the Quality, Safety, and Improvement Committee in December 2022. We understand that the First Aid Procedure is due to go to the next Health & Safety Group for consideration. We note that at the time of our fieldwork:</p> <p>Three procedures were under review within the Estates and Health and Safety Division. These were:</p> <ul style="list-style-type: none"> • Moving and Handling Procedure – The original review date was March 2021 • Control of Substances to Health Procedure – The original review date was January 2022 • Personal protective Equipment Procedure – The original review date was January 2022 <p>Three policies were identified as having passed their review date:</p> <ul style="list-style-type: none"> • Management of Violence & Aggression – The review date is January 2022 • Slips Trips and Falls Procedure – The review date is September 2022 • Display Screen Equipment – The review date is September 2022 <p>In addition, we identified that the Lone Worker Procedure review date was March 2021, and had not been reviewed.</p> <p>We acknowledge that the Health and Safety Department are aware that there are several policies and procedures that are out of date and due for renewal.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Outdated health and safety arrangements which result in avoidable accidents and incidents and are not in compliance with legislation.
Recommendations	Priority
<p>1.1 Management should ensure that all policies and procedures that relate to health and safety arrangements, are updated as soon as possible to ensure that they outline the current processes in place, whilst providing the latest guidance to staff should it be required.</p>	<p>Medium</p>

Agreed Management Action	Target Date	Responsible Officer
1.1	The Estates and Health and Safety Division have a programme of work to update all policies and procedures that need reviewing and updating and are included as part of the Health and Safety workplan. These policies and procedures will continue to be reviewed, updated and approved by the relevant group/Committee by end of quarter 1 2023/24.	30 June 2023 Head of Estates and Health and Safety

Matter Arising 2: Membership of the Health and Safety Group (Design)		Impact	
<p>The membership of the group is detailed within the Health and Safety Terms of Reference and Operating Arrangements. This includes the Health and Safety Manager (Professional Lead) who has been on secondment since the pandemic. In addition, reviewing of the two Health and Safety Group minutes shows that although the meetings were quorate, neither meeting was attended by the Chief Risk Officer or the Directorate Governance and General Manager.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> The organisation has inadequate health and safety arrangements in place resulting in avoidable accidents and incidents. 	
Recommendations		Priority	
2.1	<p>The membership of the Health and Safety Group should be reviewed to ensure that appropriate personnel are members of the Group.</p> <p>Management should ensure that the terms of reference are updated to reflect the current membership.</p> <p>Members detailed on the terms of reference of the Health and Safety Group should attend the meetings or send a representative on their behalf.</p>	<p>Low</p>	
Agreed Management Action		Target Date	Responsible Officer
2.1	<p>Members of the Health and Safety Group to be reminded to send a deputy if they are unable to attend a meeting. Terms of Reference are due to be reviewed in quarter 4, at which membership will be updated and these will be considered for approval at the Quality, Safety and Improvement Committee in April 2023.</p>	30 April 2023	Head of Estates and Health and Safety

Matter Arising 3: The Health and Safety Risk register is not fully completed (Operation)	Impact
<p>The Health & Safety risk register includes 19 risks which are recorded within DATIX. The information relating to the initial cause, effect, likelihood, consequence, and initial rating has been completed for all of these risks. However, the information on DATIX is not complete. We note:</p> <ul style="list-style-type: none"> • 16/19 have not been assigned an executive sponsor • The current score, consequence, rating, and risk level were not completed by 3/19 • The risk decision was not completed by 4/16 • Action Plan and due date was left blank for 16/19 • The target likelihood, consequence, rating, and risk level was not completed for 3/19 • The progress tab is not completed for 18/19 risks • RAG status is not completed for all 19/19 • The escalation / de-escalation column is not completed for 18/19. <p>In addition to the above points, we saw one instance where an issue had been recorded on the risk register. We note that the Health and Safety group workplan has identified that the risk register needs to be reviewed, although the time to complete this work has not been documented.</p> <p>The Trust’s health and safety workplan identifies that training is to be arranged for senior managers within Screening and Microbiology to help ensure that essential information is included on DATIX. However, this was due for completion by July 2022, and at the time of our fieldwork had not been done.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • The organisation has inadequate health and safety arrangements in place resulting in avoidable accidents and incidents.
Recommendations	Priority
<p>3.1 The risk register should be updated and staff should be reminded that all fields within Datix should be completed, including additional actions / due dates.</p>	<p>Medium</p>

	<p>The DATIX and risk reporting training should be undertaken by staff who input the data so that they can identify when something is an issue or a risk and where it is identified as a risk, all of the necessary information should be provided.</p>		
Agreed Management Action		Target Date	Responsible Officer
3.1	<p>Head of Estates and Health and Safety to work with Health and Safety Managers and Risk Manager to ensure all risks are up to date. Training session for Screening and Microbiology managers in the process of being set up.</p>	31 March 2023	Health and Safety Managers

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. 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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