

# Occupational Health Services

## Final Internal Audit Report

2025/26

Cardiff & Vale University Health Board



Substantial Assurance

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### Review Reference

CVU-2526-20

### Fieldwork

February - April 2026

### Executive Sign Off

April 2026

### Audit Committee

May 2026

### Executive Lead

Rachel Gidman, Executive Director of People and Culture

### Audit Team

Ian Virgill, Head of Internal Audit

Lucy Jugessur, Deputy Head of Internal Audit

# Executive Summary

## Purpose

The review of the Occupational Health Service was completed in line with the 2025/26 Internal Audit Plan for the Cardiff and Vale University Health Board (the 'Health Board'). The purpose of the audit was to review the current structure and robustness of the service and processes in place to ensure effective delivery against KPIs and targets.

## Overview

Health and safety legislation in the UK places a statutory duty on employers to keep their employees healthy and safe whilst in work, and in particular to manage those risks in the workplace that are likely to give rise to work-related ill-health.

The Health Board values the health and welfare of its employees. The aim of the Occupational Health Service is to support the Health Board's quest to maintain and improve the health and wellbeing in the workplace for all its employees. It provides specialist advice and support on all aspects of workplace health.

The Occupational Health Service is a confidential service which is available to all staff and provides specialist Occupational Health advice to management. The service within the Health Board is delivered in collaboration with Cwm Taf Morgannwg Health Board.

We have concluded **Substantial** assurance on this area. The current service structure and collaboration with Cwm Taf Morganwg Health Board ensures that staff have timely access to the Occupational Health Service and effective assessments are undertaken. Pre-employment checks are also being appropriately managed. The significant matters requiring management attention include:

- The Health Board does not have a standalone formal approved Occupational Health Policy.
- There were inconsistencies identified between the Occupational Health information published on the Health Board's Occupational Health SharePoint page and that available on the People and Culture pages.
- There are no formal arrangements in place for the reporting of Occupational Health KPI's to an appropriate forum.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	The Health Board has a formally documented policy and standard operating procedures in place for the Occupational Health Service, and these are appropriately applied in practice	1, 2	<b>Reasonable</b>
2	Appropriate resources and processes are in place to ensure staff have timely access to the Occupational Health Service for referrals (both self and line manager)	-	<b>Substantial</b>
3	Referrals are appropriately recorded, assessments are undertaken within required timescales, and managers are informed of the next steps required	-	<b>Substantial</b>
4	Appropriate processes are in place for the completion of pre-employment checks for all prospective employees within agreed timescales following receipt from TRAC	-	<b>Substantial</b>
5	Appropriate KPI's are in place for the Occupational Health Service which are effectively monitored and reported	3	<b>Reasonable</b>

## Management Actions

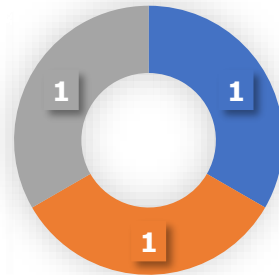


High Priority



Medium Priority

## Themes



- Communication & Engagement
- Performance Monitoring
- Policies & Procedures

## Risk Types

Quality or Safety Issues  
Legal & Regulatory Non-Compliance

# Findings & Agreed Action Plan

**Objective 1: The Health Board has a formally documented policy and standard operating procedures in place for the Occupational Health Service, and these are appropriately applied in practice.** Reasonable

### Overview / Summary of Observations

At the time of our fieldwork there was no formal policy in place for the Occupational Health Service.

Information on the Occupational Health Service can be found on a dedicated Health Board Occupational Health Service page on SharePoint as well as part of the People and Culture Directorate SharePoint pages.

Information is accessible to staff and provides advice and guidance on services / help / advice available as well as how to refer staff to the Occupational Health service. Content is available on Sharps/Splash Bite Injury, the Flu Campaign and self referral routes to Physiotherapy and Dietetics Services. While a Health Surveillance section is present, no supporting information was available on the page.

Referrals are submitted electronically and comprehensive guidance on accessing the electronic system to refer staff and the information required is available on the SharePoint page. Overall, the guidance available was found to be detailed and comprehensive.

However, differences were noted between the information presented on the main Occupational Health Service page and that available via the People and Culture Directorate pages.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Occupational Health Policy</b></p> <p>At the time of our audit fieldwork, it was noted that there is currently no formal policy in place for Occupational Health Services.</p> <p>We also note that the current version of the Employee Health and Wellbeing Policy (UHB 456) available on SharePoint is overdue for review, having last been due for review in June 2019. In addition, the policy does not make any reference to Occupational Health. Our review of other NHS Wales health bodies found that some organisations had a standalone policy whilst for others the information regarding Occupational Health was included within the Employee Wellbeing Policy.</p>	<p>Inappropriate and / or inconsistent processes are undertaken.</p>	<p><b>Agreed Action:</b></p> <p>We will review the Health and Wellbeing UHB policy. As part of this process, consideration will be given to formally incorporating Occupational Health within this policy or, where appropriate, developing a standalone Occupational Health policy.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>An updated Health and Wellbeing UHB policy or a standalone Occupational Health policy will be developed.</p>
<p><b>Theme:</b> Policies &amp; Procedures</p>	<p><b>Medium Priority</b></p> <p>Control Design</p>	<p><b>Officer:</b> Claire Whiles</p> <p><b>Target Implementation Date:</b> End June 2026</p>

<p>2</p>	<p><b>SharePoint Information</b></p> <p>Information for the Occupational Health Service can be found on a standalone Occupational Health Service SharePoint page as well as subpages within the People and Culture SharePoint pages. Our review of the information saved on these pages found inconsistencies with the information available to staff.</p> <p>We also noted that there is limited information on how staff are able to self-refer themselves to the Occupational Health Service and that there is no information saved regarding Health Surveillance.</p>	<p>Inappropriate and / or inconsistent processes are undertaken.</p>	<p><b>Agreed Action:</b></p> <p>We will remove all information related to the Occupational Health Service from the People and Culture SharePoint page and replace with a direct link to the Occupational Health page.</p> <p>We will ensure that clear details regarding staff self-referrals to the service and Health Surveillance is added to the department's page.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>There will be a direct link to the Occupational Health page from the People and Culture SharePoint page.</p> <p>Clear information will be available on Occupational Health self-referral pathways.</p>
<p><b>Theme:</b> Communication &amp; Engagement</p>	<p><b>Medium Priority</b></p>	<p><b>Officer:</b> Mark Dunford</p> <p><b>Target Implementation Date:</b> End July 2026</p>	
	<p>Control Operation</p>		

## **Objective 2: Appropriate resources and processes are in place to ensure staff have timely access to the Occupational Health Service (both self and line manager).**

**Substantial**

### **Overview / Summary of Observations**

Our review of the current funded establishment for the Occupational Health Department found the number and level of posts to be appropriate. Whilst the department has a number of vacancies it is currently not impacting on the level of service being delivered.

The current establishment and processes in place ensure that staff referrals are being managed appropriately with staff being offered timely appointments to the service.

While a collaboration agreement is in place between Cardiff & Vale University Health Board and Cwm Taf Morgannwg University Health Board, each Health Board maintains its own funded establishment. However, a number of Senior Management roles are in place with responsibility for overseeing the operation of both departments.

The collaboration arrangement in place allows for cross cover to be provided (if available), where either department is experiencing high staff absence due to sickness or vacancies and thus negate the need for the use of bank or agency staff.

At the time of our audit there were no lengthy delays for staff accessing the service and receiving appropriate support. We do note that at the beginning of the year (2025/26) KPI's recorded delays in triaging referrals and offering appointments but throughout the year performance has greatly improved.

## **Objective 3: Referrals are appropriately recorded, assessments are undertaken within required timescales, and managers are informed of the next steps required.**

**Substantial**

### **Overview / Summary of Observations**

There is an electronic system that records all referrals to the Occupational Health Department. The system collates key information on the referral process such as referral system, triage review, appointment dates and outcome reports. The system allows all referring managers to monitor the progress of referrals by accessing the system and reviewing the 'dashboard' of their home page.

There are Key Performance Indicators (KPI's) in place for triaging referrals and offering appointments to staff (if applicable). The KPI's are collated and reviewed on a monthly basis.

We undertook testing on a sample of referrals to the department to assess the timeliness of triaging referrals and offering appointments to ensure that they were in line with the KPI's.

The results of our testing found that all referrals were triaged and where applicable, appointments were offered on a timely basis. Where there were delays, they were not significant and reasons for delay were appropriate.

At the time of our audit there were no lengthy delays in undertaking staff assessments.

**Overview / Summary of Observations**

Our audit identified that appropriate processes were in place for the triage and clearance of pre-employment checks. KPI's are established for both triage and clearance of pre-employment checks which are collated and reviewed monthly. We undertook testing against the relevant KPIs to assess whether performance targets were being achieved, as summarised below:

- Pre-employment health assessments triaged within 2 calendar days – Of the 22 pre-employment checks reviewed, the KPI was not met on three occasions. In each instance, the questionnaire was received at the end of the working week (Friday) and was not reviewed until the following Monday, in line with the department's Monday to Friday operating hours.
- Pre-employment health assessments cleared within 7 days – 17 of the 22 cases reviewed met the KPI of clearance within seven calendar days. Of the five cases that did not meet the KPI, delays were attributable to the need to obtain additional information and, in some instances, to the requirement for blood tests relevant to the role being undertaken.

Overall, our testing demonstrated that KPI's were achieved in the majority of cases. Where the KPI's were not met, the reasons provided were valid and appropriate.

**Objective 5: Appropriate KPI's are in place for the Occupational Health Service which are effectively monitored and reported.**

**Reasonable**

**Overview / Summary of Observations**

Whilst KPI's are maintained currently they are only reviewed and monitored within the Department; consideration should be given to formally reporting Occupational Health Performance to an appropriate meeting within the People and Culture Directorate for oversight.

With regards to the KPI's it is noted that they are based on calendar days which disadvantage the department which operates on a Monday to Friday working week. We also note that currently no information is reported on Did Not Attends (DNA's).

From review of the papers of the People and Culture Committee we noted that an update report on the Occupational Health Service was submitted to the February 2026 meeting. Included in the report were updates on the collaborative working arrangements, performance and service risks amongst other information. Going forward the frequency of reporting to the committee needs to be agreed.

Key Findings	Risk & Impact	Agreed Management Action
<p><b>3 KPI's Reporting</b></p> <p>While Key Performance Indicators (KPI's) are in place and collated on a monthly basis, at the time of the audit these were only reviewed within the department. There were no formal arrangements for reporting or scrutiny of KPI's through an appropriate People and Culture Directorate governance forum.</p> <p>We do acknowledge that an update report on the Service was submitted to the February 2026 meeting of the People and Culture Committee.</p> <p>We also note that the KPI targets are based on calendar days which could disadvantage the department as it operates on a Monday to Friday working week. Whilst DNA's are recorded on the system, they are not currently one of the KPI's collated / reported.</p>	<p>Poor service performance is not identified or addressed</p>	<p><b>Agreed Action:</b></p> <p>We will ensure that Occupational Health KPI's will be embedded within the Workforce KPI Dashboard and reviewed bi-monthly by the People and Culture Committee.</p> <p>We will research, benchmark, and implement an internal KPI relating to DNA rates. We will also adjust the calendar days approach to KPIs to account for non-working days (Saturday / Sunday / Bank Holidays). For example, a previously used 10 Working Day KPI is now set at 14 Calendar Days.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Service KPIs will be included within the Workforce KPI Dashboard and reviewed bi-monthly by the People and Culture Committee.</p> <p>A dedicated Occupational Health service performance report will be produced annually.</p> <p>An internal KPI relating to DNA rates will be available.</p> <p>The Calendar Days approach to KPIs will be reported.</p>
<p><b>Theme:</b> Performance Monitoring</p>	<p><b>Medium Priority</b></p> <p>Control Design</p>	<p><b>Officer:</b> Mark Dunford</p> <p><b>Target Implementation Date:</b> End September 2026</p>

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

