

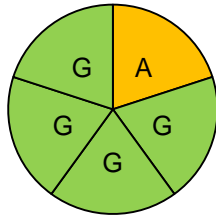
## Internal Audit



## Health and Safety Governance

November 2015

### Report Assessment



This report has been prepared solely for internal use as part of NHS Lothian's internal audit service. No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.

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## **Introduction**

The Health & Safety at Work etc Act (1974) is the primary legislation covering occupational health and safety in the United Kingdom (UK). It defines the fundamental structure and authority for the encouragement, regulation and enforcement of workplace health, safety and welfare within the UK. The Act defines general duties on employers, employees, contractors, and suppliers of goods and services for use at work. In Scotland the Health & Safety Executive (HSE) works with many organisations to deliver health and safety.

HSE inspectors in Scotland have the power to report matters they have investigated and make recommendations on offences to the Crown Office & Procurator Fiscal Service, which then decides whether to press criminal charges. It is therefore essential that NHS Lothian can demonstrate how it is ensuring compliance with the Act and one of the key ways of doing this is through having robust governance arrangements in place.

### **Scope**

We reviewed the governance arrangements in place for managing NHS Lothian's compliance with health and safety legislation.

The control objectives for the audit are set out in the Management Action Plan, along with our assessment of the controls in place to meet each objective.

### **Acknowledgements**

We would like to thank all staff consulted during this review, for their assistance and cooperation.

## Executive Summary

### Conclusion

NHS Lothian has governance arrangements in place for the management of health and safety, the majority of which are operating effectively. However, we have identified opportunities to strengthen compliance within the existing controls; specifically relating to the review and approval of key health and safety policies and representation of key staff groups at the various health and safety committees.

### Summary of Findings

The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objective	Control objective assess't	Number of actions by action rating			
			Critical	Significant	Important	Minor
1	There is a clear and robust governance structure for health and safety activities	Amber			4	
2	Roles and responsibilities for health and safety activities have been identified and individuals are aware of their duties	Green				
3	There is an effective process for ensuring key health and safety policies and procedures are up-to-date and staff are kept aware of developments	Green			1	1
4	Staff receive comprehensive induction training and there are mechanisms in place to monitor compliance on an ongoing basis, with remedial actions taken to address issues	Green				
5	There is regular reporting to the Board on health and safety activities within NHS Lothian. The Board provides adequate challenge and scrutiny to ensure the highest standards of health and safety are met and maintained.	Green				1

## Control Objective Ratings

Action Ratings	Definition
<b>Red</b>	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
<b>Amber</b>	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
<b>Green</b>	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)

## Main Findings

We identified a number of areas of good practice during the review:

The governance structure for health and safety is clear. There is a Health & Safety Committee in place, which is chaired by the Director of HR & OD. This Committee reports to the Staff Governance Committee, which has been delegated responsibility for oversight of health and safety by the NHS Lothian Board. There are also local multidisciplinary health and safety sub-committees for each NHS Lothian site. The Chair of each sub-committee is a member of the NHS Lothian Health & Safety Committee.

There is a Health & Safety Team in place. Each member of the Team must hold the Institute of Occupational Safety & Health (IOSH) qualification or be working towards it. The Team is responsible for promoting the identification and management of health and safety risks across the organisation. In addition, there are separate dedicated teams in place to support the management of specific health and safety risks, such as Manual Handling and the Management of Violence and Aggression. Each of the teams provides help and support to line managers and staff and carry out regular audits of compliance with NHS Lothian's health and safety policies. The findings from their audits are reported to the Health & Safety Committee for review and agreement of remedial action where appropriate.

NHS Lothian has developed a Health & Safety Strategic Plan 2014-18. The Strategic Plan outlines the overall vision for NHS Lothian's health and safety activities and then sets out a range of actions that will mitigate the key health and safety risks posed to NHS Lothian. It also sets out a range of key performance indicators (KPIs) and SMART (specific, measurable, achievable, relevant and time-bound) actions to support the delivery of the vision. Performance against the Strategic Plan is regularly reviewed and reported to the Health & Safety Committee. The Health & Safety Committee also produces an annual report setting out the range of activities undertaken during the year, which is presented to the Staff Governance Committee for approval.

NHS Lothian recognises that compliance with mandatory training is not satisfactory. Therefore, a working group has been established to review this and agree how the issues can be resolved and compliance can be improved. An action plan has been developed and progress against the actions is reported to the Staff Governance Committee.

We identified five important areas for improvement during the review. These are listed below:

- The NHS Lothian Health & Safety Policy was reviewed and updated in August 2015. However, the Policy has not been reviewed and approved by the Board, which is a requirement of the Standing Orders.
- Each NHS Lothian site or directorate (e.g. the Western General Hospital or Corporate Services) has a local health and safety sub-committee in place. The chair of each health and safety sub-committee is a member of the NHS Lothian Health & Safety Committee and there is also regular reporting between the sub-committees and the Health & Safety Committee. However, we noted that areas which fall under the Pan Lothian Service Directorate, such as Laboratories and Radiation, are not represented by a sub-committee and have no reporting line to the Health & Safety Committee.
- The remit of the Health & Safety Committee sets out its membership. We reviewed the meeting attendees during 2014 and 2015 and found that the Director of Finance (or named representative) had only attended three of seven meetings and the Medical Director (or named representative) had not attended any of the meetings. Additionally, we were informed that there was no medical representation at the local sub-committees.
- The Health & Safety Team has implemented a quarterly review process with which all wards and departments must comply. The process includes assessing the arrangements in place for each key health and safety area. The results are reported to the relevant health and safety sub-committee and then collated and reported to the Health & Safety Committee. However, we reviewed the quarterly returns for five health and safety sub-committees and noted that, with the exception of Facilities, there was no reflection of issues raised in the previous quarter and the extent to which they remained issues or what action had been taken to address them. There is therefore a risk that issues are carried forward indefinitely.
- In December 2013, the Risk Management Steering Group approved a risk-based approach to managing health and safety compliance requirements. This included the identification of the top 12 health and safety risks faced by the organisation. However, there is not a formal process in place to periodically review the top 12 risks to confirm that they are still relevant. In addition, each risk was originally allocated to a nominated manager and we were informed that some of those individuals are no longer in post.

Further details of each of these points, as well as two minor issues, are set out in the Management Action Plan.

## Management Action Plan

<b>Control objective 1: There is a clear and robust governance structure for health and safety activities.</b>	
<b>1.1: There is no Board approval of the NHS Lothian Health and Safety Policy.</b>	<b>Important</b>
<p><u>Observation and Risk</u></p> <p>The NHS Lothian Health &amp; Safety Policy was reviewed and updated in August 2015. The Standing Orders state that approval of the Health &amp; Safety Policy has been reserved for the Board. We reviewed the approval route for the 2014 and 2015 revisions to the Health &amp; Safety Policy and noted that while both versions had been signed by the Chief Executive, they were presented to the Health &amp; Safety Committee and then Lothian Partnership Forum for approval. At no stage was the Health &amp; Safety Policy presented to the Board for approval, as per the Standing Orders.</p> <p>The current approval route for the NHS Lothian Health &amp; Safety Policy is not aligned with the Board's Standing Orders.</p>	
<p><u>Recommendation</u></p> <p>NHS Lothian should determine what the approval route for the Health &amp; Safety Policy should be. If it is appropriate that approval remains with the Board, then review of the Health &amp; Safety Policy should be incorporated into the annual work plan for the Board. If it is another route, such as the Lothian Partnership Forum, then the Standing Orders should be amended accordingly and this requirement built into the work plan of the relevant forum.</p>	
<p><u>Management Response and Action:</u></p> <p>The current approval route will be maintained until the future status of the Board Health &amp; Safety Committee has been agreed. In the meantime the reviewed Policy has now been submitted per the Standing Orders.</p>	
<p><u>Responsibility:</u></p> <p>Director of HR &amp; OD</p>	<p><u>Target date:</u></p> <p>1<sup>st</sup> April 2016</p>

<p><b>1.2: There is a gap in the Health and Safety risk management reporting structure.</b></p>	<p><b>Important</b></p>
<p><u>Observation and Risk</u></p> <p>The Health &amp; Safety Committee has formed a number of local health and safety sub-committees for each area, such as the Western General Hospital or Corporate Services. The Chair of each sub-committee is a member of the Health &amp; Safety Committee, and reports to each of its meetings to confirm that risks are being managed locally and to escalate risks which cannot be managed locally.</p> <p>Although there are local health and safety sub-committees for the majority of areas across NHS Lothian, we noted that there is no local sub-committee for areas falling under the Pan Lothian Service Directorate, such as Laboratories or Radiation. While there are health and safety groups for these areas, the restructuring means that there is no reporting on health and safety from these areas to the Health &amp; Safety Committee.</p> <p>The absence of a Pan Lothian Services Directorate health and safety committee presents a gap in the assurance provided to the Health &amp; Safety Committee. There is therefore a risk that significant health and safety issues are not escalated to the Health &amp; Safety Committee for action.</p>	
<p><u>Recommendation</u></p> <p>NHS Lothian should consider the formation of an additional local health and safety sub-committee that would cover those areas which fall under the Pan Lothian Services Directorate. The Chair of the local sub-committee should be a member of the Health &amp; Safety Committee and report to each of its meetings.</p>	
<p><u>Management Response and Action:</u></p> <p>Discussions are currently ongoing to establish a Pan Lothian Local Sub Committee. In the meantime the proposed Chair, Pan Lothian Service Director-DATCC, has attended the Board H&amp;S Committee since 2014.</p>	
<p><u>Responsibility:</u></p> <p>Director of HR &amp; OD</p>	<p><u>Target date:</u></p> <p>1<sup>st</sup> April 2016</p>



<p><b>1.3: Health and Safety Committee membership requirements are not being met.</b></p>	<p><b>Important</b></p>
<p><u>Observation and Risk</u></p> <p>The Remit &amp; Membership section of the Health &amp; Safety Policy provides details of those individuals who are required to attend the Health &amp; Safety Committee. We reviewed the minutes of the seven meetings held between February 2014 and July 2015. This showed that there was no attendance from the Medical Director (or substitute) at any of the meetings and the Finance Director (or substitute) was present at only three of the seven meetings. Both Directors have specific roles to carry out per the Health &amp; Safety Policy.</p> <p>In addition, the terms of reference used by the local sub-committees includes a list of those who are required to attend the local sub-committee meetings. The list does not include the requirement for medical representation. However, an Aide Memoire issued by the Health &amp; Safety Team as guidance for the chairs of the local sub-committees recommended that there should be representation from the Medical Director. However, we were advised that there is no representation from the Medical Director at the local sub-committees.</p> <p>There is a risk that the health and safety risks and requirements of the medical directorate are not being adequately identified and managed. In addition, there may be a lack of assurance from the Medical Directorate that staff are conforming to key health and safety policies.</p>	
<p><u>Recommendation</u></p> <p>NHS Lothian should review the membership requirements of the Health &amp; Safety Committee and request representation as appropriate. The chair of each local sub-committee should also review their membership requirements. Repeated non-attendance should be escalated to the Staff Governance Committee for assessment of any potential gaps in health and safety management, reporting and assurance.</p>	
<p><u>Management Response and Action:</u></p> <p>The Board and Local Health &amp; Safety Committees will now compile an ongoing attendance log which will monitor attendance on an ongoing basis. Non-attendance will be highlighted to Senior Management. Medical Director representation at the Board and Local Health &amp; Safety Committees has been agreed. The Medical Director will attend the Board H&amp;S Committee and the Medical Director for Acute Services will monitor and manage the attendance of Associate Medical Directors at appropriate local Health &amp; Safety Committee meetings.</p>	
<p><u>Responsibility:</u></p> <p>Medical Representation: Medical Director</p> <p>General Attendance: Director of HR &amp; OD</p>	<p><u>Target date:</u></p> <p>1<sup>st</sup> April 2016</p>

<p><b>1.4: Issues identified in local quarterly health and safety compliance reviews are not followed up.</b></p>	<p><b>Important</b></p>
<p><u>Observation and Risk</u></p> <p>A health and safety management system has been developed for local management of health and safety risks. Each directorate or area performs a quarterly self-assessment of their compliance with specific health and safety areas and topics. For example, the quarter one review is an assessment of compliance with the Violence &amp; Aggression Policy, whilst quarter two assesses compliance with the Manual Handling Policy. The topics which are reviewed during the quarterly reviews have been prioritised, based on the areas that pose the greatest health and safety risk (see 3.1). This allows a targeted approach to managing health and safety risks. The results of the quarterly reviews are reported to the relevant local sub-committee and a summary of findings is included in the reports to the Health &amp; Safety Committee.</p> <p>We reviewed the minutes of five local sub-committee meetings held during 2015. We confirmed that the aforementioned process had been followed. This included reporting information about health and safety issues specific to their area as well as the results of the quarterly reviews. We also confirmed that a summary of the findings had been reported to the Health &amp; Safety Committee. However, we noted that where compliance issues are identified in the quarterly review, there is no mechanism in place to follow up those issues in the following quarterly review to confirm that they have been addressed.</p> <p>There is a risk that recurring issues identified during the quarterly reviews are not identified and addressed. These may continue to pose a risk to NHS Lothian.</p>	
<p><u>Recommendation</u></p> <p>The quarterly review and reporting templates should be revised to include a section reporting on the progress made to address issues from the previous quarter.</p>	
<p><u>Management Response and Action:</u></p> <p>All local Health &amp; Safety Committees will create a standing agenda item for future meetings to reflect and evaluate the progress made in addressing all items that required escalation from the preceding quarterly submissions.</p>	
<p><u>Responsibility:</u></p> <p>Local H&amp;S Committee Chairs</p>	<p><u>Target date:</u></p> <p>1<sup>st</sup> May 2016</p>

**Control objective 2: Roles and responsibilities for health and safety activities have been identified and individuals are aware of their duties.**

There is a dedicated qualified Health & Safety Team in place. It provides expert advice on health and safety guidance, legislation and compliance matters. All members of the Team must be a member of the Institute of Occupational Safety & Health (IOSH) or working towards a qualification.

The Health & Safety Policy outlines the general responsibilities of directors, managers, individual staff members and committees for their own health and safety and for that of others. The Health & Safety Policy is available on the intranet for staff to access and also forms part of the corporate induction programme for new staff. More detailed responsibilities are allocated in the specific health and safety related policies which have been developed, such as the management of violence and aggression and manual handling. Staff are made aware of their responsibilities through training which has been tailored to meet the needs of their job profiles.

Compliance with the various policies is monitored by the local health and safety sub-committees. This is primarily through reviewing adverse events reported in Datix, quarterly reports which are compiled by all areas under their jurisdiction, and the outcomes of reviews and audits of compliance with specific health and safety areas.

Lessons are shared and learned through the health and safety governance structure, with the chair of each local sub-committee being a member of the Health & Safety Committee.

**Control objective 3: There is an effective process for ensuring key health and safety policies and procedures are up-to-date and staff are kept aware of developments.**

**3.1: Health and safety risk prioritisation has not been reviewed.**

**Important**

Observation and Risk

In December 2013, the Head of Health & Safety obtained approval from the Risk Management Steering Group to take a risk-based approach for the management of health and safety risks. The 12 highest health and safety risks, as identified by HSE interventions and local incidents, were prioritised to allow health and safety efforts to be focused in these areas. The Health & Safety Team developed a Strategic Plan 2014-18, which sets out the actions that will be undertaken to manage and mitigate the 12 priority health and safety risk areas.

While progress against the Strategic Plan is regularly monitored by the Health & Safety Team, there is no formal process in place to periodically review the 12 prioritised risks to confirm that they remain the highest risks to the organisation.

The 12 prioritised risks may no longer be the highest health and safety risks faced by NHS Lothian. Efforts may be focussed in areas that are no longer deemed to be a priority.

Recommendation

The Director of Health & Safety and the Acting Director of Occupational Health & Safety Services should agree, in conjunction with the Health & Safety Committee, how often the top 12 risks should be reviewed. This should be the maximum timescales, with more immediate reviews as required. The findings from the review should be presented to the Health & Safety Committee and Risk Management Steering Group as appropriate.

Management Response and Action:

The Annual Health & Safety Report (delivered at the August Board Health & Safety Committee) will continue to report the current agreed "top 12 risks". This list will be reviewed and agreed at the preceding Board Health & Safety Committee meeting in May each year.

Responsibility:

Acting Director of OHSS

Target date:

30<sup>th</sup> August 2016

<b>3.2: Health and safety related policies are not up-to-date.</b>	<b>Minor</b>
<p><u>Observation and Risk</u></p> <p>The Health &amp; Safety Team maintains an intranet page which includes links to 25 health and safety related policies. This allows staff to access the policies as and when required. The Health &amp; Safety Team recently carried out a review of health and safety related policies and identified that 8 of 25 (32%) are overdue for review and 4 of 25 (16%) have no review date recorded. They have also identified a further 12 policies (in addition to the initial 25) which are either in draft or have yet to be developed. However, a timetable to address those policies due for review or development has not been developed.</p> <p>There is a risk that policies are not in place or are not up-to-date for key health and safety areas. This may lead to staff following incorrect guidance, which may result in additional health and safety risks to NHS Lothian.</p>	
<p><u>Recommendation</u></p> <p>The Health &amp; Safety Team should agree an action plan and timetable to address the policies for development and review. The action plan should ensure those policies representing highest risk to NHS Lothian are reviewed first, with lower risk policies being reviewed and developed in line with a timetable that takes account of all of the Health &amp; Safety Team's activities.</p>	
<p><u>Management Response and Action:</u></p> <p>The Lead Health &amp; Safety Advisors endeavour to develop outstanding Health &amp; Safety Policies and review existing policies on an ongoing basis. An action plan to satisfy this recommendation will now be delivered at an appropriate Board H&amp;S Committee meeting each year and will be captured within all future NHS Lothian Health &amp; Safety Annual Reports.</p>	
<p><u>Responsibility:</u></p> <p>Acting Director of OHSS</p>	<p><u>Target date:</u></p> <p>30<sup>th</sup> August 2016</p>

**Control Objective 4: Staff receive comprehensive induction training and there are mechanisms in place to monitor compliance on an ongoing basis, with remedial actions taken to address issues.**

Health and safety awareness and training is a key element of the corporate induction process for all new employees. Training is delivered through a mix of face-to-face and eLearning. More detailed training is delivered depending on the job profile (e.g. including training in Clinical Sharps and Slips, Trips and Falls). Staff are required to maintain their knowledge through the satisfactory completion of mandatory training.

Until recently, monitoring staff compliance with the mandatory training programme was difficult due to the quality of information available. It was acknowledged, however, that compliance in some areas was poor. More reliable information is now available and an action plan to address non-compliance has been developed. Progress against the action plan and compliance statistics and information are reported to each meeting of the Staff Governance Committee.

In addition, a Mandatory Education & Training Policy has been drafted and will be released for consultation imminently. The draft Policy details the responsibilities at each level of the organisation for ensuring that mandatory training is undertaken as appropriate. Compliance with the policy will be overseen by the Staff Governance Committee.

We have not reported any findings in relation to this area, as completion of the activities listed above will be tracked through follow up of the actions arising from the 2014/15 Compliance with Mandatory Policies and Procedures internal audit report.

**Control Objective 5. There is regular reporting to the Board on health and safety activities within NHS Lothian. The Board provides adequate challenge and scrutiny to ensure the highest standards of health and safety are met and maintained.**

**5.1: The Board is not receiving timely assurance that health and safety risks are being effectively managed across the organisation.**

**Minor**

Observation and Risk

The Board has delegated responsibility to the Staff Governance Committee to oversee and scrutinise health and safety across NHS Lothian. An Annual Report on health and safety is presented to the Staff Governance Committee, which details the health and safety activities and achievements during the past year, and sets out plans for the year ahead. The Staff Governance Committee also receives the minutes of the Health & Safety Committee, which provides assurance that health and safety risks are being identified and managed on an ongoing basis.

We reviewed the minutes from the Staff Governance Committee meetings during 2014. We noted that generally the minutes from the Health & Safety Committee were presented to the Staff Governance Committee up to three months after the meetings took place. However, the minutes of the Health & Safety Committee meeting held in April 2015 were not presented to the Staff Governance Committee until their meeting in October 2015, which is a delay of six months.

It should be noted that the Chair of the Health & Safety Committee attends the Staff Governance Committee and Board meetings which ensures that significant health and safety issues can be reported verbally. We are also aware that there have been initial discussions about making the Health & Safety Committee a formal sub-committee of the NHS Lothian Board, which may alleviate some of the aforementioned timing issues.

There is a risk that the Staff Governance Committee and the Board do not receive regular formal assurance that operational management of health and safety risk across the organisation is being effectively undertaken.

Recommendation

Meetings of the Health & Safety Committee should be scheduled to allow timely presentation of minutes to the Staff Governance Committee. The minutes from the Health & Safety Committee should be drafted in a timely manner following the meeting.

Management Response and Action:

The Board Health & Safety Committee meetings are now arranged to allow all local committees to meet within an appropriate preceding timescale. This then allows for the full collation of the quarterly reports and submission of the Local Committee performance reports to the Board Health & Safety Committee. The first meeting of the calendar year is now set at the end of February (agreed in partnership) to allow this agreement to occur. Every attempt will be made to achieve timely presentation of the minutes to the future Staff Governance

Committee meetings.	
<u>Responsibility:</u> Director of HR & OD	<u>Target date:</u> 1 <sup>st</sup> April 2016



## Appendix 1 - Definition of Ratings

### Management Action Ratings

Action Ratings	Definition
<b>Critical</b>	The issue has a material effect upon the wider organisation – 60 points
<b>Significant</b>	The issue is material for the subject under review – 20 points
<b>Important</b>	The issue is relevant for the subject under review – 10 points
<b>Minor</b>	This issue is a housekeeping point for the subject under review – 5 points

### Control Objective Ratings

Action Ratings	Definition
<b>Red</b>	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
<b>Amber</b>	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
<b>Green</b>	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)