

**AUDIT TRACKER UPDATE  
NWSSP AUDIT & ASSURANCE  
AGREED ACTIONS COMPLETED SINCE  
LAST REPORT**

**Executive Lead – Director of Digital**

ABM 2021-029	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Update/Comment
<p align="center"><b>Digital Technology Control &amp; Risk Assessment</b></p> <p>Report Issued January 2021</p> <p>Assurance Rating N/A</p>	5	<p>There are some departments that manage their own systems and these do not fully fit within the digital structure. Whilst there is an expectation that they will comply with the digital way of working, and there are structures in place to share information and requirements, the mechanisms for assurance are not fully formalised, particularly for items such as change control where there is no organisational policy or procedure.</p> <p>Departmentally managed systems should comply with good practice for the management of digital. Digital services should produce good practice guidance documentation for the health board overall, with all departments required to comply for areas such as change control.</p>	<p>Digital Services will develop a change control guidance document to share with the relevant devolved Digital Services.</p>	<p><b>January 2022 Update</b> Change control guidance document produced. Presented to and approved by Digital Service Management Group (DSMG) 20/01/2022. Action complete and for closure.</p>
	10	<p>There is no full, formal documented continuity policy or statement for digital services that sets out the risks, measures taken, residual risk linked to a time based impact assessment for the organisation, the actions that digital will take and the RTO / RPO for each of the IT systems used within the health board. As such not all executives and stakeholders may be aware of the full continuity position and risk. System support priority is agreed with stakeholders on system implementation and the option to improve support is provided with associated costs. However, as the RTO/RPO are not fully defined then stakeholders may not be fully aware of the residual risk to their service.</p> <p>A full business continuity policy or statement for digital should be developed that sets out:</p> <ul style="list-style-type: none"> <li>• Risks to service</li> <li>• Mitigations in place</li> <li>• The residual position</li> <li>• The effective RTO/RPO for each service level</li> </ul> <p>This should be agreed by the health board services, with options to improve positions if required.</p>	<p>Digital Services will summarise the information held within the Service Catalogue into a Digital Services Business Continuity Statement to be shared with the SDUs.</p>	<p><b>January 2022 Update</b> RTO/RPO developed. Digital Service Management Group (DSMG) were presented with the RTO/RPO papers, and these were approved. The action can therefore be closed down.</p>

**Executive Lead – Director of Finance**

ABM 2021-009	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Update/Comment
<p><b>Fire Safety Management</b></p> <p><b>Report Issued April 2021</b></p> <p><b>Assurance Rating Limited</b></p>	7	<p>Management are required to complete All Wales returns in respect of:</p> <ul style="list-style-type: none"> <li>• fire incidents;</li> <li>• fire risk assessment; and</li> <li>• fire audit.</li> </ul> <p>However, management advised that system interface issues presently require re-entry of data between systems, and that there is an inability to match data between systems e.g. a ward refurbishment recorded at Estates works may not correspond to fire risk actions.</p> <p>This has exacerbated central resource issues, and impeded effective information flows.</p> <p>Management should ensure effective information systems to facilitate appropriate fire safety assurances.</p>	<p>Agreed. The All Wales fire safety risk system is not compatible with other systems as it is a standalone software system. With the new agenda for the Health &amp; Safety Fire Safety group, there is a section that will capture the actions identified in the FRA and will be reviewed to ensure actions are either completed or have a scheduled programme to be completed. Historical actions will be reviewed separately not to delay the implementation of the new system. (The new agenda will cover the reviews from May onwards)</p>	<p><b>February 2022</b></p> <p>The HB has a fire safety group that the Assistant Director of Health &amp; Safety Chairs and has implemented a new standard agenda, reports and an updated ToR to ensure all fire related topics are captured and monitored. Risk assessment actions are reviewed against the HB spreadsheet for action completed and outstanding, this is then checked annually on the all Wales system, this process has been agreed by NWSSP SES fire until a new system is developed on an all Wales basis (funding has been agreed to develop this in 2022/23. The HB has recruited two additional fire safety officer who commenced in February 2022, this will enable additional fire related topics to be developed/completed and will be included in future work plans in 2022/23. i.e. fire audits. It is recommended that this action be closed. (MP)</p>
	10	<p>The existing action plans contained over 5,000 outstanding actions to be addressed by the UHB. The Head of Health &amp; Safety reported to the March 2020 Board that there were “insufficient resources in Health &amp; Safety to totally review all 5,000 actions on the risk register”.</p> <p>The audit observed, via the testing of risk assessments and local monitoring/ reporting, key weaknesses such as:</p> <ul style="list-style-type: none"> <li>– Drawings – the sample at the audit did not comply with WHTM or Firecode requirements in respect of the detail contained within drawings. The drawings were also unavailable at reception for the Fire Authority as required;</li> <li>– Fire Doors and Compartmentation – the audit observed widespread issues relating respectively to deterioration and penetration; and</li> <li>– Site specific maintenance</li> </ul> <p>The November 2020 management audits also identified that for both Morriston &amp; Singleton - “The site should have a full set of fire drawings indicating compartmentation, sub-compartmentation &amp; hazard room enclosures. Full compartmentation survey required for this site.”</p> <p>Appropriate arrangements should be put in place to implement the prioritised action plans.</p>	<p>Agreed. Currently both the ward manager and operations manager get a copy of risk assessment actions, to ensure that the practical actions are undertaken, alongside the Estates actions.</p> <p>SBUHB are currently working with NWSSP-SES authorised engineer for fire to identify compartmentation lines to update fire drawings to identify compartmentation, sub-compartmentation &amp; hazard rooms. Due to the pandemic site surveys have not been possible and will be reintroduced when safe to do so.</p>	<p><b>February 2022</b></p> <p>The fire safety group has been reviewed, with a new Chair appointed (Assistant Director of Health &amp; Safety), new ToR, standard agenda and report to ensure fire actions are reviewed, this covers estates and operational actions. Fire risk assessments and the actions from them are shared with operational leads/managers and estates managers, this has resulted in actions being closed. In addition, the fire safety officers are conducting checks periodically to further check on actions being completed. There will be a number of actions that will remain outstanding, this is due to capital funding and will be based on priority. It is recommended this action be closed as systems are in place. (MP)</p>

	<p><b>13</b> In accordance with the Fire Safety Policy, there are enhanced fire responsibilities for key staff groups e.g. fire wardens, ward managers etc.</p> <p>Data for enhanced training, notably Fire Wardens was not identified across the UHB. However, management were able to evidence that the overall figure trained as of February 2021 was 75% (benchmarking below other health bodies that have recently been audited).</p> <p>However, there was also need to ensure adequate numbers of Fire Wardens / those with enhanced duties are trained (noting their key roles in outbreak and feedback).</p> <p>Noting the local and dynamic nature of training compliance, this is best monitored at a local level, with summaries to corporate management. This would also free limited central resource. Annual audits undertaken by central management (as required by WHTM 05), can focus on ensuring effective operation of such local controls.</p> <p>The adequacy of fire warden provision across the UHB should be affirmed – ensuring that appropriate training is provided (this should include all roles with enhanced fire responsibilities).</p>	<p>Agreed. As with the points raised response to recommendation 12, face 2 face training has not been possible, with limited fire warden training provided. As part of the transition to business as usual this will be one of the priority areas and all Service Groups have been asked to provide an updated list of fire wardens for each of the areas.</p> <p>In addition to the challenges of providing face 2 face training, fire safety resources have been directed to address the overdue risk assessments, so with positive progress with FRA the aim is to commence with training later this year (September/October).</p> <p>Fire wardens in situ have had training and if there are any challenges identified, support is available and provided by the Health &amp; Safety team. Any new fire wardens will be targeted as a priority to train. This will also be picked up in the Health &amp; Safety Fire Safety group from May 2021 to ensure local monitoring is taking place and reported through the health and safety governance structure.</p>	<p><b>February 2022</b></p> <p>Recruitment of fire wardens has and continues to be undertaken by service groups, with training provided by the fire safety officers, this has been implemented virtually, with face to face training where practicable to do so (COVID-19). The FSO conduct scenario based updated when conducting fire risk assessments and or site visits. The Fire Safety Policy was updated and approved in June 2021, with the interrelationships between committees further outlined. The Fire Safety Policy has been amended in February 2022 to take account of Executive lead for fire moving to the Director of Finance &amp; Performance and will be taken to the H&amp;S committee in April 2022. It is recommended that this action is closed. (MP)</p>
--	--	---	--

**Executive Lead – Director of Finance**

SBU 17-18-011	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Update/Comment
<p align="center"><b>COSHH</b></p> <p align="center"><b>Report Issued February 2019</b></p> <p align="center"><b>Assurance Rating Limited</b></p>	1	<p>Good practice was evidenced in the establishment of a Health and Safety Committee and a Quality and Safety Committee. Responsibilities of the Head of Health &amp; Safety were requested but not provided during the audit.</p> <p>The precise delineation of responsibilities between the Head of Health &amp; Safety, the Health &amp; Safety Committee, and departmental managers was therefore not determined.</p> <p>However, we were advised that whilst the Head of Health &amp; Safety was responsible for establishing procedural requirements, respective departmental managers were responsible for their implementation and application. The 2017/18 Health and Safety Report (published August 2018) stated:</p> <p>“During the review period Service Delivery Units were required, as part of the requirement to demonstrate leadership and accountability for health and safety to further modernise their arrangements. Many of the units were still developing their management arrangements, and in particular embedding their governance teams, identifying their areas of responsibility, updating their risk registers.. (in respect of).. backlog.”</p> <p>Management should ensure that job descriptions, committee remits, and procedures appropriately define COSHH responsibilities and accountabilities.</p>	Agreed	<p><b>February 2022</b></p> <p>Due to the nature of the various roles throughout the health board and the general requirements around health and safety, there are no specific references to COSHH, just a general paragraph relating to health &amp; safety. When the new structure is introduced within the health &amp; safety team, one of the areas outlined including appropriate audits in the new health &amp; safety advisors job description. It is not considered necessary in specific roles in the various departments as they all take on varying areas (COSHH) being one of them that are covered by many staff and this is covered under H&amp;S responsibility. Roles and responsibilities are covered in the H&amp;S Policy for overall H&amp;S legislation of which COSHH is implicated. The remit of committees &amp; groups have agendas and in particular the H&amp;S operation group have a programme of deep dives and COSHH is included in these, with all service groups feeding into this. Noting the forgoing management believe that reference to COSHH is adequately addressed within the area highlighted in the audit report, we therefore consider this action closed. 16/02/22</p>
	5	<p>Monitoring and reporting arrangements in relation to COSHH were not defined. However, good practice was noted at the annual Health and Safety report which outlined a process of “periodic audits” of each aspect of Health &amp; Safety. External audits were undertaken of departmental practices by parties such as the Health &amp; Safety executive, and Health Inspectorate Wales. Additional to these, reports were also noted by the “Authorised Engineer” (role provided by NWSSP: Specialist Estates Services) relating to specific areas e.g. medical gases.</p> <p>However, such a formalised approach to the “periodic audits” as outlined at the Health and Safety report was not evidenced.</p> <p>COSHH monitoring and reporting arrangements will be defined within UHB procedural requirements.</p>	Agreed	<p><b>February 2022</b></p> <p>The COSHH procedure/guidance and section 4 of the procedure outlines these steps, one of which is monitoring that covers health surveillance. All COSHH items are now on a central database and identified in categories and where health surveillance is identified, this is and will be carried out through occupational health department.</p> <p>In addition, the service groups have their local team/department and SG meeting where H&amp;S is an agenda item, this is where any issues relating to COSHH will be raised. The SG then feed into the HB Health &amp; Safety Operational Group (COSHH is one of the deep dive topics listed on the work program) and the H&amp;S Ops group feed into the Health &amp; Safety Committee, with processes in place, It is recommended that this action be closed. 16/02/22(MP)</p>

**Executive Lead – Director of Finance**

ABM 1920-006	Rec Ref	Findings & Recommendation	Original Response / Agreed Action	Update/Comment
<b>Health &amp; Safety</b>  <b>Report Issued March 2020</b>  <b>Assurance Rating Limited</b>	3i	<p>The HSOG terms of reference indicate that it will receive reports for information and advise the HSC on a number of subjects, including KPIs. It has not received any papers on KPIs to date.</p> <p>We would recommend that a suite of KPIs be developed at HSOG and used for monitoring and reporting to HSC.</p>	<p>HSOG are reviewing the outcomes covering the various subjects and from this develop KPI's for the group, i.e. Actions from the various surveys/audits/inspections/COSHH etc. - examples of KPI's: H&amp;S subjects - Fire RA completion - Asbestos Assessments - Water assessments</p>	<p><b>February 2022</b> KPI's have been produced and are now included in the H&amp;S ops group and reported through to the H&amp;S committee. The KPI's have a two-tiered approach, tier 1 covers process that are in place, tier 2 covers actual implementation. (MP)</p>
	3ii	<p>Within Estates Services and elsewhere there are a number of Health &amp; Safety related management groups (such as Medical Gases, Fire Safety, Water Safety, Safer Sharps). Whilst some reporting is evident via the Estates report, the operational and reporting expectations of the specialist groups have not been set out with the same clarity as those for Unit groups.</p> <p>We would recommend that Management review the reporting expectations from the specialist groups to ensure that their objectives, work plans and reporting arrangements support the work of the Health &amp; Safety Operational group and the assurances to the HSC in turn.</p> <p>Additionally, as has been adopted by Unit H&amp;S groups, we would recommend that calendar arrangements be reviewed to assist in action completion. Scheduled reporting from the groups should then be included within the HSOG Forward Work Plan.</p>	<p>A review of the 14 sub groups has taken place and it is the intention of the HB to introduce an overarching group - Water Environment &amp; Buildings (WEB), this will concentrate on the compliances in each of the areas, all of which will have KPI's and appropriate action plans. A HB dashboard will be produced to provide an overview of compliance.</p>	<p><b>February 2022</b> Groups &amp; committee dates have been reviewed to align where practicable to do so, this will ensure timely reports through the H&amp;S governance structure. The forward work plan is presented at HSOG and the H&amp;SC and recommend this action be closed.(MP)</p>
	4	<p>Risks and concerns as reported through HSOG within the Estates report have lacked clearer detail when transferred to the HSOG key issues report provided to the HSC.</p> <p>We would recommend the Key Issues report provided to the HSC be enhanced to capture clearer updates across the specialist areas which currently feature within the Estates report.</p>	<p>This will be picked up with the introduction of the WEB group</p>	<p><b>February 2022</b> Estates provide a report to the H&amp;S Ops group and any specific exceptions are captured in the key issues report submitted to the H&amp;S committee. (MP)</p>