

MALDON DISTRICT COUNCIL

INTERNAL AUDIT REPORT - FINAL

HEALTH & WELLBEING 2024/25
JANUARY 2025

Design Opinion



Substantial

Design Effectiveness



Substantial



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DISTRIBUTION






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BDO LLP APPRECIATES THE TIME PROVIDED BY ALL THE INDIVIDUALS INVOLVED IN THIS REVIEW AND WOULD LIKE TO THANK THEM FOR THEIR ASSISTANCE AND COOPERATION.

REPORT STATUS

Auditors:	Aaron Winter - Partner Andrew Billingham - Manager Bismah Rahman - Auditor
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Management Responses Received:	27 January 2025
Final report issued:	27 January 2025

EXECUTIVE SUMMARY

Design Opinion	 Substantial	Design Effectiveness	 Substantial
Recommendations	 0	 0	 2

SCOPE

BACKGROUND

- ▶ Preserving and protecting the health, safety and wellbeing of staff is critical for all organisations to ensure staff are happy, motivated and engaged. An engaged workforce with strong mental and physical health will also help Maldon District Council ('the Council') achieve its strategic aims and ultimately deliver an effective and efficient Council.
- ▶ The Council appointed a new Chief Executive (CE) in October 2024 which will likely result in an agenda for change, which could potentially affect staff health and wellbeing.
- ▶ There are currently eight Maldon employees that are Mental Health First Aiders to support colleagues with their mental health. The Council also works closely with Essex Working Well, which provides workplace health and wellbeing support, including training and resources.
- ▶ The Council conducts an annual staff survey, which includes health and wellbeing elements. The 2024 survey was issued in November 2024 (results will be available by February 2025).

PURPOSE

The purpose of this audit was to review the design and operational effectiveness of controls relating to health and wellbeing initiatives in place to support staff across the Council. We also considered how the success of the initiatives is monitored, how progress is reported and how staff feedback is considered.

AREAS REVIEWED

- ▶ We reviewed the processes in place to identify key issues affecting staff wellbeing (including how working from home has affected staff wellbeing), confirming how support is communicated and made accessible to all staff groups, and whether staff use these mechanisms/resources as per annual staff survey results.
- ▶ We reviewed the robustness of governance structures in place, including how the Mind, Body Sole group operates (including whether there is a terms of reference for the group, actions are clearly documented with responsibility assigned, and there is regular reporting).
- ▶ We ascertained the arrangements in place to identify themes and trends in staff wellbeing issues, assessing whether these are adequate, capture key information, and resulted in actions as required, which are completed in a timely manner. We also assessed how lessons are learnt and disseminated across the Council.
- ▶ We reviewed whether the Council has sought feedback from staff on its health and wellbeing initiatives to assess performance of these initiatives and confirmed whether actions are identified based on feedback.
- ▶ We reviewed the Council's return to work form and assessed whether it is adequately designed in relation to any best practice guidance,

completed and analysed to obtain meaningful data from employees who have been on sick leave.

- ▶ We confirmed how sickness absence data is analysed, and themes investigated to address root causes of absence related to health and wellbeing.



AREAS OF STRENGTH

- ▶ The Council deploys a variety of mechanisms to identify issues affecting staff health and wellbeing:

- One-to-ones: Staff are recommended to have one-to-ones with their line manager every four to six weeks. Per the last staff survey results (2023), 85% of respondents stated that they have regular one-to-ones with their line manager. This is corroborated by exit interview data, which indicates that 82% of leavers regularly had one-to-ones. Per the conversation template, there is a section for 'Risks/Issues ie meeting deadlines or work pressures'. Furthermore, the section 'Any other areas for discussion' references wellbeing, health and safety (as well as Equality, Diversity and Inclusion, social events, and hybrid working), providing staff the opportunity to discuss wellbeing, health, safety and related issues. If any issues are identified, there is a section identifying actions to be taken 'by whom' and 'by when'.
- SMARTs (annual and mid-year appraisals): These include a Health and Safety section which provide staff the opportunity to raise any health and wellbeing concerns. There is also a note for managers to discuss and address these concerns as necessary, with a list of support available signposted. Furthermore, SMARTs specifically address remote working through the question: 'Hybrid working has introduced a degree of flexibility in where we work, have you identified any risks to service delivery or otherwise?' (Yes / No).
- Managing Work-related Stress Policy and the Stress risk assessment tool: Per policy, roles and responsibilities for staff, line managers, corporate leadership, HR and Occupational Health Services are clear. Possible causes of stress and preventative measures are outlined, as well as risk factors, symptoms of stress, and the procedure for managing identified stress. Once a cause for concern is identified, the manager should meet with the individual and/or Human Resources to establish what the causes of the stress are, symptoms and how to support the individual to manage these, reducing and/or removing causes where possible.

The next step is for the manager, supported by HR, to undertake a stress risk assessment (there is a template in line with Health and Safety Executive, HSE good practice), which is used to develop an action plan to address concerns through specific, measurable and timebound actions. Regular review meetings should be held with the individual until achievement of the action plan (with ongoing monitoring by managers as part of routine conversations).

- Mental Health First Aiders (MHFAs): The Council has eight MHFAs, volunteer employees who have been trained as MHFAs. Roles and responsibilities are clearly outlined per their role description (terms of reference). Their role is to be a contact for an employee who is experiencing mental health / emotional distress (this could range from having an initial conversation through to supporting the person to get appropriate help by pointing them to further internal or

external support) and to champion mental health, for example by engaging in campaigns to promote mental wellbeing.

Per their post-training agreement, MHFAs must sign to confirm that they have been advised of key internal support available for individuals, such as the Stress Procedure and Stress Risk Assessment; Employee Assistance Programme (EAP); Line Manager; and HR Specialists.

- ▶ Roles, responsibilities, resources and guidance are communicated through various mechanisms, such as:
 - Induction Checklist: New joiners must be made aware of Health and Safety Policies, first aid arrangements, the procedure for reporting accidents/near misses, and the availability of mental health first aiders.
 - Ad hoc optional webinars offered to managers
 - One Team Newsletter (weekly all staff bulletin): This includes and/or signposts to information, advice, and sessions on various areas such as mental health and wellbeing. There is a standing 'Essex Working Well - Provide' wellbeing updates section in every newsletter.
- ▶ Sickness absence
 - Per the Managing Attendance Policy, managers must undertake a return to work (RTW) discussion with all employees after every period of sickness absence, within two days of an employee's return to work. When the employee returns to work a self-certification form must be completed; this automatically pulls through to the manager, who then completes the RTW form. We confirmed that there is a robust process for following up these documents: HR maintains a monthly manual record spreadsheet, which is used to log all absences and associated details per forms. HR Caseworkers monitor and chase managers by email if the RTW is not received (continued no responses are escalated to their manager/the HR Specialist to follow up).
 - We reviewed the employee self-certification form and manager RTW form and confirmed these were sufficiently detailed, capturing all necessary information. In the period January-December 2024, there were 235 sickness absences. We selected a sample of five absences and confirmed that the employee self-certification form and manager RTW form had been completed for all of these.
 - Effective from 2 January 2025, this process is being streamlined further, as the Council moves self-certification and RTW recording directly to the self-service HR system (SelectHR). Email alerts and tasks will notify individuals of the next stage in the process, and HR will also receive these notifications and will monitor to ensure compliance.
 - Regarding monitoring and reporting, quarterly HR Dashboards are compiled by the HR Specialist, which cover sickness absence over a rolling 12-month period, including key trends, reasons for sickness, and length of absence (short vs long-term). This data is shared in the form of a Balance Scorecard (the Council's management reporting tool) and reviewed monthly at Extended Leadership Team (ELT) meetings. Minutes reviewed for September, October and November 2024 confirmed sufficiently detailed discussions by each Service

area. In 2024/25 to date, the Council is broadly in line with its target of average eight days sickness absence.

- Following the adoption of SelectHR, sickness absence reasons will be summarised more effectively into fewer categories. The Council will break down absences resulting from psychological causes (stress, depression, anxiety) by work and non-work-related causes to provide more meaningful data and insights.



AREAS OF CONCERN

- ▶ Actions resulting from last year's staff survey (2023) were broad and could not be clearly measured throughout the year through specific, measurable, assignable, relevant/realistic, and timebound (SMART) targets. **(Finding 1 - Low)**
- ▶ We identified areas for improvement in the Mind Body Sole Group's governance arrangements, pertaining to regularity of meetings, approach to tracking actions, monitoring and reporting arrangements. **(Finding 2 - Low)**



CONCLUSION

Overall, we have concluded Substantial assurance over the design and operational effectiveness of the Council's governance, risk management, and control arrangements in relation to its health and wellbeing provision to support staff.

Control Design


- ▶ The control design is Substantial because there is a sound system of internal controls to help ensure issues affecting staff health and wellbeing are identified and addressed, and there are a range of channels to communicate roles, responsibilities, resources and guidance to staff.
- ▶ The control environment could be further enhanced by finalising the administrative arrangements for the Mind Body Sole Group.
- ▶ We have therefore raised one Low priority finding to strengthen the control design.

Control Effectiveness

- ▶ The control effectiveness is Substantial because we identified one instance where the processes in place could be further enhanced to ensure there is a clear golden thread between actions and outcomes.
- ▶ A key staff feedback tool is the annual staff survey; the Council analyses survey results to compile next steps for the forthcoming year. The control environment could be further enhanced by ensuring that actions resulting from the most recent staff survey (2024) are specific, measurable, assignable, relevant/realistic, and timebound (SMART). This would enable the Council to monitor progress with the actions throughout the year, take stock against them at the end of the year, and ultimately evidence outcomes to staff.
- ▶ We have therefore raised one Low priority finding to strengthen the control effectiveness.

Please note, this opinion is reflective of the specific controls and processes reviewed as part of this audit and therefore is not offering assurance that the Council has no staff health and wellbeing concerns.

DETAILED FINDINGS

1 Obtaining, analysing and utilising staff feedback	
TOR Risks:	Regular staff feedback is not sought and analysed to assess the performance of the health and wellbeing initiatives. Where feedback is sought, actions are not developed to act on the insights gained, resulting in lost opportunities to drive change and improvement. There is no documented Health and Wellbeing plan in place to evidence the Council's commitment to staff wellbeing and mental/physical health support.
Significance	 Low



FINDING

The Council's key staff engagement/feedback tool is the annual staff survey. Surveys are typically rolled out in November of the year under review, closed in January, with analysis of results undertaken in February, and any resulting actions commencing from March-April. Following analysis and discussion of staff survey results for the last year (2023), CLT and Assistant Directors (ADs) drafted six key actions for the forthcoming year (which were also shared with staff during directorate feedback sessions), and these were subsequently finalised by April 2024 as the staff survey actions:

- Assistant Director Team Building
- Assistant Director collective approaches and comms
- Be realistic about resource pressures and delivery (reprioritise when new things come in, have conversations with members)
- Organisational resilience- keep in view sickness and work pressures
- Improve opportunities for staff to feedback improvement ideas (team meetings, staff forum)
- Continue our journey with members.

It is good practice that staff were provided the opportunity to feedback thoughts, and the follow up 'you said, we did' comms in November 2024 for the launch of the 2024 staff survey helped showcase to staff progress against the six actions. We identified the following areas for improvement:

- These actions are quite broad and cannot be measured throughout the year through specific, measurable, assignable, relevant/realistic, and timebound (SMART) targets, using milestones and due dates for example, which are overseen by an action owner (ie a particular individual/governing body).
- This means that it is difficult to determine what constitutes success in relation to each of the six actions and makes it challenging to monitor progress with the actions throughout the year and take stock against them at the end of the year.

The Council does not yet have a Health and Wellbeing Plan (or a broader Workforce Strategy with health and wellbeing aims, for example). As already identified by the Council, a key tool such as the annual staff survey should inform the Council's Workforce Strategy, which will be compiled from January 2025 following the corporate restructure.

If action plans do not adhere to SMART principles, there is a risk that the Council cannot effectively implement, measure, monitor, follow up and obtain assurance that actions are being completed sufficiently, and having the desired outcomes.



RECOMMENDATION

A) The Council should ensure that actions resulting from the next staff survey (2024) are SMART. Once the specific actions are identified, the Council should consider what indicators it will use to measure progress/success (for example, are there specific staff survey questions the Council would like to see a score improvement in, or could Pulse surveys be used for ongoing monitoring to obtain real-time insight - rather than waiting until the next year's survey - so that remedial actions can be put in place during the year). The staff survey action plan should be disseminated to staff (for example via One Team newsletters, or by publishing on the intranet), with regular monitoring of progress throughout the year (for example, by the MBSG or another governance forum as appropriate) and updates provided to staff on progress against the plan throughout the year, ending with an evaluation at the end of the year to confirm whether the desired outcomes were attained (and if not, why not; what lessons can be learned).

B) While the Council does not have a Health and Wellbeing Plan (or a broader Workforce Strategy with health and wellbeing aims, for example), actions arising from staff survey results can be incorporated into a wider plan/strategy. As already identified by the Council, as part of efforts to draft the Workforce Strategy, the Council may wish to:

- Triangulate multiple data sources (eg staff survey results, wellbeing pulse survey results, exit survey data, sickness and turnover rates, EDI data, and any other staff engagement data sources) to gather information on key issues impacting staff health and wellbeing and identify actions as a result.
- Carry out consultation with staff to understand the key health and wellbeing priorities for the Council (for example, by sharing a longlist of aims with staff before finalising the Workforce Strategy objectives). As planned, the strategy will likely take a long-term view (to align with corporate priorities), and should be supported by SMART action plans/workstreams to facilitate implementation, monitoring and reporting of progress. Staff should be informed of progress against the Strategy on a regular basis (during its implementation and to take stock against progress at the end of the strategy period).

C) Following any health and wellbeing initiatives/activities throughout the year, the Council should issue feedback surveys to determine whether these are helpful for staff and whether any improvements could be made (for example, these could serve as a key performance indicator for monitoring staff survey actions per point A above).



MANAGEMENT RESPONSE

A) The 2024 staff survey responses are in the process of being collated, senior managers workshop is scheduled for 25 February 2025, staff briefings/workshops will follow. Whilst we consider that 2023 actions plan had SMART element, we will aim for more demonstrably SMART actions to be recorded and will include regular progress updates to staff in the plan.


B) H&W considerations will be taken into account in drafting the new workforce strategy

C) If H&W initiatives/actions result from the 2024 survey pulse surveys will be utilised to evaluate impact throughout the year. Additionally, the MBS group will use surveys to assess H&W initiatives. Whilst we want to ensure timely and relevant feedback, given

staff numbers and to avoid survey fatigue, we will consider a range of options such as sample groups, polls, pulse surveys.

Responsible Officer:	Annette Cardy, Assistant Director of Resources
Implementation Date:	31 March 2026

2 Mind Body Sole Group Governance Arrangements

TOR Risk:	The governance structure, including the Mind Body Sole Group, monitoring and reporting channels may be ineffective, leading to a lack of meaningful management scrutiny and oversight of staff health and wellbeing concerns.
Significance	 Low

FINDING

An example of good practice, the Council has a designated Health and Wellbeing forum, the 'Mind Body Sole' Group (MBSG). The MBSG aims to enhance staff wellbeing, connect people, and promote positive mental and physical health by supporting staff, flagging up resources and events, sharing news and online learning, and liaising with relevant health services and wellbeing agencies.

The terms of reference (ToR) for the MBSG was reviewed and finalised by the group in December 2024, and outlines its purpose, objectives, roles and responsibilities, meeting frequency, and reporting arrangements, amongst other key information. We identified the following areas for improvement in relation to the group's governance arrangements:

Meeting frequency

Per the ToR, meetings should be held every six weeks, however we found that in practice, meetings were held as follows: 13 March 2024, 22 May 2024, 26 June 2024, 9 October 2024, and 18 December 2024. No meetings were held in July (scheduled but cancelled), August, and September 2024 due to staff leave/availability (with the next meetings held in October 2024 and December 2024). We have been informed that the Council is currently recruiting new members of the MBSG to ensure that the group is quorate at each meeting, and meetings do not need to be cancelled.

Actions tracking mechanism

The MBSG's approach to tracking actions is to note actions within meeting minutes. We reviewed the minutes for meetings held 13 March 2024, 22 May 2024, and 26 June 2024; and traced any actions identified within the minutes forward to the group's most recent meeting (December 2024). We found that it was difficult to determine the latest status of actions and confirm completion; even where actions were followed up in subsequent meetings, there were instances where the actions and/or the owner(s) assigned changed, therefore there is lack of clarity regarding follow up and completion of actions. Furthermore, actions are not assigned timescales (due dates), which can result in these being rolled forward repeatedly, lost or not prioritised as required. Some examples of exceptions identified are provided below:

- An action 'to have a forward plan of MBS activities that we can publicise to staff in advance. Need to complete for Jan/Feb/Mar and diarise for March to complete going forward' was discussed in March 2024, where members agreed to discuss the action further at the next meeting. We reviewed minutes for all subsequent meetings held (May-December 2024) and could not find any updates. Anecdotally, we have been informed that this action needs to be picked up again.
- In March 2024, the MBSG agreed to undertake promotional activities and monitor usage of the Wellbeing Hub on Freshservice (the intranet), with a view to deleting the Hub if usage did not increase. We reviewed minutes for all subsequent meetings held (May-December 2024) and could not find any updates. Anecdotally, we have been informed that this was discussed very briefly in the last meeting held in December 2024 (discussion not reflected in minutes): it was acknowledged by

members that the hub is an additional resource to keep up to date and relevant when the same information is communicated to staff via One Team bulletins (Council's weekly newsletter). Therefore, the hub will likely be refreshed, and the key method of communicating with staff around wellbeing activities is via the weekly One Team bulletin.

Monitoring and reporting arrangements

Per the MBSG ToR, going forward an annual report will be prepared to summarize activities, achievements, and areas for improvement (presented to Corporate Leadership Team Plus, CLT+). The ToR, along with a schedule of reporting, needs to be taken to CLT+ for review/agreement. While the ToR has been agreed within the MBSG, the group needs to agree with CLT+ how they will report on performance (ie what does CLT+ wish to obtain assurance on and how does the group demonstrate value).

If governance arrangements for the MBSG are not formalised and/or effective in practice, there is a risk that the group does not effectively identify, champion and support health and wellbeing needs for staff, which could contribute to poor staff morale and subsequent attrition.



RECOMMENDATION

A) Going forward, the Council should ensure that meetings are held every six weeks, as per the MBSG ToR. The Council should create a meeting forward planner.

B) As actions are currently embedded within meeting minutes, it is difficult to keep track of them, determine the latest status of a given action, and confirm completion. The MBSG should create a rolling actions tracker (this could be a separate document or in Excel for example) which captures the following information:

- Action
- Owner(s)
- Due date
- Date of last review
- Latest status - any comments or updates (followed by: not yet due; in progress; overdue; or complete).

C) Per the MBSG ToR, going forward, an annual report will be prepared to summarize activities, achievements, and areas for improvement and presented to CLT+. As already identified by the Council, the ToR, along with a schedule of reporting, should be taken to CLT+ for review/agreement, and the forum should agree on how the MBSG will report on performance (ie what does CLT+ wish to obtain assurance on going forward).



MANAGEMENT RESPONSE

A) MSB group meetings have been scheduled starting 22/1/2025 every 5 weeks. Meeting dates for 2025 to be discussed and agreed at first meeting of 2025 to align with 6 weeks as per ToR. Will be diarised following that discussion. Forward planner to be added to minutes template, this will be used to assist preparations for known 2025 events, including identifying where pulse surveys will be conducted.

B) An action tracker will be created and used to monitor progress on actions.

C) High level corporate events plan has been agreed for 2025, this will form the basis for the MBS group plan and for the creation of reporting plan for CLT+ This action will be

allocated at next meeting (22/1/2025). ToR along with the report plan will be presented to CLT+

The workplace wellbeing hub will be refreshed to enable a calendar of events to be readily available, both for engagement and reflection.

Responsible Officer:	Jane Shean, HR Specialist Level 2
Implementation Date:	31 March 2025

APPENDIX I - DEFINITIONS

LEVEL OF ASSURANCE	DESIGN OF INTERNAL CONTROL FRAMEWORK		OPERATIONAL EFFECTIVENESS OF CONTROLS	
	FINDINGS FROM REVIEW	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION
Substantial	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
Moderate	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
Limited	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
No	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

RECOMMENDATION SIGNIFICANCE

High	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
Medium	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
Low	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.

APPENDIX II - TERMS OF REFERENCE



KEY RISKS

Based upon the risk assessment undertaken during the development of the internal audit operational plan, through discussions with management, and our collective audit knowledge and understanding the potential key risks associated with the area under review are:

- ▶ There is no documented Health and Wellbeing plan in place to evidence the Council's commitment to staff wellbeing and mental/physical health support. Resources and guidance are not communicated to staff which could result in employees not being aware of the Council's health and wellbeing offerings.
- ▶ Mechanisms have not been embedded across the Council to identify individuals who require wellbeing and mental health support and provide support accordingly. Roles and responsibilities have not been clearly communicated to managers and other stakeholders, resulting in a lack of accountability and ownership.
- ▶ The governance structure incl. the Mind, Body and Soul group, monitoring and reporting channels may be ineffective, leading to a lack of meaningful management scrutiny and oversight of staff health and wellbeing concerns.
- ▶ Themes and trends of staff wellbeing issues are not captured, and lessons are not learnt and appropriately disseminated, which could impact employee morale and performance.
- ▶ Regular staff feedback is not sought and analysed to assess the performance of the health and wellbeing initiatives. Where feedback is sought, actions are not developed to act on the insights gained, resulting in lost opportunities to drive change and improvement.
- ▶ The Council is not obtaining and analysing sickness absence data to develop remedial actions and return to work forms do not capture adequate data regarding reasons for sickness, resulting in root causes to health and wellbeing issues not being understood and addressed.



SCOPE & APPROACH

The following areas will be covered as part of this review:

- ▶ We will review the Council's Health and Wellbeing Plan to assess whether it includes all key areas, and ascertain how it is communicated to staff.
- ▶ We will review the processes in place to identify key issues affecting staff wellbeing (including how working from home has affected staff wellbeing) and confirm how the support is communicated and made accessible to all staff groups. We will also select a sample of managers and officers to ascertain whether they are aware of the mechanisms/resources in place as well as their associated responsibilities.
- ▶ We will review the robustness of any governance structure in place, including how the Mind, Body and Soul group operates including whether there is a terms of reference for the group, actions are clearly documented with responsibility assigned, and there is regular reporting.
- ▶ We will ascertain the arrangements in place to identify themes and trends in staff wellbeing issues, to assess whether these are adequate and capture key information. We will confirm whether actions are agreed based on the identified themes and if they are completed within the agreed timeframe. We will also assess how lessons are learnt and disseminated across the Council.
- ▶ We will review whether the Council has sought feedback from staff on its health and wellbeing initiatives to assess performance of these initiatives and confirm whether actions are identified to build upon feedback.
- ▶ We will review the Council's return to work form and assess whether it is adequately designed in relation to any best practice guidance, completed and analysed to obtain meaningful data from employees who have been on sick leave. We will also confirm how sickness absence data is analysed, and themes investigated to address root causes of absence related to health and wellbeing.

FOR MORE INFORMATION:

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The matters raised in this report are only those which came to our attention during the course of our audit and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organisation and should not be quoted in whole or in part without our prior written consent. BDO LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

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