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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

AGENDA ITEM 4.2

23 July 2013

HEALTH & SAFETY MANAGEMENT AUDIT 2012/13

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SITUATION

Audit Context

The Chief Executive of NHS Wales wrote to each Health Board Chief Executive on the 10th August 2012, outlining the need for NHS Wales Shared Services Partnership - NWSSP: Audit & Assurance Services to conduct a thematic audit of health and safety management in each Health Board. These audits were recommended by Dr Clive Grace within his independent commission to review the management of asbestos at Bronglais Hospital.

The Auditors undertook the review within the Health Board from the 4th to the 8th of February 2013.

The Health & Safety Committee was given a briefing report at its April 2013 meeting, of the verbal feedback from the audit. At this stage the final report had not been received. This report updates the Committee and includes a copy of the final draft received.

It is further understood that an overview report will be generated on All Wales findings of Health & Safety management within the NHS. The timescale of this has not been agreed.

BACKGROUND

This brief was actioned under the 2012/13 NWSSP – Audit & Assurance operational plan agreed with the Health Board. The review was being undertaken to determine the adequacy of, and operational compliance with, the systems and procedures of the Health Board, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

An objective of the audit was to evaluate the systems and controls in place within the Health Board, with a view to delivering reasonable assurances that risks are appropriately managed.

Accordingly, the focus of the audit was directed to the following areas:

- Board level priority
- Comprehensive policy framework
- Responsibility and accountability
- Risk assessment
- Incident reporting and response systems
- Training strategy
- Follow-up of any previous H&S audit work performed

Audit Approach

The audit was undertaken using a risk based auditing methodology. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was being made against the Health Board's procedures and other supporting regulatory and procedural requirements as appropriate.

Where a control objective had not been achieved or where it is viewed that improvements to the current internal control systems can be attained, recommendations will be made.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Following the completion of the audit verbal feedback was given, which was then superseded by a draft report. The draft report was considered by the Head of Health & Safety and Board Secretary and comments made to the Auditors prior to a final draft being issued.

A copy of the draft report is included as Appendix 1.





ASSESSMENT

The report key findings identified that:-

- Within Cardiff and Vale there is a defined structure for managing Health & Safety, led by the Chief Executive.
- Health & Safety is given a high priority within the organisations structure with effective communication throughout the Health Board.
- Governance arrangements below Board Level exhibit areas of notable practice, for example the Health and Safety Committee is a direct sub-committee of the Board.
- The Risk Management Policy was out of date during audit fieldwork.
- The Health Board has not tackled a previous recommendation aimed at improving the speed of recording incidents on Datix.

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The audit summary concluded against each of the criteria's, as described in the table below and concluded that overall the level of assurance given as to the effectiveness of the system of internal control in place to manage the risk associated with Health & Safety is **REASONABLE ASSURANCE**.

	ASSURANCE SUMMARY				
	Audit Scope				
1	Policy			✓	
2	Organising				✓
3	Planning/Implementing				✓
4	Measuring Performance		✓		
5	Reviewing Performance			✓	

The audit made a total of eleven recommendations. Three were considered as high, seven as medium and one as low. Each of these recommendations have been resolved or included in the Priority Action Plan.

Of the identified actions the failure to implement E-DATIX was considered as being that of major significance. Verbal feedback from the audit confirmed that if this system had been in place the Health Board would have achieved substantial assurance.

A Project Board for E-Datix has been formed and chaired by the Board Secretary, with the aim of progressing E-DATIX as a matter of urgency, with regards to incident reporting. This shortcoming has been equally discussed at the Quality & Safety Committee due to its clinical incident risks, associated with the same system.

Appendix 2 includes a local Action Plan to progress the identified recommendations.

RECOMMENDATIONS

- **NOTE** the content of the report.
- **NOTE** the current status of compliance.
- **AGREE** to receive a formal report at the next Committee meeting.

Financial Impact	The report has no financial consequences.
Quality, Safety and Experience	This report is fundamental to the management of Health and Safety and quality of both staff and patients.

Standards for Health Services	<p>The impact of this report on the delivery of the Standards for Health Services is as follows:</p> <p>22. Managing Risk and Health and Safety Organisations and services will have systems and processes in place which comply with legislation and guidance that:</p> <p>a) Applies best practice in assessing, managing and mitigating risk; b) Implements policies and arrangements for reviewing and continuously improving all aspects of their activities and environment to protect and improve the health, safety and wellbeing of their patients, service users, carers, staff and the public; and c) Acts upon safety notices, alerts and other such communications.</p>
Risks and Assurance	The report supports the risk register by ensuring that those identified actions are appropriately recorded on the central risk register.
Equality and diversity	An equality impact assessment has been undertaken and identifies that there is no obvious evidence of any equality concerns, in relation to the Health and Safety management audit and findings.



FINAL INTERNAL AUDIT REPORT

Cardiff and vale University Health Board Health and Safety Audit Review 2012/13

Private and Confidential

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

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Review reference:	12-13 C&V 06
Report status:	Proposed Final Report
Fieldwork commencement:	February 2013
Fieldwork completion:	March 2013
Management debrief meeting:	March 2013
Draft report issued:	April 2013
Draft report clearance meeting:	May 2013
Management response received:	May 2013
Final report issued:	TBC
Auditor /s:	Murray Gard/Eifion Jones

Executive sign off
Distribution
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.

1. EXECUTIVE SUMMARY


1.1 Introduction and Scope

The Chief Executive of NHS Wales requested a review of Health & Safety management across all NHS organisations in Wales. In accordance with the 2012/2013 internal audit plan we reviewed the quality of the management of Health & Safety processes within Cardiff and Vale University Health Board (UHB).

The objective of the audit was to evaluate and determine the adequacy of the systems and controls in place for the management of Health & Safety in order to provide reasonable assurance to the UHB Audit Committee that risks material to the achievement of system objectives are managed appropriately. We have taken account of the Wales Audit Office Structured Assessment work on Health & Safety in our audit

1.2 Opinion and Key Findings

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risk associated with Health & Safety is Reasonable Assurance. Key findings include;

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.

Key findings include;

- Within Cardiff and Vale there is a defined structure for managing Health & Safety, led by the Chief Executive.
- Health & Safety is given a high priority within the organisations structure with effective communication throughout the Health Board.
- Governance arrangements below Board Level exhibit areas of notable practice, for example the Health and Safety Committee is a direct sub-committee of the board.
- The Risk Management policy was out of date during audit fieldwork.
- The Health Board has not tackled a previous recommendation aimed at improving the speed of recording incidents on Datix.

2 INTRODUCTION

The Chief Executive of NHS Wales requested a review of Health & Safety management across all NHS organisations in Wales. In accordance with the 2012/2013 internal audit plan we reviewed the quality of the management of Health & Safety processes within Cardiff and Vale University Health Board (UHB).

The Health & Safety at Work Act 1974 places a duty upon employers to safeguard the health, safety and welfare of all employees. Compliance with the Act is a legal requirement and as such, an offence committed would constitute a criminal offence and could lead to prosecution. Consequently a failure to comply with statutory responsibilities to effectively manage Health & Safety is considered high risk.

Our review focused on ascertaining the appropriateness of the Health Board's Health & Safety structures, reporting lines and procedures along with risk assessment management and incident reporting structures and process.

The outcomes of this review can contribute to the Health Board's self-assessment and continuous improvement against the standards of Wales.

The results of this high level review of Health & Safety management will help support our assessment of the risks facing the organisation. Accordingly we may propose a risk assessed cyclical programme probing into specific themes over a rolling period. We will factor this approach into our detailed discussions with management on future audit work.

For the period February 2010 to May 2012 Cardiff & Vale University Health Board did not have any improvement notices issued by the Health & Safety Executive.

We have taken account of the Wales Audit Office Structured Assessment work on health and safety in our audit.

3 AUDIT APPROACH AND SCOPE

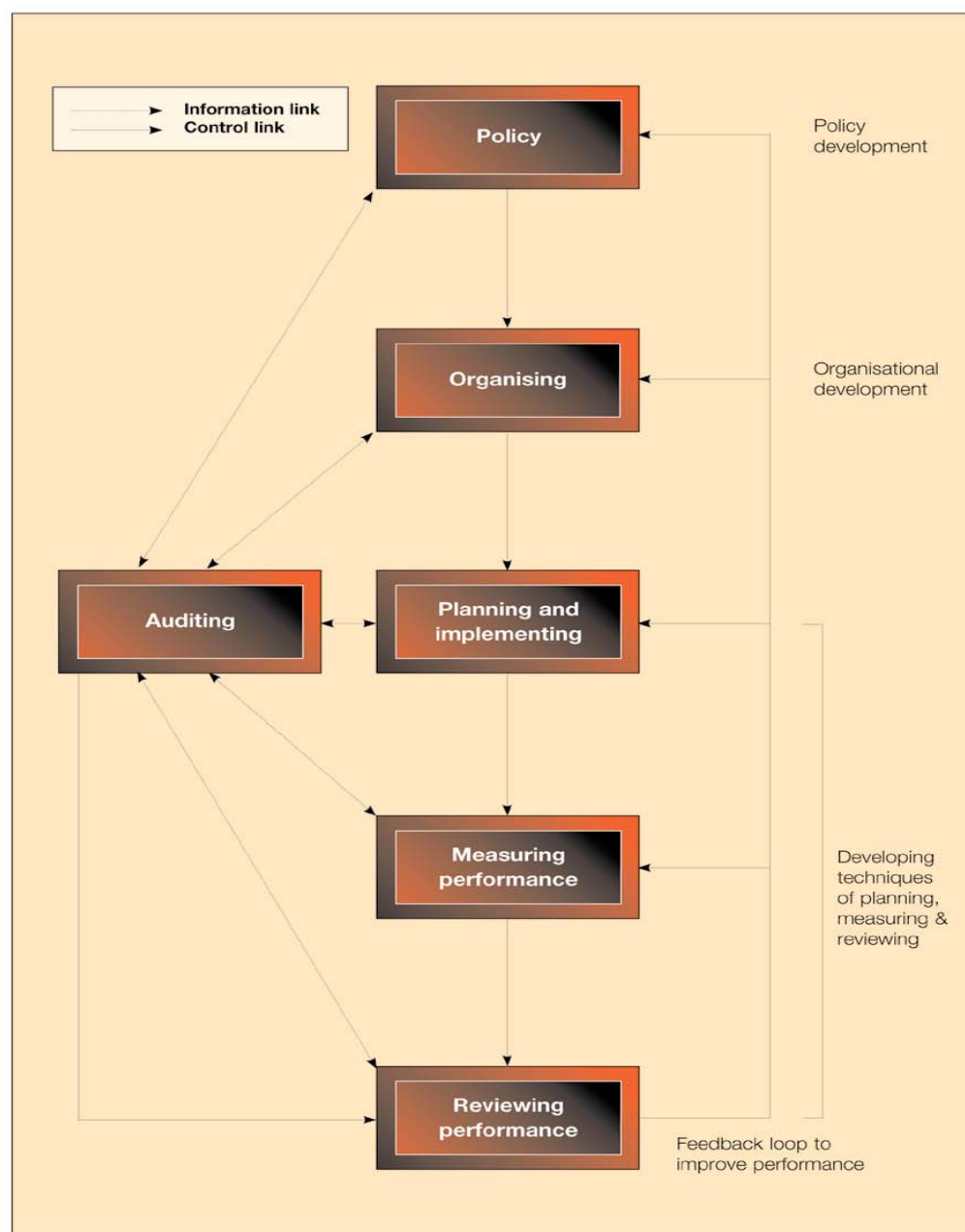
The approach to audit assignments is risk based, where the risks are identified with the lead manager. Controls would then be identified to manage those risks and the assignment scope designed to provide assurances on those issues.

As part of this review, we have assessed the progress made in implementing previous internal audit recommendations we have allocated an assurance rating, dependant on the level of assurance Internal Audit are able to provide. There are

four potential levels of assurance available, along with three recommendation priorities and these are described in Appendix B and C.

The purpose of the review was to ensure that there are appropriate systems and processes in place for the management of Health & Safety audit was undertaken using a risk based methodology as well as the HSG 65 guidance "Successful Health & Safety Management".

The guidance is aimed at directors, managers with Health & Safety responsibilities, as well as Health & Safety professionals. The key elements of successful Health & Safety management as represented in HSG 65 have been used to provide a consistent reporting framework for these audit reviews across NHS Wales. These key elements and their interrelationships are set Figure 1 below:







The areas that we reviewed are:

- Policy;
- Organising;
- Planning & Implementing;
- Measuring Performance; and
- Reviewing Performance and Audit.

4 SIGNIFICANT AUDIT FINDINGS

4.1 Assurance Summary

The summary of assurance given against the individual risk / themes / objectives is described in the table below:

	ASSURANCE SUMMARY				
	Audit Scope				
1	Policy			✓	
2	Organising				✓
3	Planning/Implementing				✓
4	Measuring Performance		✓		
5	Reviewing Performance			✓	

4.2 Design of System / Controls

The findings from the review have highlighted 2 issues that are classified as weakness in the system / control design for the management of Health & Safety. These are identified in the main body report as (D).

4.3 Operation of System / Controls

The findings from the review have highlighted 9 issues that are classified as weakness in the operation of the designed system / control for the management of Health & Safety. This is identified in the main body of the report as (O).

The key findings by the individual risk/ themes/ objectives are reported in the section below.

Policy

HSG65 states that an effective Health & Safety policy sets a clear direction for the organisation to follow.

- The organisation has a defined Health & Safety Policy, the content of which accords with good practice as defined at HSG 65. The Health Board regularly reviews the policy to ensure it remains relevant to changing legislation and the needs of the Health Board.

- The organisation generally has clear and up to date supporting procedures that back the ambition and objectives of the Health & Safety Policy.
- Health Board provided a comprehensive suite of policies covering all areas identified within the audit brief. All these were reviewed within the required time scale, with the exception of the Risk Policy which was last reviewed in January 2011 and should be reviewed annually. Whilst the policy was out of date, the Risk Management Procedure was in date and being worked to and was not due for review until 2014. Whilst not unimportant, this is not sufficient to affect the opinion.
- There is a robust Internal Approval Process which requires policy consultation with relevant Committees, Directors and third parties prior to submission. There are however a minority of policies that are not brought to the Health and Safety Committee for noting.

Organising

The principles of HSG65 require that an effective management structure and arrangements are in place for delivering the policy.

- The structure of Health & Safety management within the Health Board follows good practice guidance as defined within HSG 65. The Health & Safety Committee is a direct subcommittee of the board and has the Chief Executive and other Executive Directors in attendance.
- The Chair of the Health & Safety Committee is an Independent Member and as such, demonstrates linkage with the Board. Copies of the minutes from the Health and Safety Committee are considered at every Board meeting. It is now a requirement that the Chairman provide a verbal and written update, whereas previously it was on an exception basis.
- The governance structure demonstrates on-going accountability for Health & Safety via the terms of reference of sub-committees and groups.
- The H&S committee operates strategically across the Health Board with appropriate leadership, capacity and prioritisation.

Planning and Implementing

HSG65 recommends a planned and systematic approach to implementing the Health & Safety policy through an effective Health & Safety management system.

- Challenging targets are set at both divisional level through divisional Health & Safety priority action plans and also at the corporate level through the executive priority action plan.

- The executive priority action plan is discussed at both the Operational Health & Safety Group and also at the Health & Safety committee on a quarterly basis. The SMART approach is utilised within the 'Action Plan'.
- The Board receives an annual update on the progress of the executive action plan.

Measuring Performance

HSG65 suggests that performance should be measured against agreed standards to reveal when and where improvement is needed. Active self-monitoring reveals how effectively the Health & Safety management system is functioning.

- The Organisation has set standards and monitor progress against them as specified above. This is in line with HSG65 "successful Health & Safety management".
- Active self-monitoring reports are submitted to the various divisional Health & Safety committees. These include incident reports and training reports with trends.
- The Health Board is not maximising opportunities for improvement given the manual process for submitting incident reports. An Internal Audit report was produced in November 2011 that gave a limited assurance on the incident reporting system. **Recommendations from this report remain outstanding.** The time taken from incident occurring to uploading onto DATIX continues to be delayed (over a year in certain instances). **A project group has been established to implement DATIX Health Board wide, allowing individuals to input incidents.** This has the potential to reduce the time delays in reporting and increase speed of corrective action.
- A Training needs analysis (TNA) has only been completed on one single occasion for the whole Health Board. The auditor was informed that this process was very time consuming.
- Training records are not exclusively held on the centralised electronic staff records system. This makes standardisation and benchmarking problematic.

Reviewing Performance

HSG65 suggests that the organisation learns from all relevant experience and applies the lessons. There is a systematic review of

performance based on data from monitoring and from independent audits of the whole Health & Safety management system.

- Performance against the priority action plan is reported to the board on an annual basis via the annual report and on an interim, basis via the H&S committee chairman's report.
- The Annual Report demonstrates improvement to Health & Safety within the organisation e.g. an 8% reduction in total incidents. The organisation are also utilising its expertise to enhance income e.g. supplying training to other NHS organisations. However the annual report is very much inward looking with little benchmarking with other NHS bodies.
- The overall mandatory training compliance statistics **are monitored on an annual basis. This can give conflicting results and training should be assessed of the life of the training period.**
- Information is available to the **public on safety alerts, but is currently contained within minutes/ progress reports – rather than be separately identified/ reported. Furthermore the audit trail evidencing the implementation and monitoring of safety alerts could also be improved (e.g. documentation of internal checks/ reviews).**

5. Audit Recommendations

A range of recommendations have been made to address the issues identified and these have been accepted by management. A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	3	7	1	11

The full audit recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

Policy

Finding	Impact
<p>From an inspection of policy documents it was found that the risk management policy had not been reviewed within the timescale set out in the management of policies document. The risk management policy was last reviewed on the 25/1/2011 and it should be reviewed annually. The Health Board have recognised this and have stated it will be ratified at an appropriate committee.</p>	<p>The absence of a ratified policy may result in confusion of executive responsibility.</p>
Recommendation 1	Priority
<p>The Risk Management policy should be reviewed/ approved at the next available opportunity and any amendments updated on a timely basis.</p>	<p>High</p>
Management Response	Responsible Officer/ Deadline
<p>Agreed. The Health Board provided you with a comprehensive suite of policies covering all areas you identified. All these were reviewed within the required time scale, with the exception of the Risk Policy. It is therefore reasonable to conclude that preparation and review of Health and Safety policies was being managed but the Risk Management Policy and was out of line with the other documentation.</p> <p>Whilst the policy was out of date, the Risk Management Procedure was in date and being worked to and was not due for review until 2014.</p>	<p>Head of Health & Safety/ Immediate</p>

There was substantive evidence through the Risk Register and the Risk Assessment which was reviewed, that both the policy and procedure were being enacted.

The Risk Management Policy will be submitted at the next Board meeting.

Finding	Impact
There is a robust Internal Approval Process which requires policy consultation with relevant Committees, Directors and third parties prior to submission of policies for adoption. There are however a minority of policies that have Health & Safety implications which are not routed via the Health and Safety Committee.	Health and Safety committee awareness of policy development and ratification would be enhanced.
Recommendation 2	Priority
A) Policies that have a link to Health & Safety should be discussed and noted by the Health & Safety committee.	<div data-bbox="1738 751 1883 826">Low</div>
Management Response	Responsible Officer/ Deadline
<p>Agreed.</p> <p>The Policy Review Schedule has been amended to include all relevant policies that have Health & Safety implications.</p>	<p>Head of Health & Safety/ Immediate</p>

Measuring Performance

Finding	Impact
<p>A report has been generated from the safety system in January 2013 which shows the time taken from incident to uploading onto DATIX. The results were varied with delays of over a year before being reported to Health & Safety and others within reasonable timeframe.</p> <p>The auditor has been informed that a project group has been established to transitioning the manually intensive process to an automotive process using the DATIX system. This would reduce the time delays in reporting and increase speed of corrective action to avoid similar incidents occurring.</p>	<p>Lack of effective and consistent measuring of performance – leading to poor decision making.</p>
Recommendations 3-4	Priority
<p>A) An action plan for the working group should include a time table for implementation.</p> <p>B) Management should ensure that they have appropriate mechanisms in place to monitor incidents effectively.</p>	<p>High</p>
Management Response	Responsible Officer/ Deadline
<p>Agreed. An action plan has been developed to implement recommendations.</p>	<p>Head of Health & Safety/ Immediate</p>

Finding	Impact
<p>A training needs analysis (TNA) has only been completed on a single occasion, for the whole organisation. The auditor was informed that the process was very time consuming.</p> <p>Non Mandatory Training such as first aid involved a database being established with requirements noted.</p> <p>Within the mental health division, violence and aggression training records are not stored on the centralised electronic staff record system (ESR). Mental Health holds a separate database.</p>	<p>Lack of effecting reporting and monitoring of performance</p>
Recommendation 5+6	Priority
<p>A) Consideration should be given to monitoring the TNA process possibly is the same way as first aid training and the results reported to an appropriate committee.</p> <p>B) Staff training records should be kept on the centralised ESR system to allow an accurate analysis to take place.</p>	<p>Medium</p>
Management Response	Responsible Officer/ Deadline
<p>Agreed.</p> <p>Whilst accepting that not all training records are centralised on a staff electronic system, the only training records which are not recorded on ESR are the Violence and Aggression level D within Mental Health.</p>	<p>Head of Health & Safety/ August 2013</p>

The Training Co-ordinator for Mental Health maintains his own data base and produces regular reports which are distributed to various committees; the data is also included in the Reports sent the H&S Operational Group and H&S Committee, which minimise any standardisation and benchmarking problems.

We will pursue adding Mental Health Training to ESR system.

Reviewing Performance

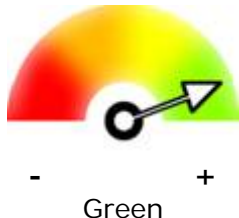

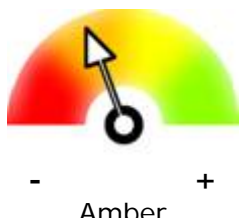
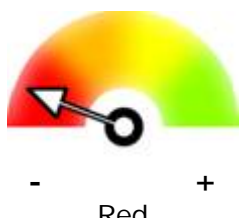
Finding	Impact
<p>The overall mandatory training compliance statistics are monitored on an annual basis. Noting that the requirement for training refreshment may be two or three years, the current method of reporting will only highlight those trained in-year i.e. not providing a holistic view of the proportion of the staff population that has current mandatory training.</p> <p>By reporting over a two/ three year period, the total number trained can be reviewed against the eligible staff numbers to provide a more rounded assessment.</p>	<p>Lack of effective reporting and monitoring of performance in respect of training.</p>
Recommendations 7	Priority
<p>a) Reporting requirements for mandatory training will be revised to provide meaningful and comparable data against established targets.</p>	<p>Medium</p>
Management Response	Responsible Officer/ Deadline
<p>Agreed. A review of reporting arrangements to identify competency of compliance and refresher status has been initiated</p>	<p>Head of Health & Safety/ Immediate</p>

Finding	Impact
The Annual Report is very much inward looking with little benchmarking with other NHS bodies. There is however examples where the organisation are utilising its skills to enhance income e.g. supplying training to Velindre NHS trust	Lack of outward thinking with regard to performance reporting.
Recommendation 8	Priority
The Health Board Should undertake a benchmarking exercise within their performance management reporting. This should be contained within via the Annual report highlighting areas of good practice and improvement criteria.	<div data-bbox="1724 774 1883 852">Medium</div>
Management Response	Responsible Officer/ Deadline
<p>Agreed.</p> <p>Whilst accepting that there is benefit in benchmarking other organisations, the availability of comparable information is limited and difficult to make appropriate valuation due to variance in demographic service type etc.</p> <p>It is considered that the comprehensive Annual Report submitted, showed significant comparison internally to demonstrate progress, whilst comparison externally would have to consider the previously mentioned variances and cultural differences. However, the Health Board will aim to develop (through its All Wales Advisors Forum contacts), enhance across Wales comparisons.</p>	<p>Head of Health & Safety/ At annual report.</p>

Finding	Impact
<p>Safety alerts are issued by the Welsh Government to the various Health Boards. Information appertaining to the same is available to the public on the website within reports and minutes; however this information should be more accessible.</p> <p>Audits are meant to be undertaken internally by the Health & Safety Department to ensure compliance with safety alerts (minimum 10%). We were informed that audits are carried out but the required form is rarely utilised and so no evidence could be provided. An adequate audit trail should be retained.</p>	Lack of effective reporting and monitoring of safety alerts.
Recommendation 9-11	Priority
<p>A) Staff should be reminded to document the audits that are undertaken using the appropriate form.</p> <p>B) Management should undertake spot checks to ensure that a robust audit trail is available.</p> <p>C) Information about compliance with safety alert actions should be made available to the public e.g. via the health boards website and an open forum for public views to be expressed should be accommodated. This could be open public meeting or perhaps an online forum.</p>	<div>Medium</div>

Management Response	Responsible Officer/ Deadline
Agreed.	Head of Health & Safety/ August 2013.

2012 Audit Assurance Ratings

RATING	INDICATOR	DEFINITION
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	Timeframe for commencement of 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 mis-statement	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.

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

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The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

APPENDIX 2

HEALTH AND SAFETY AUDIT REVIEW ACTION PLAN 2012/13

	Requirement	Status of Shared Services Audit Report 2012/13	Progress	Action required	Accountable Lead	Status	Priority	Time Scale for Completion
1.1	Risk Management The Risk Management policy should be reviewed/ approved at the next available opportunity and any amendments updated on a timely basis.	Risk Management Policy was due for renewal in January 2012.	Risk Management Procedure remains within review timescales. Review of policy initiated by Head of Risk Management.	Risk Management Policy to be submitted to the Health Board for approval.	Board Secretary/ Head of Risk Management	RED	High	July 13
1.2	Policy Schedule Policies that have a link to Health & Safety should be discussed and noted by the Health & Safety committee.	All directly improved H&S policies were reviewed and discussed at H&S committee. Some broader policies included HR and Audit committee with H&S relevance were not within the schedule.	Policy Schedule submitted to H&S Committee has been amended to include H&S related policies that are not approved by H&S Committee.	No further action required.	Head of H&S	Green	Low	April 13
1.3	E-DATIX An action plan for the working group should include a time table for implementation.	The Health Board has not implemented the identified shortcomings, within the Internal Audit report with regards to implementing E-DATIX.	A lead has been identified within the Governance Department.	E-DATIX to be implemented for incident reporting as a priority, within project.	Board Secretary	Red	High	Dec 13
1.4	DATIX System Management should ensure that they have appropriate	Delays in receiving paper based incident forms identified.	Divisional Leads alerted to delays relating to latent time between ward raising and posting to H&S. All	E-Datix project will facilitate instant reporting. Interim - arrangements required	Chair of C/B H&S groups	Red	High	July 13

	mechanisms in place to monitor incidents effectively.		forms entered within 48hrs of receipt.	to speed up paper based system.				
1.5	Training Needs Analysis (TNA)	Consideration should be given to monitoring the TNA process possibly is the same way as first aid training and the results reported to an appropriate committee.	Review of TNA for Manual Handling and V&A initiated.	<ul style="list-style-type: none"> • Generic analysis to be completed for M/H and V&A. • Managers to confirm staff mandatory training requirements, based off the above. 	Head of H&S Head of H&S Operational Groups	Amber	Mod	Oct 13
1.6	Mental Health TNA	Staff training records should be kept on the centralised ESR system to allow an accurate analysis to take place.	Identified shortfall, being progressed with Mental Health Head of Operations.	Head of Operations for Mental Health to consider implementation of audit requirements.	Head of operations M/H	Red	Mod	Oct 13
1.7	Mandatory Training Review	Reporting requirements for mandatory training will be revised to provide meaningful and comparable data against established targets.	Review of training analysis to show numbers of staff trained and number of staff requiring refresher, initiated.	Complete review	Head of H&S	Amber	Mod	Oct 13
1.8	Bench Marking Against other Health Boards	The Health Board Should undertake a benchmarking exercise within their performance management reporting. This should be contained within via the Annual report	Next annual report to include relevant benchmarking with other health Boards in Wales.	Submission of annual report	Head of H&S	Amber	Mod	Oct 13

		highlighting areas of good practice and improvement criteria.						
1.9	Safety Alerts	Staff should be reminded to document the audits that are undertaken using the appropriate form.		Audit to be undertaken	H&S Adviser		Mod	July 13
1.10	Safety Alerts	Management should undertake spot checks to ensure that a robust audit trail is available.		Audit to be undertaken.	H&S Adviser		Mod	July 13
1.11	Safety Alerts	Information about compliance with safety alert actions should be made available to the public e.g. via the health boards website and an open forum for public views to be expressed should be accommodated. This could be open public meeting or perhaps an online forum.		This will require discussion with the safety notices and Important Document Policy Group.	Head of Corporate Risk & Governance		Mod	Sep 13