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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	04 October 2022	Agenda Item	3.4
Report Title	Internal Audit Report		
Report Author	Mark Parsons, Assistant Director of Health & Safety		
Report Sponsor	Darren Griffiths, Director of Finance & Performance		
Presented by	Mark Parsons, Assistant Director of Health & Safety		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the Health and Safety Committee with an update on recent audits undertaken by NWSSP audit team.		
Key Issues	<p>The internal health & safety audit carried in July/august 2022, identified a number of areas that required review and or updating:</p> <ul style="list-style-type: none"> • Health & Safety Policy and availability • Health and Safety Committee work programme • Health and Safety Operational Group Term of Reference • Service Group and health & safety group alignment and operation • Health and safety strategic action plan • Health and safety resourcing • Reporting against key performance indicators • Assessment to support training to increase compliance • Health & safety Annual report 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to: -</p> <ul style="list-style-type: none"> • NOTE the report and the progress made 		

INSPECTION AND AUDIT UPDATE

1. INTRODUCTION

The purpose of this report is to provide the Health and Safety Committee (HSC) with an update on the progress following receipt of internal audit.

2. BACKGROUND

2.1 NWSSP Internal Audit

The health board commissioned NWSSP to review its health and safety arrangements and in particular service groups and their alignment to the Health & Safety Operational Group and HSC.

2.2 Internal Audit 2022

As part of the internal audit plan which was commissioned in order to evaluate the processes and procedures that support the management of health and safety in a number of areas within the University Health Board and particularly around group and committee structures.

2.3 Internal Audit Findings

2.3.1 Health & Safety Policy

Internal audit noted that the health & safety policy indicated it will be supported by a number of other health board policies. It refers to these in one of the appendices, however, there was no list provided but did contain legislation and regulations. There was also reference in the audit report that Service Directors will ensure there are 'appropriate arrangements within their areas of the organisation' and noted that the Health Board is currently establishing arrangements in place for Service Groups operating across multiple community sites.

2.3.2 Health & Safety committee Work Programme

Key finding from the audit highlighted the Health & Safety Committee (HSC) terms of reference and its work programme that identified topics and subject areas listed within the ToR which do not explicitly feature within the work programme in their own right. A number of topics are covered within the deep dives carried out by the Health & Safety Operational Group (HSOG) and noted that the frequency of the HSOG meetings could result in substantial time gaps between reporting.

2.3.3 Health & Safety Operational Group Terms of Reference

Audit acknowledged that the HSOG ToR were last reviewed in February 2021 and that these should be reviewed annually as indicated in the ToR and also noted that these were reviewed in August 2022. Due to health board group/committee structures changing, reference was made to the Senior Leadership Team, which has now been replaced by the Management Board. A review of the Management Board's work programme confirms the inclusion of HSOG reporting and at the time of the fieldwork the reporting frequency had not been included.

2.3.4 Estates Reporting to HSOG

Audit acknowledged from the July HSC meeting that there is currently limited management resource and challenges faced recruiting to fill vacant posts within the Estates team. This has been highlighted across the Estates reports to the HSOG on a frequent basis. Although this is noted, there was reference in the audit that no deputies were in attendance at the HSOG meeting when the Assistant Director of Estates was not in attendance. It was also noted that Estates provide a report to the HSOG which provides an update against several areas such as medical gases, waste, electrical services, ventilation and fire amongst others. The report is a narrative and does not include reference to KPI's, with reference to action plans that are not included, making tracking difficult. Review of content highlighted that, in some areas, it does not give a discernible update with some text unchanged from previous updates.

2.3.5 Service Group Health and Safety Group Alignment and Operation (Design)

Although overall the Service Group health & safety papers aligned to the HSOG, there were no active health & safety improvement or operational plan. Attendance from support services and estates was varied at Service Group meetings, with feedback from the HSOG to the Service Group meetings again was varied and not consistent.

2.3.6 Health & Safety Strategic Action Plan (Design)

Internal audit reviewed the recent plan provided to the HSC in April 2022, which contained at least 7 delays of the priority areas:

- Culture Survey
- Development of Audit tool
- Key Performance indicators

However, it was noted that the recent update following approval by the HSC on the required date changes to the plan was not included, that outlined a number of updates to assist in the on-going monitoring of the plan.

2.3.7 Health & Safety Resources

Internal audit acknowledged that a business case had been developed as part of the review of H&S resources and departmental structure. This contained a number of new posts, including specialist areas in fire safety, violence and aggression and manual handling and administrative support for the team.

Updates provided to the HSC in April and July 2022 included that resources was being appointed when available, with tow fire safety officers appointed in early 2022 and the intention was to appoint a number other posts through 2022/23 and 2023/24.

At the time of the field work, audit noted that the Assistant Director of Health & Safety had taken up a new post within the health board and was still providing support to the HB in health and safety matters.

2.3.8 Reporting Against Key Performance Indicators

Key performance indicators were approved in July 2021 and shared at the HSOG, however, internal audit were unable to identify any further KPI papers at HSC or

HSOG. It was noted in the report that incident reporting was consistent but did not mention timeline of reporting as indicated in the KPI's.

- RIDDOR reported by the H&S team but not by Service Groups
- Induction – Service Groups not including induction of staff
- Health and Safety audit programme not in place
- Manual handling – no information for KPI's
- Water management/Asbestos/Fixed wiring/Gas safety – no related KPI's

2.3.9 Reporting Against Key Performance Indicators

There were two priorities within the strategic action plan outlining steps to support managers within the health board:

- Identify appropriate training for managers to undertake managing safely or equivalent
- Identify course provider or develop internally
- Schedule initial dates for piolet course completion

2.3.10 Health & Safety Annual Report

The HSC work programme included an annual report scheduled for October 2021. Review of papers and discussions with management conformed that no annual report had been prepared, therefore, the Board have not received an overview of the issues and risks outside of the key issues reports submitted to the HSC from the HSOG.

Overall the audit have assessed as being limited assurance, this covered six objectives, four of which were assessed as providing limited assurance and two providing reasonable assurance.

3. PROGRESS

3.1 Health & Safety Internal Audit Action Plan

An action plan covering:

- Health & Safety Policy and availability
- Health and Safety Committee work programme
- Health and Safety Operational Group Term of Reference
- Service Group and health & safety group alignment and operation
- Health and safety strategic action plan
- Health and safety resourcing
- Reporting against key performance indicators
- Assessment to support training to increase compliance
- Health & safety Annual report

The action plan is provided in addition to this report 3.9.1 and also the management response to the audit 3.9.2

4. NEXT STEPS

There are further actions to be taken to ensure the HB continue to develop and improve and these actions are captured in the action plan that will be monitored by the HSPG and HSC.

5. FINANCIAL

There are no financial implication of the paper, however, to implement the actions identify will incur additional costs.

6. RECOMMENDATION

Members are asked to:

- **NOTE** the report and action plan and the progress made since the audit report received in September 2022.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Following the various audits a review has been undertaken to address the health & safety limited assurance assessment areas highlighted in the report and the previous actions from the fire audit brief to ensure there are effective systems, cooperation and ownership of health and safety, water safety, estates and fire at all levels are in place to building a positive, safe and healthy environment.		
Financial Implications		
There are no financial implication of the paper, however, to implement the actions identify will incur additional costs.		
Legal Implications (including equality and diversity assessment)		
Swansea Bay University Health Board (SBUHB) is committed to providing and maintaining a safe and healthy work place and to provide suitable resources, information, training and supervision on health and safety to all members of staff, patients Contractors and visitors to comply with the legislative and regulatory framework on health and safety which includes: <ul style="list-style-type: none"> • The Health & Safety at Work Act 1974 • Management of Health and Safety at Work Regulations 1999 • The Regulatory Reform (Fire Safety) Order 2005 		
Staffing Implications		
Staff will be briefed on the developments through health and safety meetings/forums or other groups as determined necessary to ensure that health and safety is discussed, monitored and acted upon. A report on the longer term health and safety staffing and resource requirements is being reviewed.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The Act requires the Health Board to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners. There will be long term risks that will affect both the delivery of services, therefore, it is important that you use these five		

ways of working (Long Term Thinking, Prevention, Integration, Collaboration and Involvement) and the wellbeing goals identified in the Act in order to frame what risks the Health Board may be subject to in the short, medium and long term. This will enable The Health Board to take the necessary steps to ensure risks are well managed now and in the future.	
Report History	n/a
Appendices	Appendix 1 – full audit report and management response