

# Health & Safety Committee Meeting

Tue 12 October 2021, 09:00 - 12:00

MS Teams

## Agenda

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09:00 - 09:00 **1. Welcome & Introductions**

0 min

*Akmal Hanuk*

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09:00 - 09:00 **2. Apologies for Absence**

0 min

*Akmal Hanuk*

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09:00 - 09:00 **3. Declarations of Interest**

0 min

*Akmal Hanuk*

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09:00 - 09:00 **4. Minutes of the Committee Meeting held on 27 July 2021**

0 min

*Akmal Hanuk*

 04 - H&S Minutes 27.07.21 MD NF.pdf (13 pages)

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09:00 - 09:00 **5. Action Log following the Meeting held on 27 July 2021**

0 min

*Akmal Hanuk*

 05 - Action Log.pdf (1 pages)

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09:00 - 09:00 **6. Chair's Action taken since last meeting**

0 min

*Akmal Hanuk*

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09:00 - 09:00 **7. Items for Review and Assurance**

0 min

**7.1. Health & Safety Overview**

*Robert Warren*

 7.1 HS External Review Report October 2021.pdf (4 pages)

**7.1.1. H&S external review update**

 7.1.1 Appendix 1 Cardiff & Vale Health Board - H&S review - final.pdf (43 pages)

**7.1.2. H&S Dashboard Update**

 7.1.2 H&S Dashboard - September - Finalised.pdf (14 pages)

Saunders Warren  
10/04/2021 20:12:20

## 7.2. Priority Improvement Plan Update (Verbal Update)

*Robert Warren*

## 7.3. Fire Enforcement Report

*Geoff Walsh*

 7.3 Fire Enforcement Compliance and Management Report August 2021.pdf (17 pages)

## 7.4. Environmental Health Inspector Report

*Geoff Walsh*

 7.4 Board Committee Report - EHO Inspections Update - 21.9.21.pdf (16 pages)

## 7.5. Enforcement Agencies Report

*Robert Warren*

 7.5 Enforcement Agencies Report.pdf (3 pages)

## 7.6. Regulatory and Review Body Tracking Report

*Robert Warren*

 7.6 Regulatory Review and Tracking Report.pdf (2 pages)

 7.6a Regulatory Review and Tracking Report 21.pdf (2 pages)

## 7.7. Risk Register for Health and Safety

*Robert Warren*

*Verbal Update*

## 7.8. Lone Worker Device Update

*Robert Warren*

 7.8 Lone Worker Report - H&S Cttee Sept 2021.pdf (3 pages)

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## 09:00 - 09:00 8. Items for Approval/Ratification

0 min

### 8.1. Policies for Approval:

*Robert Warren*

#### 8.1.1. Health & Safety Policy

 8.1.1a CVUHB HS Policy Document.pdf (23 pages)

 8.1.1b H&S Policy Statement.pdf (1 pages)

 8.1.1c Health and Safety Policy EHIA.pdf (20 pages)

#### 8.1.2. Violence and Aggression Policy

 8.1.2 Management of V&A Policy Draft September 21.doc.pdf (2 pages)

#### 8.1.3. Minimal Manual Handling Policy

 8.1.3 Minimal Manual Handling Policy and EHIA Draft 2021.pdf (18 pages)

### 8.2. Fire Safety Annual Report

Saunders, Nathan  
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09:00 - 09:00  
0 min

## 9. Items for Noting and Information

### 9.1. Sub Committee Minutes:

*Robert Warren*

i) Operational Health and Safety Group Minutes & Action Log - 9th June 2021

9.1b June 21 OHSG Action log.pdf (5 pages)

9.1a June 21 OHSG Minutes of Meeting.pdf (8 pages)

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09:00 - 09:00  
0 min

## 10. Items to bring to the attention of the Board/Committee

09:00 - 09:00  
0 min

## 11. Review of the Meeting

09:00 - 09:00  
0 min

## 12. Date and time of next Meeting

25 January 2022 – 09:00am

**UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE  
27 JULY 2021 9AM  
VIA MS TEAMS**

<b>Chair:</b>		
Akmal Hanuk	AH	Independent Member – Local Community (Committee Chair)
Michael Imperato	MI	Independent Member – Legal
Mike Jones	MJ	Independent Member – Trade Union
Rhian Thomas	RT	Independent Member - Estates
<b>In Attendance</b>		
Janice Aspinall	JA	Safety Representative RCN
Rachael Daniel	RD	Health and Safety Advisor
Marcia Donovan	MD	Head of Corporate Governance
Stuart Egan	SE	Staff Safety Representative
Nicola Foreman	NF	Director of Corporate Governance
Stephen Gardener	SG	Head of Estates & Facilities
Rachel Gidman	RG	Executive Director of People & Culture
Robert Warren	RW	Head of Health and Safety
<b>Secretariat</b>		
Nathan Saunders	NS	Corporate Governance Officer
<b>Apologies</b>		
Fiona Kinghorn	FK	Executive Director of Public Health
Geoff Walsh	GW	Director of Estates, Capital and Facilities

<b>HS 21/07/001</b>	<b>Welcome &amp; Introductions</b>  The Committee Chair (CC) welcomed everyone to the meeting including Wendy Wright, the Deputy Head of Internal Audit who was in attendance to observe the meeting.	<b>Action</b>
<b>HS 21/07/002</b>	<b>Apologies for Absence</b>  Members noted apologies for absence.  The Independent Member – Estates (IME) advised the committee that they would need to leave at 10am for 15 minutes but would return.  The Independent Member – Legal (IML) joined the meeting at 10am.	
<b>HS 21/07/003</b>	<b>Declarations of Interest</b>  No declarations of interest were noted.	

Signed: Nathan  
20/07/2021 20:12:24

<p><b>HS 21/07/004</b></p>	<p><b>Minutes of the Committee Meeting held on 30 March 2021</b></p> <p>The minutes of the Committee Meeting held on 30 March 2021 were received.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Committee approved the minutes of the meeting held on 30 March 2021 as a true and accurate record.</p>	
<p><b>HS 21/07/005</b></p>	<p><b>Action Log following the Meeting held on 5 January 2021</b></p> <p>The action log was received and the Committee noted the actions that were on the agenda for discussion.</p>	
<p><b>HS 21/07/006</b></p>	<p><b>Chair's Action taken since last meeting</b></p> <p>No Chair's Actions were noted.</p>	
<p><b>HS 21/07/007</b></p>	<p><b>Health &amp; Safety Overview – Verbal Update</b></p> <p>The Health and Safety overview verbal update was received.</p> <p>The Head of Health &amp; Safety (HHS) advised the Committee that he reported directly to the Chief Executive Officer (CEO) and noted that it looked like Health &amp; Safety would now sit under the Executive Director of People and Culture (EDPC).</p> <p>It was noted that support had been given from the Director of Corporate Governance (DCG) and her team around the governance of Health &amp; Safety.</p> <p>The HHD advised the Committee of actions that had been implemented since the last meeting. This included:</p> <ul style="list-style-type: none"> <li>• A monthly dashboard report – This provided a detailed look at specific areas for each Clinical Board. It was noted that these would be widely shared across Cardiff and Vale University Health Board (CVUHB) with the intention to help identify the areas that required Health &amp; Safety (H&amp;S) help.</li> <li>• Key Performance Indicators (KPIs) – It was noted that once enough data had been provided to the H&amp;S Dashboard, KPIs could be compiled which would be a useful vehicle to move forward.</li> <li>• It was noted that there had been a very positive response to H&amp;S being increased across CVUHB and that the benefits had been noticeable over the past 6 months.</li> </ul>	

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- The H&S Team now had their own branding and logo to improve H&S visibility.

The HHS advised the Committee that prior to his appointment there was a manual handling link worker scheme which had now been stopped and replaced with a competency workplace assessor scheme.

It was noted that it was similar to the link work scheme whereby it would allow staff members who had been trained to go to their Clinical Board directorates and assist with the manual handling programme.

It was noted that in the long term, it would provide a better quality assurance for manual handling.

The HHS advised the Committee of plans that would be implemented over the coming months which included:

- Continuing to meet with the Learning, Education and Development (LED) team to address any Electronic Staff Record (ESR) issues in the hope that they could be improved and to break down the perception that ESR was a barrier to training.

It was noted that with the relaxation towards COVID-19 restrictions, a risk based approach had been applied to face to face training in CVUHB and that the “Did Not Attend (DNA)” fees had been reintroduced where Clinical Boards would be required to pay for staff members who did not show up for training.

- Introducing a more structured auditing process as well as continuing the audits that were postponed in 2020 due to COVID-19.

It was noted that the following audits had been picked back up:

- ProACT Audit on manual handling equipment status.
- Environmental Audit for chemical exposure and noise.
- Ligature point Audit, particularly for Mental Health Units. It was noted that this particular audit was approximately 50% complete.

The HHS advised the Committee that the manual handling team were currently supporting several major projects around CVUHB which included:

- End of life care in the community.
- Day surgery theatres.

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- Mortuary project.

It was noted that the team would be involved at the start of the projects rather than at the end to put things in place.

The HHS advised the Committee that Albacmat training had been completed.

It was noted that bariatric patients had been identified as a manual handling concern and that the manual handling team had organised a pilot and demonstration of new specialist equipment which had been well received.

It was noted that in relation to case management the H&S team had looked to push the obligatory responses to violence and highlighted that CVUHB were pushing the no violence against staff agenda significantly. Reference was made to the Welsh Health Circular issued in May 2021 relating to this issue.

It was noted that in relation to DATIX, a new reporting system would be implemented in CVUHB. This would improve the reporting and investigation process.

The IME asked if the H&S dashboard would be brought to a future Committee meeting and asked if there were any areas that the Committee should be most concerned about.

The HHS responded that the dashboard would be brought to the next meeting and mentioned that one of the biggest issues in H&S at the moment was contractor management. The HHS said this was being worked through and highlighted that the he had worked with the DCG, the EDPC and the Head of Estates & Facilities (HEF) as a task group to take forward recommendations.

The IME asked the DCG if, in terms of assurance framework, H&S Committee had risks as a subset to the overarching risks.

The DCG responded that H&S did not have a separate risk register but noted that the HHS was working on that with her team. It was highlighted that a separate risk register had not been done in the past, but once completed and scored appropriately, the risks that were over 20 would be added to form part of the Corporate Risk Register which would be viewed by the Board.

The CC asked the HHS what the H&S dashboard would show initially.

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	<p>The HHS responded that it would demonstrate areas of opportunity for improvement and could directly pin point areas that needed additional training.</p> <p>The EDPC added that as the dashboard matured it would then enable the H&amp;S team to triangulate it with the workforce matrix.</p> <p>It was noted that the intent was that the dashboard would go to the Management Executives monthly.</p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The Health &amp; Safety Overview was noted.</p>	NS
<p><b>HS 21/07/008</b></p>	<p><b>Priority Improvement Plan Update – Verbal Update</b></p> <p>The Priority Improvement Plan update was received.</p> <p>The HHS advised the Committee that the review had been completed and was still in draft form.</p> <p>It was noted that although in draft form, the work had started before seeing the final report to get ahead.</p> <p>The HHS advised the Committee that he had taken all of the priorities out of the review and would be scoring them against the CVUHB risk register as opposed to the current traffic light system.</p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The Priority Improvement Plan Update was noted.</p>	
<p><b>HS 21/07/009</b></p>	<p><b>Fire Enforcement Report</b></p> <p>The Fire Enforcement Report was received.</p> <p>The HEF advised the Committee that he would take the report as read but wanted to highlight the four areas under the Executive Director Opinion / Key Issues which included:</p> <ul style="list-style-type: none"> <li>• Enforcing Authority Audits/Inspections</li> <li>• Fire Incidents and Unwanted Fire Signals (UwFS's)</li> <li>• Fire Risk Assessments</li> <li>• Fire Safety Training.</li> </ul> <p>It was noted that for that last quarter, CVUHB had seen a down turn in instances of unwanted fire signals, which was almost certainly due to COVID-19 and it was highlighted that it would</p>	

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not be a continuing trend as more and more people visited the various health care sites.

The HEF advised the Committee that the Fire Risk Assessments and Annual Audit currently had 8 assessments overdue and 9 ward-based assessments that had been put back due to COVID-19.

It was noted that there was still an issue around compliance on fire safety training and the HEF advised the Committee that the fire safety team had instigated a programme of training with the LED team which would be undertaken over the next 12 months.

It was highlighted that Hafan y Coed had been visited by the South Wales Fire and Rescue Service (SWFRS) who had sent 2 enforcement notices:

- One on infrastructure issues
- One on policy.

It was noted that the one enforcement notice around the infrastructure had now been lifted and that the Clinical Board was working hard around the policy enforcement notice.

The HHS advised the Committee that in relation to the enforcement notice EN3/21, the SWFRS would be invited to inspect the changes made to enable closure of the enforcement notice.

The DCG asked if there had been a timescale given upon receiving the enforcement notice and if there was a timescale for them to get that removed.

The HHS responded that a timescale had been provided and had been responded to within that timescale.

It was noted that the invite to the SWFRS to review the changes made in response to the enforcement notice would be sent out this week.

The HEF advised the Committee that there had been issues around areas such as fire doors being broken and noted that these had been rectified. However he added that it provided a challenge when areas had been damaged following the fire safety team's inspection.

The HHS advised the Committee that the enforcement notice received around the policy had been more towards the control measures in place to control ignition sources and noted that

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	<p>work had been done, and, reaffirmed to patients the requirement for them to hand in ignition sources upon arrival.</p> <p>It was noted that patients were offered smoking cessation sessions and also there had been 15 minute sweeps of stairwells where patients had previously been known to smoke. Lots of good work had happened which needed to be reaffirmed with the Fire Service.</p> <p>The CC asked if the H&amp;S team needed to send a note to all Clinical Boards once issues were flagged up in one Clinical Board.</p> <p>The HHS responded that any information would be provided to the H&amp;S Sub-Committee meetings which were held by each Clinical Board.</p> <p>The CC asked if it was known how many patients smoked when attending Hafan Y Coed.</p> <p>The EDPC responded that it would be an initial conversation that would be had with patients upon admission.</p> <p>The HHS advised the Committee that a constant approach was required and that the current checks in place had to continue, such as checking stairwell.</p> <p>The CC asked if a formal close off of the enforcement notice could be brought to the October meeting.</p> <p>The HHS responded that it would be.</p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The Fire Enforcement Report was noted.</p>	
<p><b>HS 21/07/010</b></p> <p>Saunders, Nathan 18/04/2021 20:12:24</p>	<p><b>Environmental Health Inspector Report</b></p> <p>The Environment Health Inspector Report was received.</p> <p>The HEF advised the Committee that that environmental health visits had stopped during COVID-19, that they had now started back up again and they had inspected 5 areas in the last quarter:</p> <ul style="list-style-type: none"> <li>• Central Food Processing Unit (CFPU), UHW</li> <li>• Aroma Coffee Outlet – Barry Hospital</li> <li>• Barry Hospital – Ward Based Catering</li> <li>• Cardiff Royal Infirmary</li> <li>• Teddy Bear Nursery – UHW</li> </ul>	

It was noted that the previous rating of the CFPU had been a 4 and that the newest rating was a 3, a decrease from “good” to “generally satisfactory”.

It was noted that on receipt of the reports, action plans were developed to address the issues raised and further to the initial inspection on 17th March 2021, an additional two visits to review the CFPU Product Recall Procedure and a Re-visit Inspection were undertaken on 12th April and 29th April 2021.

It was noted that the CFPU had been closed for several weeks to undertake the necessary infrastructure work and to work alongside the compliance team with the newly recruited Food Safety Manager.

The HEF advised the Committee that a large portion of the action plan had been closed out with the exception of the drains action due to more work required.

It was noted that work had been delayed with regards to improvement to the drainage system due to COVID (for example, external contractors having to self-isolate)

The IME asked why the team had been unable to achieve the 10 week turn around following report issue to course of actions.

The HEF responded that it was due to lack of contractor availability and in regards to the drainage issues, the contractor had attended the facility and each time had brought the incorrect camera.

It was noted that the issues were trying to be rectified as quickly as possible.

The IME asked how the staff behavioural issues would be addressed and be sustained to remain compliant.

The HEF responded that they had hired a Food Safety Manager within the compliance team who was independent to his team.

It was noted that the Food Safety Manager had helped with documentation improvements and also carried out spot checks and swab testing to make sure that the teams were compliant. The Staff Safety Representative (SSR) advised the Committee that he was very pleased with the ratings that had achieved a 5, but very disappointed in the CFPU's score of 3 and highlighted that it was one of the most important areas of CVUHB.

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	<p>It was noted that concerns had been raised a few years ago and the request made to have somebody “in house” to do the work of environmental officers as well as building a new CFPU somewhere that was deemed more appropriate.</p> <p>The HEF responded that the recent appointment of the Food Safety Manager would have a significant influence moving forward and noted that he had been instructed to look at where the new CFPU could be located.</p> <p>It was noted that a business case would be put together to progress this further.</p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <ol style="list-style-type: none"> <li>a) The content of the report and the achievements of those facilities with a Food Hygiene Rating of 5 was noted.</li> <li>b) The failing of the CFPU to achieve an acceptable rating of 4/5 was noted.</li> <li>c) The work undertaken, identified in the action plan to ensure that the facility met the standards required by the EHO was supported.</li> </ol>	
<p><b>HS 21/07/011</b></p>	<p><b>Enforcement Agencies Report</b></p> <p>The Enforcement Agencies Report was received.</p> <p>The HHS advised the Committee that there were 2 new issues raised relating to enforcement by the Health and Safety Executive (HSE).</p> <ul style="list-style-type: none"> <li>• <u>Death of Member of Staff</u> The HSE on behalf of the coroner contacted the Health Board on 24th February 2021 requesting information following the death of a member of staff who had tested positive for Covid-19.</li> </ul> <p>It was noted that the HSE had fully investigated the event and had concluded that the death was not RIDDOR reportable as they did not consider it to be a work related exposure to coronavirus.</p> <ul style="list-style-type: none"> <li>• <u>Ventilation in Clinics and Theatres</u> CVUHB had received communication from the HSE on the 24th May 2021 in relation to a concern that was raised with them around the ventilation in clinics.</li> </ul>	

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	<p>It was noted that a response was prepared by Capital, Estates and Facilities Service Board and forwarded to the HSE by the deadline of 9th June 2021. The HSE were provided with information in relation to:</p> <ul style="list-style-type: none"> <li>- Air Handling Units Quarterly and Yearly Inspections and Maintenance</li> <li>- Annual Validation of Critical Air Plan</li> <li>- Air Conditioning Bi Annual Inspections and Maintenance</li> </ul> <p>It was noted that Capital Estates and Facilities were able to demonstrate that they were being maintained correctly so that was closed out.</p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The content of the report was noted.</p>	
<p><b>HS 21/07/012</b></p>	<p><b>Waste Management Compliance Report</b></p> <p>The Waste Management Compliance Report was received.</p> <p>The HEF provided an update to the Committee with regards to current waste management compliance within the CVUHB estate.</p> <p>It was noted that the CVUHB Waste Department continued to operate at increased volumes due to the requirement of PPE across all of the estate as a result of the COVID19 pandemic.</p> <p>In addition to the increased waste, there has been a reduction in segregation as the majority of the waste was being treated as contaminated.</p> <p>The CC asked if there was enough expertise within CVUHB around waste disposal or if external contractors were used.</p> <p>The HEF responded that a new Waste Manager had just been appointed and that a significant difference was being made by that Manager.</p> <p>It was noted that there are external suppliers with appropriate expertise and that a tender exercise was being prepared to appoint an external Waste Consultant to review the CVUHB waste processes and to highlight areas of improvement and innovation.</p> <p><b>The Health &amp; Safety Committee resolved:</b></p>	

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	<p>a) The content of the report and in particular the increase in waste and decrease in segregation was noted.</p>	
<p><b>HS 21/07/013</b></p>	<p><b>Risk Register for Health and Safety – Verbal Update</b></p> <p>The Risk Register for Health and Safety verbal update was received.</p> <p>The HHS advised the Committee that he had taken every action and would score those under the risk register matrix.</p> <p>The CC asked for the completed Risk Register to be brought to the next Committee meeting in October.</p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The Risk Register for Health &amp; Safety verbal update was noted.</p>	<p>NS</p>
<p><b>HS 21/07/014</b></p>	<p><b>Lone Worker Device – Verbal Update</b></p> <p>The Lone Worker Device verbal Update was received.</p> <p>The HHS advised the Committee that the work around the lone worker device had been very encouraging with a month on month improvement since February 2021.</p> <p>It was noted that it was largely down to a team member in the case management team who was driving the use of lone worker devices.</p> <p>It was noted that compliance was just under 69% and it was highlighted that it was an important risk reduction measure.</p> <p>The HHS advised the Committee that the current contract for the supply of lone worker devices was due to expire in July 2022 and that it was possible that compliance may drop after that point if the provider was changed.</p> <p>The SSR advised the Committee that the current devices were excellent and that staff were confident in using those devices.</p> <p>He queried if the same provider be re-tendered in next years' decision.</p> <p>The HHS responded that the tender exercise would be planned and noted that the it would not be based on cost alone as a number of factors would be taken into consideration such as:</p> <ul style="list-style-type: none"> <li>• Improved technology</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Ease of use</li> <li>• Cost</li> <li>• Training</li> </ul> <p>The IML asked if a lone worker device demonstration could be provided at a future meeting.</p> <p>The CC commented that it could be beneficial for 2 companies to pitch their product to the Committee.</p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The Lone Worker Device Verbal Update was noted.</p>	
<p><b>HS 21/07/015</b></p>	<p><b>Health and Safety Policy – Verbal Update</b></p> <p>The Health and Safety Policy Verbal Update was received.</p> <p>The HHS advised the Committee that the policy statement had been written and that the draft was complete.</p> <p>It was noted that it would be brought to the Committee in October once the structure and the Responsible, Accountable, Consulted, Informed (RACI) matrix had been identified.</p> <p>It was noted that it was being worked through on the back of the H&amp;S review</p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The Health and Safety Policy verbal update was noted.</p>	<p>NS</p>
<p><b>HS 21/07/016</b></p>	<p><b>Health and Safety Annual Report</b></p> <p>The Health and Safety Annual Report was received.</p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The Health and Safety Annual Report was noted.</p>	
<p><b>HS 21/07/017</b></p>	<p><b>Committee Effectiveness Survey results 2020-2021</b></p> <p>The Committee Effectiveness Survey results 2020-2021 were received.</p> <p>The DCG advised the Committee that the results were for noting and that the results had been reported to the Audit Committee as part of the end of year arrangements and had fed into the annual governance statement and report.</p>	

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	<p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The results of the Committee's self-assessment Effectiveness Review for 2020-21 were noted.</p>	
<p><b>HS 21/07/018</b></p>	<p><b>Sub Committee Minutes:</b></p> <p>i. <b>Operational Health and Safety Group.</b></p> <p>ii. <b>Fire Safety Group</b></p> <p><b>The Health &amp; Safety Committee resolved:</b></p> <p>a) The Sub Committee minutes were noted.</p>	
<p><b>HS 21/07/019</b></p>	<p><b>Items to bring to the attention of the Board/Committee</b></p> <p>The CC asked if there was scope to identify to the Board the 2 new issues raised relating to enforcement by the Health and Safety Executive (HSE).</p> <p>The HEF responded that the Fire Safety Report went to the CEO and so it would be prudent to provide an update to the Board.</p> <p>The DCG advised the CC that a verbal update could be provided at the next Board meeting which would be noted in the minutes.</p>	<p>NS</p>
<p><b>HS 21/07/020</b></p>	<p><b>Review of the Meeting</b></p> <p>Members noted that the discussions were positive and meaningful.</p>	
<p><b>HS 21/07/021</b></p>	<p><b>11. Date and time of next Meeting</b></p> <p>12 October 2021 – 9am MS Teams</p>	

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**ACTION LOG**  
**FOLLOWING HEALTH AND SAFETY COMMITTEE MEETING**  
**27<sup>TH</sup> JULY 2021.**  
**(Updated for the meeting 12<sup>th</sup> October 2021)**

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
<b>Actions Completed</b>					
HS 21/03/013	Health and Safety Policy Update	To bring an update on the Health and Safety Policy	R Warren	27/07/21	<b>COMPLETE</b> To be provided at <b>July Meeting</b> – Agenda Item 8.1
HS 21/03/011	Risk Register Update	Risk Register Update provided following H&S review.	R Warren	27/07/21	<b>COMPLETE</b> To be provided following H&S Review Bring to <b>July Meeting</b> – Agenda Item 7.7
HS 21/03/009	Lone Worker Device Update	To provide an update on the statistics of devices being used – <b>Standing item of committee</b>	R Warren	27/07/21	<b>COMPLETE / standing item</b> Statistics to be provided at <b>July Meeting</b> – Agenda Item 7.8
<b>Actions in Progress</b>					
HSC: 19/10/009	HSE Inspection	Chair to be informed of date of inspection	R Daniel	21/01/20	No date at time of writing <b>Update required from R Daniel</b>
HS 21/07/007	Health & Safety Overview – <b>Dashboard Update</b>	To bring dashboard to the October meeting to show members what it looks like and how it works.	R Warren	12/10/21	On October meeting. Agenda item: <b>7.1.1</b>
HS 21/07/013	Risk Register for Health and Safety	To bring completed Risk Register to October Committee meeting	R Warren	12/10/21	On October meeting: Agenda item; <b>7.7</b>
<b>Actions referred to other Committees/Board</b>					
HS 21/07/019	Fire Safety Report	To be taken to Board – verbal update	A Hanuk	29/07/2021	
HS 21/03/015	Fire Safety Training	Discuss the reintroduction of executive challenges to clinical boards around fire safety training due to low compliance.			No date at time of writing

<b>Report Title:</b>	<b>Health and Safety Overview</b>				
<b>Meeting:</b>	Health and Safety Committee			<b>Meeting Date:</b>	12/10/2021
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Rachel Gidman Executive Director People and Culture</b>				
<b>Report Author (Title):</b>	<b>Head of Health &amp; Safety</b>				

### Background and current situation:

The purpose of this report is to appraise the Health and Safety Committee on the main findings of the recent CVUHB H&S review, conducted independently by Rider Levett Bucknall.

The review commenced on 29<sup>th</sup> March 2021 and culminated in a written report issued 14<sup>th</sup> May 2021 for the consideration of the ME Team. A copy of the report by Rider Levett Bucknall is attached at Appendix 1.

Sixteen recommendations, as set out below, were made in the report along with other suggestions that would, if implemented drive the necessary H&S improvements within CVUHB;

Ref. No.	Recommended action:
01	The Health Board should develop a clear Safety, Health and Wellbeing Strategy, which is aimed at the successful implementation of the Health and Safety Policy and the required supporting programmes.
02	Revise the Health and Safety Police into a one page 'statement of intent', which can be clearly and concisely communicated to all stakeholders. All other content, as contained within the existing Health and Safety Policy should be contained within a narrative document forming part of the HSMS arrangements.
03	The Health Board should consider the introduction of a unified Health and Safety Management System the supports the effective implementation of the Health & Safety Policy. It is suggested that ISO 45001 be used as a guide to the structure and content of the system, but it is not recommended that this system be externally certified due to the associated ongoing costs that doing so would require.
04	The organisation develops a clear Safety, Health and Wellbeing (SHW) communications strategy and associated supporting programmes to positively promote SHW across all areas of the Health Board.
05	The Health and Safety team structure should be re-organised to provide additional management tiers that allow the Head of Health and Safety to focus on the strategic aims of the Health Board. This re-organisation should also review and, where necessary realign responsibilities based on job roles. The revised corporate Health and Safety structure should ensure that lines of accountability link back to the Chief Executive and Executive Team.
06	The Health and Safety Team positioned within Capital Planning and Estates should be relocated under the Head of Health and Safety for accountability, consistency of approach, and transparency. Specific Health and Safety support can continue to be assigned to Capital Estates but with the direct oversight of the Head of Health and Safety. Additionally, the Fire Safety Team should be repositioned under the Head of Health and Safety along with other Health Board wide support function.
07	Create SMART Health and Safety objectives, which can be cascaded down and implemented across the Health Board. These should be aimed at embedding Health and Safety, and giving equal priority and prominence to the safety, health and wellbeing of staff to the that of Clinical and Patient safety.
08	Create a Health and Safety roles, responsibilities, and accountabilities matrix (with supporting narrative) that clearly defines who is responsible for what, ownership and accountabilities throughout the organisation.
09	Create a Health and Safety Charter that provides a clear a demonstration of commitment of the Executive Board, Clinical Boards, and Departments towards the Health and Safety Statement and the safety and wellbeing of those employed by the Health Board.
10	The current ESR system and links to e-training should be reviewed to ensure that this platform provides an intuitive access point and isn't perceived as a barrier to training.

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11	An action plan should be drawn-up to ensure all outstanding mandatory training is brought up-to-date within an agreeable timescale and that all future training is completed as planned.
12	The Head of Health and Safety should draw-up the equivalent of a Service Level Agreement with the Clinical Boards / Directorates which clearly set's out the service expectations, deliverables and priorities timescales. This should help to clearly define deliverables and expectations.
13	Consideration should be given to revising the process applied to the management of Contractors and related activities to ensure a single unified approach, and whether any activity impacting on the fabric of any structure, common systems / infrastructure should be controlled by Capital Planning and Estates rather than the Clinical Boards / Directorates.
14	The Head of Health and Safety should review all related statutory / mandatory training requirements to ensure the requisite competencies are identified, training delivered and maintained.
15	The Health Board should review the Health and Safety Committee structure to ensure that it best serves the needs of the organisation, that these committees provide value and support the implementation of the HSP.
16	The Head of Health and Safety should review the current risk management activities, including risk registers to ensure that SHW risks are identified, recorded, and tracked in the same way as other risks.

Thirteen of the recommendations were accepted by the Management Executives but three needed further assessment to ensure the full risk and detail of implementing had been considered. Accordingly, a working party has been set up to assess these three recommendations.

Ref 06 – Relocating the CEF H&S team under Health and Safety for accountability, consistency of approach, and transparency.

- Deemed a greater risk to the organisation to remove the H&S related individuals from CEF
- Subtle alteration in job title to change 'H&S' for 'Compliance'
- Removal of any potential self-governance by changing ownership of key H&S policies/procedures
- H&S department own key policies/procedures such as Safe Systems of Work, Contractor Control, the CEF compliance team ensure implementation within directorate
- Auditing to be conducted in all clinical boards/directorates by H&S/NWSSP

Additionally, the Fire Safety Team should be repositioned under the Head of Health and Safety along with other Health Board wide support function.

- Pro's and Con's for fire to sit in either department
- Requirement for:
  - Clear reporting lines
  - Responsibility
  - Accountability
  - Specific support for CEF
- Final decision taken by ME group to move Fire Safety to H&S
- No change to T&C's, JD's etc
- Only change is reporting line
- CEF related project work will remain BAU
- Responsible ME for fire – Rachel Gidman
- Fire Safety Manager - R Warren

Ref 13 - Consideration should be given to revising the process applied to the management of Contractors and related activities to ensure a single unified approach, and whether any activity

impacting on the fabric of any structure, common systems / infrastructure should be controlled by Capital Planning and Estates rather than the Clinical Boards / Directorates.

Where contractor work involves an impact on the building fabric or infrastructure then it will be controlled by CEF. The H&S department will continue to provide assistance to the clinical boards/directorates for all other contract work.

### Current Position

- H&S Management System – Work has started which will lead to;
  - ↳ Gap Analysis
  - ↳ Standards/Policy Review
  - ↳ RACI Matrix
- H&S Policy
  - ↳ Document
  - ↳ Statement
  - ↳ EHIA
- Setting of a H&S strategy including objectives and KPI's
  - ↳ Data obtained through dashboard
  - ↳ Review of risk management activities
- Restructuring of H&S team

### Future Proofing

For completeness and to demonstrate transparency;

- NWSSP audit and assurance team to audit H&S Department on the external review
- To include:
  - Completion status of the actions (Risk based approach)
  - Adequacy of implementation

### Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

- An independent review of the health and safety processes and practices at CVUHB has been conducted which has provided an evidence led platform to strengthen and develop health and safety management.
- The review has identified several opportunities for risk reduction for consideration by the ME team which, if implemented would reduce the Health, Safety and Compliance risks that the report has assessed currently exist.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

CVUHB is committed to providing and maintaining a safe and healthy work place and to provide suitable resources, information, training and supervision on health and safety to all members of

staff, patients, contractors and visitors to comply with the legislative and regulatory framework on health and safety.  
 A health and safety risk register is in place to monitor health and safety risks, which is reported to the Health and Safety Committee. This will require a review to ensure the report findings are captured if deemed relevant.

**Recommendation:**

**The Committee is requested to:**

- a) NOTE the review findings from the health and safety report and also the work being undertaken as set out in the report, in response to the review findings.

**Attachments : Appendix 1 - copy of Rider Levett Bucknall's report**

<b>Shaping our Future Wellbeing Strategic Objectives</b> <i>This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report</i>							
1. Reduce health inequalities				6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people	X			7. Be a great place to work and learn			
3. All take responsibility for improving our health and wellbeing	X			8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology			
4. Offer services that deliver the population health our citizens are entitled to expect				9. Reduce harm, waste and variation sustainably making best use of the resources available to us			X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time				10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>							
Prevention		Long term	X	Integration		Collaboration	Involvement
<b>Equality and Health Impact Assessment Completed:</b>		Not Applicable					



REPORT

14 MAY 2021

REV A

# OCCUPATIONAL HEALTH & SAFETY REVIEW – INITIAL REPORT

CARDIFF & VALE HEALTH BOARD

## Prepared By

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## AUTHORISATION



This report has been prepared by:

Signature.....  
Paul Bryant

and reviewed for issue by:

Signature.....  
Chris Green

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## 1.0 EXECUTIVE SUMMARY

Cardiff and Vale Health Board [C&VHB] instructed Rider Levett Bucknall [RLB] to complete a review of the operational occupational Health and Safety arrangements implemented across the Health Board with the aim of identifying opportunities for improvement that raise occupational Health and Safety to the same level and Clinical and Patient safety. RLB applied a multi-faceted approach, which included a review of sample Health and Safety documents, existing Health and Safety organisational structures, and most importantly, holding meetings [interviews] with staff members.

It was encouraging to note the level of engagement and associated contributions from those staff members involved in this review.

The review concluded that the organisations Health and Safety policy had not been implemented consistently across the Health Board and that there was a lack of ownership and accountability assigned to the various roles. Equally, comments of staff members described the Health and Safety Policy as “too long, lacking transparency, accountability or focus”. It is recommended that the Health and Safety Policy be reviewed and revised to provide a clear commitment to safety, health and wellbeing.

The review noted the absence of a Health and Safety Management System, which if implemented would provide a framework for the occupational Health and Safety Policy, and associated programmes to be systematically implemented, monitored, and reviewed; it is recommended that a Health and Safety Management System be developed and implemented.

The review concluded that the existing Health and Safety organisational structures were fragmented and misaligned, both within the current operational Health and Safety Team, and across the Health Board, for example, the newly appointed Head of Health and Safety is also [by default] the nominated Fire Safety Manager but the Fire Safety Team sits elsewhere within the current structure with no functional link to Head of Health and Safety. It is recommended that Health and Safety is restructured under one functional Head.

It is suggested the name of the occupational Health and Safety Team be changed as part of a rebranding aimed at shedding previous ‘baggage’ and promoting a positive leading Health and Safety culture; Safety, Health and Wellbeing is one possible suggestion.

It was noted that operational accountability of Health and Safety at Executive Board level was assigned by the Chief Executive to the Workforce and Operational Development Director [current vacancy], which appears to be a logical reporting line with clear synergies with occupational health and learning and development.

The review concluded that the Health Board has a highly competent Health and Safety Team who could, if restructured and empowered, provide a more proactive support service to the Health Board aimed at driving continued improvement, oversight and assurance and consistency of approach.

The Health and Safety review has identified various opportunities for improvement that could enable the development and embedding of a positive leading Health and Safety culture, which supports the aim of exemplar patient care and clinical safety, and raises the safety, health and wellbeing of people working for, or within the Health Board to equal prominence and importance.

## 2.0 INTRODUCTION, SCOPE AND LIMITATIONS

### 2.1 INTRODUCTION

Rider Levett Bucknall were requested to provide a proposal for the review of the current occupational Health and Safety arrangements at Cardiff and Vale Health Board, including the items listed in the scope at 2.2, which was submitted on 18 February 2021, and accepted by the Health Board on 9 March 2021.

Upon appointment an introductory briefing meeting was held with the newly appointed Head of Health and Safety, during which current arrangements, structures, organisational arrangements, and performance were discussed.

This report has been prepared as an output of the overall review and is issued without bias.

### 2.2 SCOPE

The scope and remit of this review, as detailed in the original fee proposal [dated 18 February 2021], and further updated as part of the initial kick-off meeting includes the following:

- Carry out a visual observation of the working practices at The Cardiff and Vale University Health Board (as permitted under prevailing covid-19 restrictions).
- Consult with any employees present during the visual observation on their knowledge of health, safety, welfare and fire arrangements.
- Review the current health and safety management system arrangements to provide a commentary on the effectiveness of the system, resources/organisation, strategic and day-to-day practices against the following safety management system elements:
  - a. Policy.
  - b. Organisation and Resources.
  - c. Competency.
  - d. Consultation and Communication.
  - e. Control of Risk.
  - f. Operational Control (including documents, checking and compliance systems).
  - g. Measuring Performance (reactive and active monitoring arrangements and statistics).
  - h. Audit and Review.
- Undertake wider discussions / interviews with relevant parties as required.
- Publish a Report [this report] utilising the results from the desktop review, knowledge/culture discussions / interviews, physical inspections and review of the Health Board's management systems verses current UK legislative requirements to determine the effectiveness of the current health and safety management arrangements in place.
- In partnership with the Health Board, develop an Implementation Plan for remedial actions arising from the report findings.

## 2.3 LIMITATIONS

The review was limited to the occupational Health and Safety arrangements as outlined in the initial scoping meeting and the documents supplied by the Client.

The extent of all on-site reviews was completed in-line with covid-19 controls and restrictions in place at the time.

More general site inspections and reviews of the practical implementation of controls in an operational setting were scaled back to desk-top reviews and interviews.

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## 3.0 REVIEW METHODOLOGY

### 3.1 STRUCTURES AND ORGANISATIONAL FRAMEWORK

The methodology applied to the review of the current structure of Health and Safety of Cardiff and Vale Health Board (C&VHB) focused on two specific areas; firstly, the 'Corporate' structure and how Health and Safety had been organised across the Health Board, and secondly, the structure of the current 'Health and Safety Team'.

In both cases the structures have been reviewed against the Health and Safety Policy (HSP) and the observations and comments of the staff members interviewed as part of the overall review.

The basis of review assessed whether the structures developed and implemented across C&VHB were sufficient to support the successful implementation of the HSP, and confirm that defined Health and Safety roles, responsibilities and accountabilities were assigned at appropriate levels.

### 3.2 MANAGEMENT SYSTEM REVIEW

The starting point for the review was the Corporate Health and Safety Policy, which included the outline arrangements and structures applied to the management of Health and Safety across C&VHB, and specifically the 'frameworks of control' designed to support the successful implementation of the HSP. These arrangements were further discussed with staff members interviewed as part of the overall review.

The basis of the review was to assess the suitability of the current Health and Safety management arrangements provided to support the implementation of the HSP and the associated objectives and programmes.

### 3.3 STAFF INTERVIEWS

The process of holding meetings [interviews] with staff members was possibly the single most important element of the Health and Safety review.

The methodology applied was to book meetings [via the Health and Safety Team]; the majority of the meetings were held over MS Teams.

The meetings were largely informal to encourage open and relaxed discussions on the experiences, thoughts and opinions of those staff members who interface / interact with Health and Safety at organisational and operational levels.

To further encourage engagement 'Chatham House Rules' applied, with all comments anonymised and aggregated. (see *section 5.0*).

While the interviews were informal and fluid in their structure a standard question-set was used ensure consistency.

### 3.4 DOCUMENTATION REVIEW

To support the review process, a number of documents were requested as a 'random sample' of typical Health and Safety documents used across the Health Board.

These documents were reviewed to confirm the administrative controls applied to the implementation of the HSP and the information collected by the Health Board to evidence compliance with the associated control arrangements. (see *appendix 7*).

## 4.0 HEALTH & SAFETY REVIEW FINDINGS

The following review findings have been compiled against each of the highlighted areas.

### 4.1 POLICY

<p><i>Does Cardiff &amp; Vale Health Board's Health &amp; Safety Policy [HSP] contribute to promoting a positive health and safety culture and supports its corporate objectives.</i></p> <p><b>Documents reviewed:</b></p> <ol style="list-style-type: none"> <li>Health and Safety Policy (approved 24 November 2016)</li> <li>Corporate Health and Safety Structures</li> </ol> <p><b>Compliance RAG status key:</b></p> <table border="0"> <tr> <td style="width: 20px; height: 15px; background-color: red;"></td> <td>Red</td> <td>Legal/ACOP requirements not being met</td> </tr> <tr> <td style="width: 20px; height: 15px; background-color: yellow;"></td> <td>Amber</td> <td>Some systems in place, additional development required</td> </tr> <tr> <td style="width: 20px; height: 15px; background-color: green;"></td> <td>Green</td> <td>Provides a reasonable basis for control</td> </tr> </table>				Red	Legal/ACOP requirements not being met		Amber	Some systems in place, additional development required		Green	Provides a reasonable basis for control	<p><b>Applicable Legislation/ Approved Codes of Practice:</b></p> <ul style="list-style-type: none"> <li>Health and Safety at Work etc. Act 1974.</li> <li>Management of Health and Safety at Work Regulations 1999</li> <li>HSG65 Managing for health and safety</li> </ul>
	Red	Legal/ACOP requirements not being met										
	Amber	Some systems in place, additional development required										
	Green	Provides a reasonable basis for control										
Cardiff & Vale Health Board has structures and processes which:	Cardiff & Vale Health Board current practice(s)	RAG status										
<p>4.1.1 Secures senior management commitment to Health &amp; Safety of employees, and others.</p>	<p><b>The HSP includes the following statement – ‘The Chief Executive regards health and safety management to be fundamental to the delivery of its mission of caring for people and keeping people well. It is also essential to delivering our strategy and sustainability of avoiding waste, harm and variation, empowering people and delivering outcomes that matter to them’.</b></p> <p>The HSP includes the above commitment from the Chief Executive, who is to be “supported” by the Senior Management Team in progressing these responsibilities. There is no obvious commitment of the Executive Board, Clinical Boards, Directorates, etc. towards the Health and Safety Policy, or onward support aimed at successful implementation. (see 4.1.6).</p>											
<p>4.1.2 Identifies the roles and responsibilities of key Health &amp; Safety personnel throughout Cardiff &amp; Vale Health Board</p>	<p><b>Responsibilities are set out with Cardiff &amp; Vale Health Board’s HSP for the Chairman, Independent Member, Chief Executive, Director of Corporate Governance, Director of Nursing, Chief Operating Office, Director of Workforce and Organisational Development, Director of Strategy and Planning, Clinical Service Boards, Directorates/Departments, Head of Health and Safety, and individual employees.</b></p> <p>While the policy includes roles and associated responsibilities towards Health and Safety, other than the Director of Corporate Governance, no accountabilities have been assigned. It is unclear as to why the Director of Corporate Governance has been identified when the reporting lines for the Head of Health and Safety are positioned elsewhere.</p> <p>Staff Members commented that Health and Safety roles and responsibilities were not well understood and that there was a perceived lack of accountability and leadership in addressing Health and Safety issues.</p>											
<p>4.1.3 Identifies the review schedule for policy.</p>	<p><b>The HSP includes the review commitment set out intervals not exceeding two years, as follows “reviewed at least two yearly’ and ‘As legislation is continuously under review, so too must the Health and Safety Policy be continually reviewed”.</b></p> <p>The provided HSP had not been reviewed or updated to acknowledge the completion of a review within the stated timescale. Additionally, there was no clearly defined trigger for an interim review as a consequence of significant changes, response to incidents, lessons learned, etc.</p>											

<p>4.1.4 Identifies the importance of training and employee engagement in preventing incidents.</p>	<p><b>The HSP includes the following statement “To further maintain and promote the implementation of the Policy and enable employees to function efficiently with regard to health and safety; information, instruction, training and supervision will be provided in accordance with identified needs.</b></p> <p>Training records were held electronically as a record of completion. It was noted that mandatory training compliance had slipped over recent months as a [possible] impact of the coronavirus pandemic; the reduction in compliance presents a risk to the Health Board. Section 9.2 of the HSP states “All employees should assume responsibility to read and understand the relevant sections [of the HSP]”; it is the Employers responsibility to bring to the attention of the employee the HSP and all associated requirements of the organisation.</p>	
<p>4.1.5 Identifies the duties of employees in relation to contributing to safe workplaces.</p>	<p><b>The HSP includes the following statement – ‘Employees have a duty under the Act, to take reasonable care to avoid injury to themselves and others and to co-operate with employers and others in meeting statutory requirements. The Act also requires employees not to interfere with or misuse any assistance provided to protect their health, safety and welfare in compliance with the Act.</b></p> <p>While the policy is clear in its requirements Staff Members commented that they were “unclear to their general and specific Health and Safety responsibilities”. Irrespective of the organisational arrangements if Staff Members are unclear or perceive a lack of clarity as to their duties then gaps in control can develop leading to unsafe conditions.</p>	
<p>4.1.6 Secures a commitment for the effective management of risk.</p>	<p><b>The HSP includes the following statements “The management of health and safety for the Health Board has been delegated to the respective Corporate &amp; Executive Directors and Service and Clinical Board Managers; however, to ensure that all hospitals, properties and departments of the Health Board comply, many of the duties arising from the responsibility have been further delegated to line managers”.</b></p> <p>No obvious recognition / commitment from those with delegated responsibilities could be identified.</p>	
<p>4.1.7 Supports continual development of the H&amp;S management system.</p>	<p><b>The H&amp;S Policy includes references to a ‘systematic’ approach to Health and Safety.</b></p> <p>No defined Health and Safety Management System [HSMS] or similar arrangements could be identified that support the effective management of Health and Safety across the Health Board. The lack of defined arrangements and systems of control presents a risk to the Health Board due to the potential for inconsistencies in approach to develop between the Clinical Boards / Directorates.</p> <p>Responses from Staff Members thought that this was the root cause of various issues relating to Health and Safety compliance and assurance, and the reason why some Directorates had developed their own controls.</p>	

UK Legislation & HSG65 Gap Analysis					
Legislation	Summary of duties	C&VHB practice(s)/ evidence	RAG	Gap in systems	Action required to close the ‘Gap’
Health and Safety at Work etc. Act 1974	Prepare and communicate a written statement of health and safety policy where 5 or more persons are employed.	Cardiff & Vale Health Board Health & Safety Policy H&S policy is accessible to employees and communicated during inductions.			
Management of Health & Safety at Work	An organisation, including resources, which is appropriate to	Lack of a structured systematic approach to the consistent implementation		There were insufficient systems in place to support the effective	The Health Board, through the Head of Health and Safety,

Regulations 1999	the size, nature and risks posed by an organisation's normal operations.	and management of the Health and Safety policy		implementation of the HSP.	should develop and implement a suitable HSMS necessary to support the effective implementation of the HSP and all associated arrangements, subordinate policies and procedures.
HSG65 Managing for health and safety	Managing and organising health and safety along Plan Do Check Act.	Lack of a defined HSMS and the associated arrangements necessary to support the effective and efficient implementation of the H&S policy to meet the legal requirement above and the guidance standards within HSG 65.			

Rational for Review RAG status :	
<b>Red</b>	The HSP doesn't appear to have been reviewed within the stated timescale (two-years); there was a lack of defined accountability assigned to the various roles, and a potential misalignment brought about by changes in personnel and reporting lines of the Health and Safety function. There was no defined systematic approach (Health and Safety Management System) applied to Health and Safety, or to support the implementation of the HSP. Employees appear unclear of their Health and Safety roles and responsibilities.
<b>Amber</b>	The HSP should be a more concise document with clearly defined commitments, which can be easily communicated to all staff and other stakeholder. The majority of information contained with the current policy document should be removed and contained within a narrative / overview document as part of a structured systematic Health and Safety Management System. A 'Health & Safety Charter' could be developed by the Executive Board / Clinical Boards / Departments to demonstrate their support and commitment towards Health and Safety. (see appendices 1 and 2)
<b>Green</b>	The HSP includes a commitment from the Chief Executive towards the Health and Safety of people, and the general requirements as set-out within the Health and Safety at Work, etc. Act 1974.
Overall RAG status:	
<b>Red</b>	<b>Rational for Overall Review RAG status:</b> The HSP appears to lack the necessary structures and systems to support effective and efficient implementation (Health and Safety Management System - HSMS). While it is not suggested that the Health Board implemented an externally certified HSMS, the structures and framework provided by BS ISO 45001:2018 could be a useful tool. This approach could accommodate very specific controls required by radiology, etc. By creating a Health Board wide HSMS it would be possible to streamline the HSP to a concise 'statement of intent' with associated arrangements contained within a narrative document, which forms part of the arrangements section of the HSMS. Equally, roles, responsibilities, and accountabilities could be clearly defined within responsibilities matrix that also confirms accountabilities. By applying a systemic approach to Health and Safety management across the Health Board it would be necessary to assign an 'owner' to the system, which should be the Head of Health and Safety.

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## 4.2 ORGANISATION

*Has Cardiff & Vale Health Board defined the responsibilities, structures and relationships required to promote a positive health and safety culture and secure the implementation of continued development of health and safety policy and practice.*

<p><b>Documents reviewed:</b></p> <ol style="list-style-type: none"> <li>Cardiff &amp; Vale Health Board Health &amp; Safety Policy (approved November 2016)</li> <li>Health and Safety Team structure</li> <li>Corporate Health and Safety Structures</li> <li>Sample job description (dated 2019)</li> </ol>	<p><b>Applicable Legislation/Approved Codes of Practice:</b></p> <ul style="list-style-type: none"> <li>Health and Safety at Work etc. Act 1974</li> <li>Management of Health and Safety at Work Regulations 1999</li> <li>HSG65 Managing for health and safety</li> </ul>									
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	Red	Legal requirements not being met								
	Amber	Some systems in place, additional development required								
	Green	Identified elements appear suitable								
C&VHB has structures and processes which:	Cardiff and Vale Health Board current practice(s)	RAG status								
<p>4.2.1 Identifies the organisational structure for Health &amp; Safety within C&amp;VHB.</p>	<p><b>The C&amp;VHB HSP has an indicative structure defined, which is defined in separated documentation.</b></p> <p>The Health and Safety Structures are external to the policy. The existing Health and Safety structure at Corporate, Clinical Board / Directorate, and Department / Team levels lack clarity as to ownership and accountability. There are also a number of inconsistencies and potential duplications, for example, the Head of Health and Safety has [by default] been nominated as the responsible person for fire safety (Fire Manager) but the fire safety team sits within the Capital Planning and Estates Structure. Equally, the Capital Planning and Estate's Department includes a significant number of Health and Safety, Asbestos, and Fire Safety professionals that operate independently of the Head of Health and Safety.</p>									
<p>4.2.2 Sets out the roles &amp; responsibilities across the organisation and specific Health &amp; Safety functions.</p>	<p><b>Responsibilities have been set within the current H&amp;S Policy (see 4.1.2).</b></p> <p>The current HSP identifies responsibilities for specific individuals and generally for Clinical Boards / Departments, but not specifically for the Health and Safety Team. More importantly ownership and accountability is not clearly defined. Additionally, the Health and Safety Team structure appears too flat, the Teams lack clear objectives, and reporting lines are confused; for example, there is no direct link between the Senior Trainer (strategic) and Senior Trainer (operational).</p>									
<p>4.2.3 Require adequate resources and commitment for the effective organisation of Health &amp; Safety across C&amp;VHB.</p>	<p><b>The HSP includes the following statement "Directorate Managers and/or Heads of Department have overall responsibility for making sure that arrangements are in place: for the development and effective implementation of the Health Board and Clinical Board Health and Safety Policy within their Directorate/Department".</b></p> <p>Without a clear guide and consistent framework of control for the management of Health and Safety there is the potential for inconsistencies in approach, duplication of effort, and conflicting controls to develop.</p>									

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UK Legislation & HSG65 Gap Analysis					
Legislation	Summary of duties	C&VHB practice(s)/evidence	RAG	Gap in systems	Action required to close the 'Gap'
Health and Safety at Work etc. Act 1974	Safeguarding the health, safety and welfare of employees and non-employees from risks arising from normal work activities	HSP, sub-ordinate policies, and supporting procedures.	Amber	The current Health and Safety structures (strategic and operational) within the HB are fragmented, confused and lack clarity. This could lead to gaps in control where required actions are not completed due to a misunderstanding as to who the action rest with.	The Chief Executive and Executive Board should consider a reorganisation of Health and Safety under one functional Head (suggested as the Head of Health and Safety), who is accountable to the Chief Executive and Executive Team for the overall Health and Safety Strategy and performance.
Management of Health and Safety at Work Regulations 1999	Organisation which is suitable for the size, scope and nature of the undertaking.	HSP Organisation and Responsibilities	Amber		
	Access to competent health and safety advice	Head of Health and Safety. Health and Safety Team Other Health and Safety professionals within the HB	Green		
HSG65 Managing for health and safety	Organising health and safety along Plan Do Check Act.	There was no identifiable occupational health and safety management system, or an equivalent P-D-C-A approach applied across the Health Board.	Red		
<b>Rational for Review RAG status :</b>					
<b>Red</b>	The organisational structures applied to occupational health and safety is fragmented and lacks clear objectives for those with identified roles and responsibilities.				
<b>Amber</b>	The newly appointed Head of Health and Safety should be the functional Head for all related occupational Health and Safety services, this is not currently the case.				
<b>Green</b>	The Health and Safety professionals employed by the Health Board are highly capable and competent; however, their overall effectiveness is constrained by the structure and a perceived lack of authority.				
<b>Overall RAG status:</b>	<b>Rational for Overall Review RAG status:</b>				
<b>Red</b>	The organisation occupational health and safety structure is fragmented. There are significant resources (Health and Safety Professionals) embedded within Capital Planning and Estates Team who have no reporting lines or accountability to the Head of Health and Safety, which has the potential to create inconsistencies of approach and misaligned objectives. An example of this is the Fire Safety Team who current don't report to the named Fire Safety Manager, a default responsibility of the Head of Health and Safety.				

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## 4.3 COMPETENCE

C&VHB has access to appropriately qualified and experienced occupational health and safety advice/competencies and provides suitable occupational health and safety training for directors, managers and employees appropriate to their role, responsibilities and employment.

**Documents reviewed:**

- Cardiff & Vale Health Board Health & Safety Policy (approved November 2016)
- Sample job description (dated 2019)
- Corporate Health and Safety Structures

**Applicable Legislation/ Approved Codes of Practice:**

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- HSG65 Managing for health and safety

**Compliance RAG status key:**

	Red	Legal requirements not being met
	Amber	Some systems in place, additional development required
	Green	Identified elements appear suitable

C&VHB has structures and processes which:	C&VHB current practice(s)	RAG status
4.3.1 Captures H&S training data for all levels of the organisation.	<p><b>The HB has created systems that record the minimum / statutory health and Safety, and fire safety training requirements, which are delivered as a combination of e-learning and face-to-face training. Records are retained within the ESR system.</b></p> <p><b>Dedicated Manual Handling and Violence and Aggression training is provided by the occupational Health and Safety Team.</b></p> <p>It was noted that Staff Members raised concerns over the processes for accessing training as “not being intuitive” and “a barrier to completion”. It was also noted that overall mandatory training compliance had dropped over recent month [as a possible consequence of covid].</p>	
4.3.2 Provides access to appropriate competent advice across the Clinical Boards and Directorates.	<p><b>The occupational health and safety team are currently structured to provide support and advice to the various Clinical Boards and Directorates.</b></p> <p>The experience of the Clinical Boards and Directorates relating to the support services provided by the ‘Health and Safety Team’ appears to be mixed. Opportunities for improvement were identified by Staff Members included “a more proactive response to issue and concerns” and “consistency of communications”. The same comments were received in regard to the support provided by the Fire Safety Team.</p>	
4.3.3 Provides employees access to competent Health & Safety training appropriate to the needs of C&VHB .	<p><b>Where occupational health and safety activities were a delegated responsibility of a Clinical Board or Directorate a nominated responsible person is identified. The nominated person can raise issues at an operational level with the occupational health and safety team for support and response as appropriate.</b></p> <p>As per the response to 4.3.2. the experience of the Clinical Boards and Directorates is mixed in regard to the response of the Health and Safety and the Capital Planning and Estates Teams. There are Health and Safety meetings set at the Clinical Board and Directorate level where issues can be raised, the concern appears to be the ownership and accountability of actions where they pass beyond the control of the specific department and the length of time taken to address concerns or provide positive updates as to the actions taken / time to resolve.</p>	

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UK Legislation & HSG65 Gap Analysis					
Legislation	Summary of duties	C&VHB practice(s)/evidence	RAG	Gap in systems	Action required to close the 'Gap'
Health and Safety at Work etc. Act 1974	Provision of training and instruction – employer's duties	An ESR system has been implemented for the identification and recording of staff competencies (minimum and mandatory training). Various structures have been established based on the operational needs of the Health Board. Health and Safety communication are provided at induction and via staff training.	Yellow	The overall compliance status for the identified mandatory training has fallen over previous months. Staff Members have commented on the suitability of the system use to complete e-training as difficult to navigate and a barrier to the completion of training. Failure of staff members to attend pre-booked training.	The training needs analysis should be reviewed to ensure that all safety, health and wellbeing training has been identified (training matrix) and programmed at appropriate frequencies (training calendar), with training delivered and recorded, and training statistics (leading metrics) reported to the Executive Board on a monthly basis. The system used to deliver e-training should be reviewed to ensure that they do not present a barrier to completion.
	Provision of appropriate information, instruction, training and supervision.				
Management of Health and Safety at Work Regulations 1999	Access to competent H&S advice Training to employees on specified equipment	The Health Board has appointed a competent person (the Head of Health and Safety) and the wider Health and Safety Team to provide advice. The various post holders appear to be both capable and competent.	Green	There are no apparent gaps in the competence of the advice given; however, the comments on the proactive nature, misalignment of reporting lines, and consistency of communications should be noted.	The working hours (flexitime) of the Health and Safety Team limits effectiveness.
Manual Handling Operations Regulations 1992	Avoid manual handling and where not practical provide systems and equipment to aid lifting / handling.	The Health Board has recognised the risks posed by manual handling and has employed in-house resources as assessors and trainers.	Red	Gaps exist in the completion of mandatory training.	An action plan should be developed aimed at bringing all mandatory training completion rates back to an acceptable level.
HSG65 Managing for health and safety	Provision of and access to competent health and safety advice and support throughout the organisation to support the management of health and safety along Plan Do Check Act.	The Health Board has applied appropriate resources to the support of the Health and Safety Policy; however, the structure is fragmented and requires re-organisation.	Yellow	As per previous comments on the structure of Health and Safety.	As per the actions identified under 'organisation'.
<b>Rational for Competency Review RAG status :</b>					
Red	Gaps in the completion status of the identified 'mandatory training'.				
Amber	The supporting systems and ESR process, which is seen as a barrier to completion of mandatory training.				
Green	Competent persons have been appointed (externally and in-house) in relation to controlling risks associated with the use of sources of ionising radiation.				

Overall RAG status:	Rational for Overall Review RAG status:
<div style="background-color: yellow; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-weight: bold; color: black;">Amber</span> </div>	<p>While the Health Board has appointed competent resources to assist with the implementation of the HSP and provide competent advice the previously noted concerns with the associated structures, reporting lines and accountabilities impacts on the overall effectiveness of these services. In addition, and as commented by Staff Members, the reactive nature and apparent lack of authority in addressing Health and Safety concerns has been a cause of frustration. In addition, and as previously highlighted, the current status of the mandatory training presents a risk.</p>

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## 4.4 COMMUNICATION AND CONSULTATION

*C&VHB recognises the importance of effective two-way consultation with employees and elected/recognised Safety Representatives, together with the issuing of appropriate occupational health and safety information to employees and other interested parties.*

**Documents reviewed:**

1. Cardiff & Vale Health Board Health & Safety Policy (approved November 2016)
2. Corporate Health and Safety Structures
3. Sample OHSG committee meeting minutes
4. Communications Policy (dated 26/02/2006)

**Applicable Legislation/ Approved Codes of Practice:**

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Health and Safety (Consultation with Employees) Regulations 1996.
- HSG65 Managing for health and safety

**Compliance status key:**

	Red	Legal requirements not being met
	Amber	Some systems in place, additional development required
	Green	Identified elements appear suitable

C&VHB has structures and processes which:	C&VHB current practice(s)	RAG status
4.4.1 Encourages open two-way communication between management & employees.	<p><b>The Health Board has developed and implemented a committee structure for engagement at various levels across the organisation, which includes the Operational Health and Safety Group, and Clinical Board / Directorate Health and Safety committees. The committees are attended by Staff Representatives [Union], and representatives from levels within the organisation.</b></p> <p>The various Health and Safety committees, along with the associated terms of reference, should be reviewed to ensure these important committees remain relevant, effective and add value to the overall Health and Safety performance of the Health Board. From a review of the supplied meeting minutes it was unclear as to how the 'Committees' hold action owners to account or the defined target dates by when actions are to be completed. From discussions with those Staff Members involved in the review process a reoccurring theme was that these committees had become 'talking shops' and rarely resulted in positive outcomes.</p>	
4.4.2 Encourages a positive open health and safety culture which recognises employee participation.	<p><b>The various Health and Safety Committees provide a point of engagement, which includes staff representation.</b></p> <p>It was unclear as to the positive measures that have been established to promote a leading health and safety culture. The perceived ineffectiveness of the Health and Safety committees, and lack of positive outcomes appears to have undermined confidence and values attached to these meetings.</p>	
4.4.3 Control and monitor the issuing of information both internally and externally to interested parties.	<p><b>The Health Board had implemented E-Datix as an electronic reporting and recording system for a range of Health and Safety related [and other] activities, including internal incident and issue reporting. Further communications are issues from the Health and Safety Team and the various Health and Safety Committees. Staff training is also used as a means of communication. The Health and Safety Team had established protocols for external statutory reporting of issues recorded within E-Datix.</b></p> <p>A reoccurring theme throughout this review was the criticism of E-Datix, which was described as "ineffective" and "not fit for purpose". The Health and Safety communication / information emanating from the Health and Safety Team was also described as "lacking in value, purpose or regularity". While it is noted that the next iteration of E-Datix is due for release the Health Board could benefit from a wider</p>	

	review as to the effectiveness of current lines of communication and how these could be improved to ensure that important information is issued, received, and actioned.	
4.4.4 Identifies how communication of necessary information throughout the organisation takes place.	<p><b>The Health Board has developed a Communications Policy (dated 27/02/2006, with a next review date of February 2009). The policy outline communication paths.</b></p> <p>The above noted policy doesn't include any overt references to the communication of Health and Safety information and doesn't appear to have been reviewed to reflect changes in structure / reporting lines.</p>	
4.4.5 Includes the active participation of senior and line management in consultation and general meetings.	<p><b>The various Health and Safety Committees are established to include participation of Senior Managers, competent advice and Staff representation.</b></p> <p>From a review of the supplied Health and Safety minutes, and from comments received from Staff Members it would appear that regular attendance of all committee members (including Senior Managers) is not routine. This should be further reviewed to identify the cause, with actions taken to ensure that required committee members contribute to the overall effectiveness of the C&amp;VHB Health and Safety programmes.</p>	

UK Legislation & HSG65 Gap Analysis					
Legislation	Summary of duties	C&VHB practice(s)/evidence	RAG	Gap in systems	Action required to close the 'Gap'
Health and Safety at Work etc. Act 1974	Provision of information. Consultation with employees.	The Health Board has established a tiered committee structure to engage at Corporate, Clinical Board and Directorate levels; however, the effectiveness of these various committees in addressing issues and tracking of actions through to a timely conclusion is questionable, with Staff Members commenting on a lack of accountability and action resolution.		The consistent view of Staff Members interviewed as part of the review process was that Health and Safety communications within the Health Board were ineffective, passive and lacking consistency. Equally, the view is that Health and Safety Committees have become "talking shops" and rarely effect change.	C&VHB should review the purpose, structures and, methods of Health and Safety communications (including the various Health and Safety Committees) to ensure that effective two-way pathways are developed, implemented and monitored. This could form part of the Health and Safety Management System process (communication and engagement).
Health and Safety (Consultation with Employees) Regulations 1996	Consultation with safety representatives	Staff Representatives forms part of the committee membership.			
Management of Health and Safety at Work Regulations 1999	Employee rights to raise concerns regarding health and safety  Provision of information to employees	<p>Employees have the ability to raise issues to their line manager and log issues within E-Datix.</p> <p>The Health and Safety Committees also provides information in the form of meeting minutes.</p> <p>The Health and Safety Team provides information, training and guidance.</p> <p>The Health Board includes Health and Safety</p>			

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		information during the induction process and how issues should be raised. Concerns have been raised as to the suitability of E-Datix and the length of time taken / accountability in closing out issues.			
HSG65 Managing for health and safety	Effective arrangements for communication and consultation with employees	Various arrangements have been established, including the Communication Policy, Health and Safety Committees, inductions and training; however, Staff Members have commented that Health and Safety communications have been ineffective, and at time contradictory.			
<b>Rational for Consultation and Communication Review RAG status :</b>					
<b>Red</b>	<b>Red</b>	Staff Members have consistently raised concerns over the ineffective nature of health and safety communications.			
<b>Amber</b>	<b>Amber</b>	The Health Board has established various health and safety committees [tiered approach], which identify members from across the management hierarchy and representative groups; however, the effectiveness of the committees appears to be undermined by a perceived lack of action in address issues and concerns.			
<b>Green</b>	<b>Green</b>	Staff Representatives forms part of the committee membership.			
<b>Overall RAG status:</b>		<b>Rational for Overall Review RAG status:</b>			
<b>Amber</b>	<b>Amber</b>	The processes and arrangements established to support the implementation of the HSP, and specifically those relating to communication, consultation and engagement are not well regarded by Staff Members and appear to have been undermined by a lack of progress in addressing issues raised. Communications from the Health and Safety Team are viewed as too reactive and lacking prominence. E-Datix is perceived as by Staff Members as “not fit for purpose”.			

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## 4.5 RISK MANAGEMENT

C&VHB adequately controls risk through the appropriate evaluation and ranking of risks to which employees and others may be exposed. C&VHB can demonstrate suitable controls in relation to risks required specific control under current health and safety legislation/Approved Codes of Practice.

### Documents reviewed:

1. Cardiff & Vale Health Board Health & Safety Policy (approved November 2016)
2. Risk assessment procedure – Health and Safety – UHB 476 v.1
3. Fire safety procedure – UHB 418
4. Control of Contractors Policy – UHB 163 v.3

### Applicable Legislation/ Approved Codes of Practice:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- HSG65 Managing for health and safety

### Compliance RAG status key:

	Red	Legal requirements not being met
	Amber	Some systems in place, additional development required
	Green	Identified elements appear suitable

C&VHB has structures and processes which:	C&VHB current practice(s)	RAG status
4.5.1 Sets out the arrangements for the identification of reasonably foreseeable risks across all areas of C&VHB	<p><b>The Health Board had developed and implemented a number of procedures aimed at identifying and managing risk, which includes the risk management process (risk registers at Clinical Board / Directorate Level with escalation to the Corporate Risk Register), and the risk assessment process (hazards identification and hierarchical risk elimination / mitigation); these had been developed in support of the aims stated within the HSP.</b></p> <p>This review has identified that 'corporate' health and safety risks had not been included within the corporate risk register. Additionally, there appeared to be a misunderstanding of the trigger value to escalate Clinical Board / Directorate level risks to the Corporate Risk Register, with risks scored above the current trigger [15] not being escalated. An area of concern was the length of time that risks remain of the various risk registers without resolution and / or assigned target dates, which in the event of enforcement action could be used against the Health Board as a demonstration that issues were recorded, without suitable and sufficient actions being taken. Additionally, Staff Members were unclear as to defined 'red lines' that, if crossed, exposed people and the wider organisation to unacceptable levels of risk. The risk assessment process relating to appeared to be well understood and well regarded by most Staff Members, especially in the areas of manual handling, fire, statutory assessments, and case management (violence and aggression) assessments</p>	

UK Legislation & HSG65 Gap Analysis					
Legislation	Summary of duties	C&VHB practice(s)/evidence	RAG	Gap in systems	Action required to close the 'Gap'
Health and Safety at Work etc. Act 1974	Safeguarding the health safety and welfare of employees and others	The Health Board had set-up specific arrangements and appointed competent resources to manage the risk management process; however, there appeared to be a lack of understanding and consistency in the implementation of escalation of risks.		As previously noted, occupational health and safety risks had not been overtly included in the corporate risk register. Additionally, the risk management process was not uniformly understood as risks were not being escalated at	The Head of Health and Safety should contribute to the risk register process and review related content. Ensure that the current processes and trigger points are clearly communicated and understood.

				the required trigger value.	Ensure that appropriate actions are assigned and tracked to a timely conclusion.  Define the organisational 'red-lines' that must not be crossed.
Management of Health and Safety at Work Regulations 1999	Conducting of suitable and sufficient risk assessment and communication of findings to persons identified at risk	The Health Board had developed various process for the completion of risk assessments based on the identified hazards. The risk assessments appeared to have been communicated and reviewed.			
	Reviewing the effectiveness of health and safety management/ risk assessment				
Control of Substances Hazardous to Health Regulations 2005	Preventing employees being exposed to hazardous substances. Risk assessment where elimination is not practicable.	The process for hazardous substance risk assessments was defined, with support had been provided by the Health and Safety Team.			
HSG65 Managing for health and safety	Effective identification, evaluation and control of risks arising out of the normal operations of the organisation.	Various process had been applied the identification of 'risks', including risk registers (Corporate and Clinical Board / Directorate), and risk assessments (task, manual handling, V&A, fire, asbestos, etc.)			

Rational for Control of Risk Review RAG status :		
	<b>Red</b>	Health and Safety risks had not been included within the Corporate Risk Register; additionally, the progression of activities aimed at closing actions in a timely manner were not defined.
	<b>Amber</b>	n/a
	<b>Green</b>	The processes developed for the identification of organisational and operational risks had been developed and appeared of a good standard.
Overall RAG status:		
	<b>Amber</b>	The Corporate Risk Register doesn't include corporate health and safety risk. The risk held on the corporate and Clinical Board / Directorate level risk registers appear to have largely been raised without resolution, which in itself presents a risk. The overall risk management process (including risk assessment) is undermined by a lack of Health and Safety contributions.

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## 4.6 OPERATIONAL CONTROLS (PROCEDURES)

*C&VHB maintains its ability to manage risks by implementing suitable and sufficient operational controls.*

**Documents reviewed:**

1. Risk assessment procedure – UHB 467 v.1
2. Fire Safety Policy Procedural Arrangements – UHB 418 v.1
3. Control of Contractors Policy – UHB 163 v.3
4. Health and Safety Policy (approved 24 November 2016)

**Applicable Legislation/ Approved Codes of Practice:**

- Health and Safety at Work etc. Act 1974
- Management of Health and safety Regulations 1999
- HSG65 Managing for health and safety

Compliance status key:

	Red	Legal requirements not being met
	Amber	Some systems in place, additional development required
	Green	Identified elements appear suitable

C&VHB has structures and processes which:	C&VHB current practice(s)	RAG status
4.6.1 Provides specific procedures aimed at controlling serious and imminent danger and for danger areas.	<p><b>The Health Board has developed a wide range of operational procedures aimed at controlling the identified hazards. These procedures (some named policies) have largely been authored by the former Head of Health and Safety with input from other stakeholders.</b></p> <p>The policies and procedures, although updated, appear to include incorrect references and lines of responsibility, which could undermine confidence in the accuracy of the information provided.</p> <p>Policies and procedures should provide clear concise information on the specific actions and requirements necessary to keep people safe / maintain safe conditions; Staff Members commented on the lack of clarity of some of the procedural requirements and length of some procedures being barrier to understanding. Procedures should include the information and guidance necessary to safely complete the associated activities, excessively long procedures could be considered as insufficient.</p>	
4.6.2 Provides appropriate structures and organisational arrangements necessary for the successful implementation of the procedural controls.	<p><b>The HSP identifies roles and responsibilities. Organisational structures have been developed. The “Safety Notices and Important Documents Management Procedure” has been developed that details the dissemination of important health and safety information.</b></p> <p>As previously highlighted, the structures applied to the occupational health and safety are fragmented, misaligned and lacking accountability. One area requiring clear definition relates to delegated authorities between the ‘owner’ of processes and those responsible for practical implementation.</p> <p>It was noted that the “Safety Notices and Important Documents Management Procedure” provided as sample documents had not been reviewed as stated (was due for review December 2020).</p>	
4.6.3 Identifies roles, responsibilities, and accountabilities.	<p><b>The various sample procedures (as listed above) were reviewed, which include roles, responsibilities and some (limited) accountabilities.</b></p> <p>It would appear that the lines of accountability have not been updated, an example of this is within the “Incident, Hazard and Near Miss Reporting – UBH 433 v.1” procedure, where the “The Executive Director of Governance” has Board level responsibility for health and safety which includes Health and Safety risks and incident management.</p> <p>An area of concern relates to the Control of Contractors Procedure (UHB 163 v.3) and specifically the implementation of the procedure, whereby it is the responsibility of the Clinical Boards and Directorates to consistently implement the associated controls; however, from comments of Staff Members, the required controls are not being followed, which has resulted in damage and increased risk exposure. The Health Board should review whether it is</p>	

	appropriate for the Clinical Boards and Directorates to instruction and manage their own works which have the potential to impact of the safety and integrity of the building fabric (fire stopping, asbestos condition, etc.) or should all related activities be the responsibility of Capital Planning and Estates to ensure consistency of approach.	
4.6.4 Includes processes for the regular review of the identified control procedures, including on-going suitability, and operational compliance.	<p><b>Each of the reviewed policies and procedures includes review dates and version history.</b></p> <p>As previously noted, the "Health and Safety Policy" and "Safety Notices and Important Documents Management Procedure" appear not to have been reviewed as stated. Additionally, the "Incident, Hazard and Near Miss Reporting – UBH 433 v.1" includes the following incorrect citation "Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995", and "Board level responsibilities are recorded as the Executive Director of Governance for health and safety".</p>	
4.6.5 Identifies specific or special training / competencies necessary to ensure safe implementation and operation.	<p><b>Training requirements are included within specific procedures for example, Fire Safety Procedure (UHB 418 v.1), inductions requirements within Control of Contractors Procedure (UHB 163 v.3), etc.</b></p> <p>As previously noted, the overall mandatory training compliance status requires action.</p>	

UK Legislation & HSG65 Gap Analysis					
Legislation	Summary of duties	C&VHB practice(s)/ evidence	RAG	Gap in systems	Action required to close the 'Gap'
Health and Safety at Work etc. Act 1974	Provision of information, instruction, training and supervision.	The Health Board has developed a suite of policies and procedures for the identified foreseeable hazards; however, the required reviews, supporting structures, and associated training requirements are misaligned and not fully maintained.  Staff Members have commented on the policies and procedures being too long and lacking clarity.		Policies and procedures have not been updated to reflect changes in accountability and associated structures. A number of review dates appear to have passed without the necessary actions being completed.	All policies and procedures should be reviewed on a priority basis to ensure that the all roles, responsibilities, authorities, and delegated authorities have been correctly assigned and that they provide clear and concise information as to the required control measures, etc.
Management of Health and Safety at Work Regulations 1999	Procedures for serious and imminent danger and for danger areas.				
HSG65 Managing for health and safety					
<b>Rational for Audit and Review RAG status :</b>					
	<b>Red</b>	The mandatory training relating to the requirements detailed within the policies and procedures has gaps. Some of the roles and responsibilities noted within the policies and procedures have not kept pace with organisational changes and reporting lines. Lack of a consistent approach in the implementation of procedural controls.			
	<b>Amber</b>	A number of policies and procedures have not been reviewed as documented. Staff Members have commented on the length of the documents and a general feeling of a lack of clarity and brevity.			
	<b>Green</b>	n/a			
<b>Overall RAG status:</b>		<b>Rational for Overall Review RAG status:</b>			
	<b>Red</b>	Due to the gaps in mandatory training, misalignment of accountabilities (changes in structure) and Staff Member comments relating to the consistency of how procedures are applied (and the associated risk created by inconsistencies in approach).			

## 4.7 PERFORMANCE MONITORING

<p>C&amp;VHB measures its health and safety performance to support its corporate objectives.</p> <p><b>Documents reviewed:</b></p> <ol style="list-style-type: none"> <li>1. Health and Safety Policy (approved 24 November 2016)</li> <li>2. Incident, Hazard and Near Miss Reporting – UBH 433 v.1</li> <li>3. Minutes of Health and Safety Committee meetings</li> <li>4. E-datix Health and Safety report</li> <li>5. Health and Safety priority improvement plan 2019 - 2020</li> </ol> <p>Compliance status key:</p> <table border="0"> <tr> <td style="width: 20px; height: 15px; background-color: red;"></td> <td>Red</td> <td>Legal requirements not being met</td> </tr> <tr> <td style="width: 20px; height: 15px; background-color: orange;"></td> <td>Amber</td> <td>Some systems in place, additional development required</td> </tr> <tr> <td style="width: 20px; height: 15px; background-color: green;"></td> <td>Green</td> <td>Identified elements appear suitable</td> </tr> </table>				Red	Legal requirements not being met		Amber	Some systems in place, additional development required		Green	Identified elements appear suitable	<p><b>Applicable Legislation/ Approved Codes of Practice:</b></p> <ul style="list-style-type: none"> <li>• Health and Safety at Work etc. Act 1974</li> <li>• Management of Health and safety Regulations 1999</li> <li>• HSG65 Managing for health and safety</li> </ul>
	Red	Legal requirements not being met										
	Amber	Some systems in place, additional development required										
	Green	Identified elements appear suitable										
C&VHB has structures and processes for:	C&VHB current practice(s)	RAG status										
<p>4.7.1</p> <p>Identifying the level of information required by 'officers' of C&amp;VHB . in relation to performance.</p>	<p><b>Performance information is provided to the Executive Board and various Health and Safety committees, and further disseminated via these committees.</b></p> <p>The overall performance monitoring is largely based on 'lagging' metrics, with training being an example of a 'leading' metric albeit noting the previous comments. General updates to all Staff Member aren't communicated.</p>											
<p>4.7.2</p> <p>Communicating performance data, KPIs throughout the organisation in an understandable and accessible manner.</p>	<p><b>Performance information is provided to the Executive Board and various Health and Safety committees, and further disseminated via these committees.</b></p> <p>There doesn't appear to overt Key Performance Indicators [KPI's] set against health and safety deliverables.</p>											
<p>4.7.3</p> <p>Identifying how monitoring of accidents, ill-health and incidents as well HSE Interventions will be carried out.</p>	<p><b>E-datix has been implemented as the electronic recording application applied to the reporting and recording of lagging metrics, including ill-health and incident data. The Health and Safety Team identify external reporting requirements and interactions with Regulators.</b></p> <p>The Health and Safety Team review the data obtain recorded within E-datix and identify interventions and follow-up actions. An example of this relates to the Case Management and V&amp;A.</p>											
<p>4.7.4</p> <p>Monitors the completion and effectiveness of remedial actions arising from active/ reactive systems</p>	<p><b>The Health Board has generated various reports / action plans for the completion of activities, for example 'Health and Safety Assurance Schedule and Priority Improvement Plan 2019/20'. Actions are also included with the reports to the Executive Board and Health and Safety Committees.</b></p> <p>The document titled 'Health and Safety Assurance Schedule and Priority Improvement Plan 2019/20' appears to have outstanding incomplete actions. As previously noted, issues recorded on the various risk registers remain on the without resolution.</p>											
<p>4.7.5</p> <p>Capturing, reviewing and monitoring of trends arising from active and reactive data.</p>	<p><b>The data sources for E-datix are captured.</b></p> <p>It is unclear as to how emerging trends are identified and proactively addressed. No horizon scanning activities of lessons learned approach appears to have been applied.</p>											

UK Legislation & HSG65 Gap Analysis					
Legislation	Summary of duties	C&VHB practice(s)/ evidence	RAG	Gap in systems	Action required to close the 'Gap'
Management of Health and Safety at Work Regulations 1999	Monitoring performance of the organisation's health and safety performance.	There are various audit and monitoring activities applied across the Health Board, some of which are completed by "Central Services". There appears to be gaps in the closing out of audits actions and other Health and Safety related issues.		Previously identified audit actions have not been closed out.	Clear KPI's and actions should be assigned with target dates and named action owners assigned.  The Executive Team should hold action owners to account in closing assigned activities.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2015	Statutory reporting of specified incidents, injuries and over 7-day absences, dangerous occurrences and work-related ill-health	E-datix has been installed as the reporting application to capture incident data, which the Health and Safety Team use to complete statutory reporting.			Note: regular updates should be issued as to reporting requirements to ensure that all data is captured
HSG65 Managing for health and safety	Monitoring of health and safety performance against objectives set out in the HS Policy.	No clear KPI's or objectives could be identified.		No current KPI's or measured objectives could be identified.	The Health Board, via the Chief Executive, Executive Team, Head of Health and Safety should prepare a set of stretching KPI's aimed at embedding the HSP and related programmes.
<b>Rational for Monitoring Performance Review RAG status :</b>					
	<b>Red</b>	No KPI's or measured objectives could be identified. There appears to be actions from previous audits / improvement plans that have not been closed.			
	<b>Amber</b>				
	<b>Green</b>	The Health and Safety Team access E-datix and complete statutory reporting.			
<b>Overall RAG status:</b>		<b>Rational for Overall Review RAG status:</b>			
	<b>Red</b>	The overall approach applied to health and safety performance monitoring is mixed. There are no Health and Safety KPI's or monitored objectives.			

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## 4.8 MANAGEMENT REVIEW

*C&VHB maintains its ability to manage risks by learning from experience through management performance reviews.*

**Documents reviewed:**

1. C&VHB Health & Safety Policy
2. Strategic Report of Health and Safety Management (undated)
3. Minutes of Health and Safety Committee meetings
4. Health and Safety annual report 2018 – 19 (nothing more recent)

**Applicable Legislation/ Approved Codes of Practice:**

- Health and Safety at Work etc. Act 1974
- Management of Health and safety Regulations 1999
- HSG65 Managing for health and safety

Compliance status key:

	Red	Legal requirements not being met
	Amber	Some systems in place, additional development required
	Green	Identified elements appear suitable

C&VHB has structures and processes which:	C&VHB current practice(s)	RAG status
4.8.1 Reviews the nature and purpose of the H&S system.	<b>Previous reports had been generated based on 'Health and Safety annual report 2018 – 19' and a 'Strategic report' (undated). The Health Board has delegated responsibility to the Health and Safety Committees.</b>  There was no clear senior management review process that could be identified. Sample documents provided as part of the review aren't current.	
4.8.2 Identifies how health and safety performance will be reviewed	<b>The HSP outlines a review process aimed at driving continued improvement.</b>  The HSP review process doesn't appear to be have been systematically completed or identified specific outcomes, lessons learned or next steps.	
4.8.3 Identifies progress against timescales for remedial actions, objectives, etc.	<b>Actions are recorded aimed at improvement health and safety and addressing related concerns within the risk register process and Health and Safety committees.</b>  As previously noted, the process of setting clear timescales and accountabilities for the closure of identified actions, and subsequent tracking, including those aimed at HSP policy and management reviews need improvement.	
4.8.4 Requires continued improvement	<b>The HSP includes a reference to 'continued improvement'.</b>  No cohesive Health and Safety strategy, aimed at driving continued improvement, could be identified.	

UK Legislation & HSG65 Gap Analysis					
Legislation	Summary of duties	C&VHB practice(s)/ evidence	RAG	Gap in systems	Action required to close the 'Gap'
Management of Health and Safety at Work Regulations 1999	Audit and review of the effectiveness and level of legislative compliance for an organisation's health	Previous reports have been completed and provided to the Health and Safety Committees.  No current senior management / policy		No recent compliance statements / reports issued to senior management could be identified.	The Health Board should review the HSP to ensure that all identified activities are completed, and

	and safety performance.	compliance reviews could be identified.			suitable method of tracking is applied.
HSG65 Managing for health and safety	Monitoring of health and safety performance against objectives set out in the HS Policy.	The HSP doesn't include overt measurable performance targets (KPI's).		The Health and Safety Policy doesn't include overt measurable performance targets (KPI's).	The Health Board should develop a set of health and safety Key Performance Indicators [KPI's] that stretch beyond minimum standards and drive continued improvement.
<b>Rational for Audit and Review RAG status :</b>					
	<b>Red</b>	There doesn't appear to be a cohesive approach applied to the Health and Safety Management Review process. No current reports could be identified. No KPI's could be identified.			
	<b>Amber</b>	n/a			
	<b>Green</b>	n/a			
<b>Overall RAG status:</b>		<b>Rational for Overall Review RAG status:</b>			
	<b>Red</b>	There doesn't appear to be a cohesive approach applied to the health and safety management review process. No current reports could be identified, and no measured KPI's could be identified.			

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## 5.0 HEALTH AND SAFETY INTERVIEW FINDINGS

As previously highlighted, one of the most valuable sources of information gathered during this review process was that of Staff Members interviewed. The aim was to gather information on the individual and collective experiences of the current occupational Health and Safety function from the perspective of the 'customer'.

As highlighted in the methodology 'Chatham House' rules were applied with no individual or Clinical Board / Directorate identified as the source of any recorded concerns or comments.

The questions and aggregated responses have been collated and presented within table 1.

Question 1:	Health and Safety leadership, including accountability and oversight			
		Yes	Don't know	No
	Do you think that there is sufficient H&S Leadership demonstrated within the HB	9	3	17
	Do you think that there is sufficient accountability and oversight	9	4	16
Question 2:	Overall Health and Safety culture of the Health Board			
		Positive	Neutral	Lacking
	How would you describe the organisations Health and Safety culture	6	16	7
Question 3:	Current prominence of Health & Safety within the Health Board			
		Positive	Neutral	Lacking
	How would you assess the prominence of H&S within the Health Board	5	6	18
Question 4:	Effectiveness of current Health and Safety policies and procedures			
		Effective	Don't know	Ineffective
	How would you assess the effectiveness of current H&S polices and procedures	7	15	7
Question 5:	Effectiveness of the current Health and Safety services			
		Effective / Proactive	Don't know / reactive	Ineffective / reactive
	How would you rate the effectiveness of the current H&S function	12	9	7
Question 6:	Current Health and Safety structure and interactions with the current teams			
		Suitable	Don't know	Unsuitable
	Do you think that the current Health & Safety Team structure is efficient	3	6	9
Question 7:	Effectiveness of current Health and Safety communications			
		Effective	Don't know	Ineffective
	How would you rate the effectiveness of Health and Safety communications	4	3	22

**Table 1: aggregated scores for interview responses.**

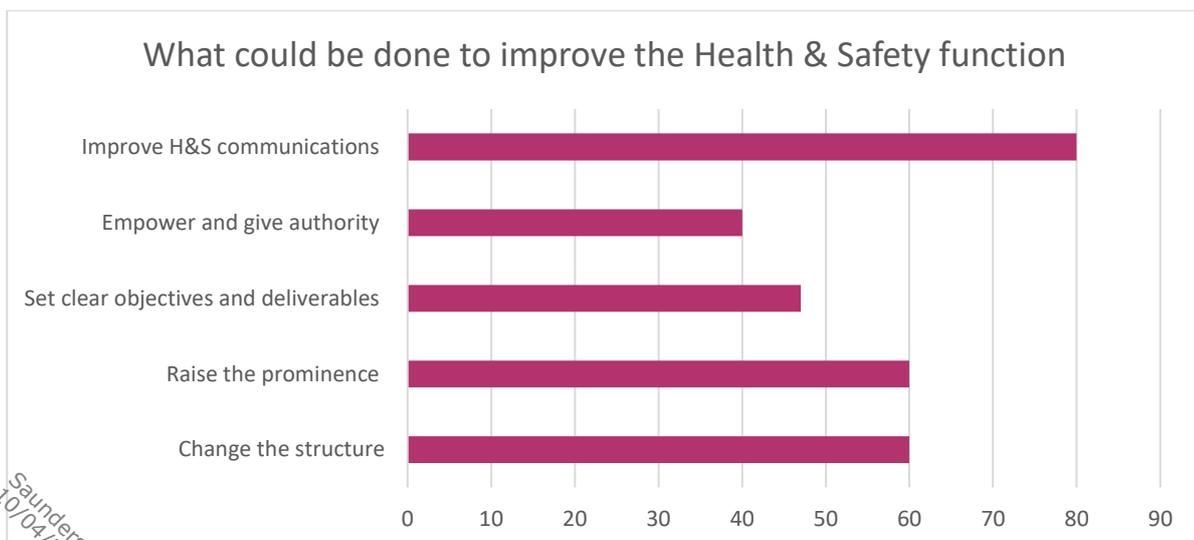
**Note 1:** questions 2, 4 and 5 recorded a largely neutral response, which given the subject should be considered a negative response.

As part of the interview process Staff Members were asked for their view on what changes were needed to improve health and safety across the Health Board; these have been aggregated and collated in diagram 1.



**Diagram 1: illustration of the most common responses [as a percentage] to the question “what could be done to improve H&S across the C&VHB”.**

Further to the question on “what could be done to improve health and safety across the Health Board, Staff Members were asked what, in their opinion, could be done to improve the overall Health and Safety function; the responses have been aggregated and collated in diagram 2.



**Diagram 2: illustration of the most common responses [as a percentage] to the question “what could be done to improve the H&S function”.**

## 6.0 CONCLUSIONS

The occupational Health and Safety policy and associated structures, arrangements, and controls appear to have evolved with the various iterations, amalgamation, and changes within the Cardiff and Vale Health Board.

While the Health and Safety Policy itself provides a basis for control it lacks the necessary prominence, supporting systems, and structures necessary for successful implementation and embedding, which presents a risk to the organisation; these are further outlined below:

**Prominence:** the view of Staff Members interviewed as part of the review process consistently raised concerns over the lack of prominence of health and safety in four specific areas:

- Health and Safety Leadership: demonstrable visible leadership from the Executive Team.
- Health and Safety Team: as a proactive support function with authority to address issues.
- Health and Safety KPI's: no specific measurable Key Performance Indicators aimed at driving continued improvement.
- The safety, health and well-being of staff: perceived as not as important as clinical or patient safety.

Health and Safety Leadership should be owned and positively promoted by all, especially by the Senior Leadership Team, this starts with clear concise commitments outlined in the Health and Safety Policy Statement that focuses on behavioural safety and developing a positive safety culture (*See appendices 1, 2 and 6*).

**Systems:** the lack of a consistent Health Board wide Health and Safety Management System (HSMS), that supports the successful implementation and embedding of the Cardiff and Vale Health Board's Health and Safety Policy should be seen as a significant gap in control. The lack of a structured approach allows inconsistencies and misaligned standards to develop, which could be used in any future enforcement action as evidence against the Health Board. As previously stated, this review does not recommend external certification of any developed Health and Safety Management System, but the framework and systematic approach provided by BS ISO 45001 should be considered as a basis of control. (*See Appendix 3*).

**Structures:** the current Health and Safety organisational structures are fragmented, lack accountability, and do not best serve the needs of the Health Board. A consistent concern raised by Staff Members interviewed as part of the review included the passive / reactive nature of the support services in addressing issues raised by the Clinical Boards and Directorates. The review also identified some inconsistencies in reporting lines and duplicated functions, as outlined below:

- **Health and Safety Team structure:** the current structure is too flat and lacks a hierarchical management structure, this results in the Head of Health and Safety having to make routine operational decisions that detract from the strategic needs of the role; these could be easily addressed by subordinates. It is also noted there is little consistency in the working hours of the current Health and Safety Team, which impacts on overall efficiency and flexibility of the Team. Additionally, reporting lines within the team should be review to ensure that match roles and responsibilities, for example the Manual Handling Advisors don't appear to have any operational link to the Manual Handling Trainers, equally, the Fire Safety Team is located within Capital Planning and Estates with no link or accountability to the Head of Health and Safety who is [by default] also the Fire Safety Manager. It is noted that Health and Safety (at Executive Board level) is to remain with the Director for Workforce and Organisational Development, which

appears logical and could benefit the wider Health Board due to the synergies with occupational health, learning and development, and HR functions.

- **Capital Estates and Facilities Management:** it is unclear as to why Capital Planning and Estates' has its own Health and Safety Team, which operates independently of the Head of Health and Safety. This approach could create a lack of transparency and oversight in addressing issues raised by the Clinical Boards / Directorates. Additionally, and as previously highlighted, there is the risk that operating two health and safety functions could create inconsistencies in approach leading to a dual standards, for example, the management and monitoring of Contractors. A revised structure is proposed that places all Health and Safety Staff Members within the organisational structure of the 'Safety, Health and Wellbeing Team' with the Head of Health and Safety (Head of Safety, Health and Wellbeing) as the functional Head; support could then be allocated based on clear accountabilities and deliverables.

The suggested structural changes are shown within Appendix 3, 4 and 5.

The reviewer would like to thank those involved in the review process for their candid and open contributions, which has provided greater insight into the operational experiences of Staff Members from across the Health Board.

The Reviewer has outlined a range of recommendations (*see section seven*) that could assist the Health Board in addressing the identified issues; these are by no means exhaustive and should be considered as elements of a more strategic approach aimed at the implementation and embedding of leading safety, health, and wellbeing arrangements.

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## 7.0 RECOMMENDATIONS

The following high-level recommendations are provided as guide to the suggested actions required to address the previously noted issues.

Ref. No.	Recommended action:
01	The Health Board should develop a clear Safety, Health and Wellbeing Strategy, which is aimed at the successful implementation of the Health and Safety Policy and the required supporting programmes.
02	Revise the Health and Safety Policy into a one page 'statement of intent', which can be clearly and concisely communicated to all stakeholders. All other content, as contained within the existing Health and Safety Policy should be contained within a narrative document forming part of the HSMS arrangements.
03	The Health Board should consider the introduction of a unified Health and Safety Management System that supports the effective implementation of the Health & Safety Policy. It is suggested that ISO 45001 be used as a guide to the structure and content of the system, but it is not recommended that this system be externally certified due to the associated ongoing costs that doing so would require.
04	The organisation develops a clear Safety, Health and Wellbeing (SHW) communications strategy and associated supporting programmes to positively promote SHW across all areas of the Health Board.
05	The Health and Safety team structure should be re-organised to provide additional management tiers that allow the Head of Health and Safety to focus on the strategic aims of the Health Board. This re-organisation should also review and, where necessary, realign responsibilities based on job roles. The revised corporate Health and Safety structure should ensure that lines of accountability link back to the Chief Executive and Executive Team.
06	The Health and Safety Team positioned within Capital Planning and Estates should be relocated under the Head of Health and Safety for accountability, consistency of approach, and transparency. Specific Health and Safety support can continue to be assigned to Capital Estates but with the direct oversight of the Head of Health and Safety. Additionally, the Fire Safety Team should be repositioned under the Head of Health and Safety along with other Health Board wide support function.
07	Create SMART Health and Safety objectives, which can be cascaded down and implemented across the Health Board. These should be aimed at embedding Health and Safety, and giving equal priority and prominence to the safety, health and wellbeing of staff to that of Clinical and Patient safety.
08	Create a Health and Safety roles, responsibilities, and accountabilities matrix (with supporting narrative) that clearly defines who is responsible for what, ownership and accountabilities throughout the organisation.
09	Create a Health and Safety Charter that provides a clear demonstration of commitment of the Executive Board, Clinical Boards, and Departments towards the Health and Safety Statement and the safety and wellbeing of those employed by the Health Board.
10	The current ESR system and links to e-training should be reviewed to ensure that this platform provides an intuitive access point and isn't perceived as a barrier to training.
11	An action plan should be drawn-up to ensure all outstanding mandatory training is brought up-to-date within an agreeable timescale and that all future training is completed as planned.
12	The Head of Health and Safety should draw-up the equivalent of a Service Level Agreement with the Clinical Boards / Directorates which clearly sets out the service expectations, deliverables and priorities timescales. This should help to clearly define deliverables and expectations.
13	Consideration should be given to revising the process applied to the management of Contractors and related activities to ensure a single unified approach, and whether any activity impacting on the fabric of any structure, common systems / infrastructure should be controlled by Capital Planning and Estates rather than the Clinical Boards / Directorates.
14	The Head of Health and Safety should review all related statutory / mandatory training requirements to ensure the requisite competencies are identified, training delivered and maintained.
15	The Health Board should review the Health and Safety Committee structure to ensure that it best serves the needs of the organisation, that these committees provide value and support the implementation of the HSP.
16	The Head of Health and Safety should review the current risk management activities, including risk registers to ensure that SHW risks are identified, recorded, and tracked in the same way as other risks.

## **APPENDIX**

<b>APPENDIX 1</b>	<b>SAMPLE HEALTH &amp; SAFETY POLICY STATEMENT</b>
<b>APPENDIX 2</b>	<b>SAMPLE HEALTH &amp; SAFETY CHARTER</b>
<b>APPENDIX 3</b>	<b>SUGGESTED CORPORATE HEALTH &amp; SAFETY STRUCTURE</b>
<b>APPENDIX 4</b>	<b>SUGGESTED HEALTH &amp; SAFETY TEAM STRUCTURE</b>
<b>APPENDIX 5</b>	<b>SAMPLE HEALTH &amp; SAFETY MANAGEMENT SYSTEM STRUCTURE</b>
<b>APPENDIX 6</b>	<b>SAMPLE DELEGATED AUTHORITIES STRUCTURE</b>
<b>APPENDIX 7</b>	<b>DOCUMENTS SUPPLIED TO RLB</b>

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**APPENDIX 1**

**SAMPLE HEALTH & SAFETY POLICY STATEMENT**

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## **SAMPLE SAFETY, HEALTH & WELLBEING POLICY STATEMENT**

Cardiff & Vale Health Board and its employees are committed to developing, embedding and maintaining excellent occupational Health and Safety management standards that are of equal importance as Clinical and Patient safety, and which are based on the principles of:

- strong visible leadership;
- preventing injury and ill-health, and promoting employee well-being;
- identifying and complying with corporate, voluntary, and legal requirements;
- improving performance through the promotion of positive safety values and behaviours;
- providing a safe and healthy working environment;
- providing safe systems of work and associated equipment;
- identifying and maintaining employee competence;
- monitoring and reviewing our arrangements to ensure they remain effective; and
- applying sufficient expertise and resource for this policy to be a success.

We will utilise the skills and experience of our employees and business partners to assist us identify hazards and the associated levels of risk, develop and implement suitable controls that allow us to effectively manage all areas of the Health Board in a considerate and compliant manner and review the effectiveness of these controls on a regular basis.

We will promote and encourage Health Board wide employee engagement in the practical management of Health and Safety through regular consultation on new and existing controls measures, which promote understanding and ownership.

We will work with our employees and business partners to promote health and well-being of people that further develops and establishes a positive and productive working environment which is, so far as is reasonably practicable, free from uncontrolled hazards.

We will provide employees, at all levels, with clear guidance on their roles and responsibilities in assisting us in maintaining and improving safety performance. In addition, we will give them the necessary support and guidance that allows them to operate safely.

To measure the on-going suitability of our management arrangements against our published targets, we will continue to actively monitor leading and lagging performance data and analyse this information to identify emerging trends. This will assist us identify learning opportunities and allow us to take the necessary steps to drive continued improvement.

We will appoint competent people to support the implementation and management of this policy, and the associated arrangement necessary for it to be a success.

We will keep this policy under review and make necessary changes to ensure that it remains reflective of the Health Board's needs and continue to clearly communicate our intent and commitment towards the safety of people and promotion of a healthy working environment.

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Chief Executive Officer

Date:

**APPENDIX 2                  SAMPLE HEALTH & SAFETY CHARTER**

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# SAFETY HEALTH & WELLBEING CHARTER

As a demonstration of our commitment to the Safety, Health & Wellbeing of people and the environments in which they operate, and in accordance with our Corporate Safety, Health & Wellbeing Policy Statement, we will:



Provide strong visible Health and Safety leadership that positively promotes the attitudes and behaviours necessary to achieve our shared objectives for a progressive safety culture



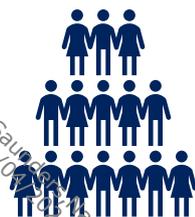
Develop SMART Safety, Health & Wellbeing objectives that are aimed at driving continued improvement across all areas of the Health Board



Use our shared knowledge and experience to identify hazards and apply suitable and sufficient controls that protect people from harm



Establish clear and concise communication pathways that enable important information to be reach the right people at the right time



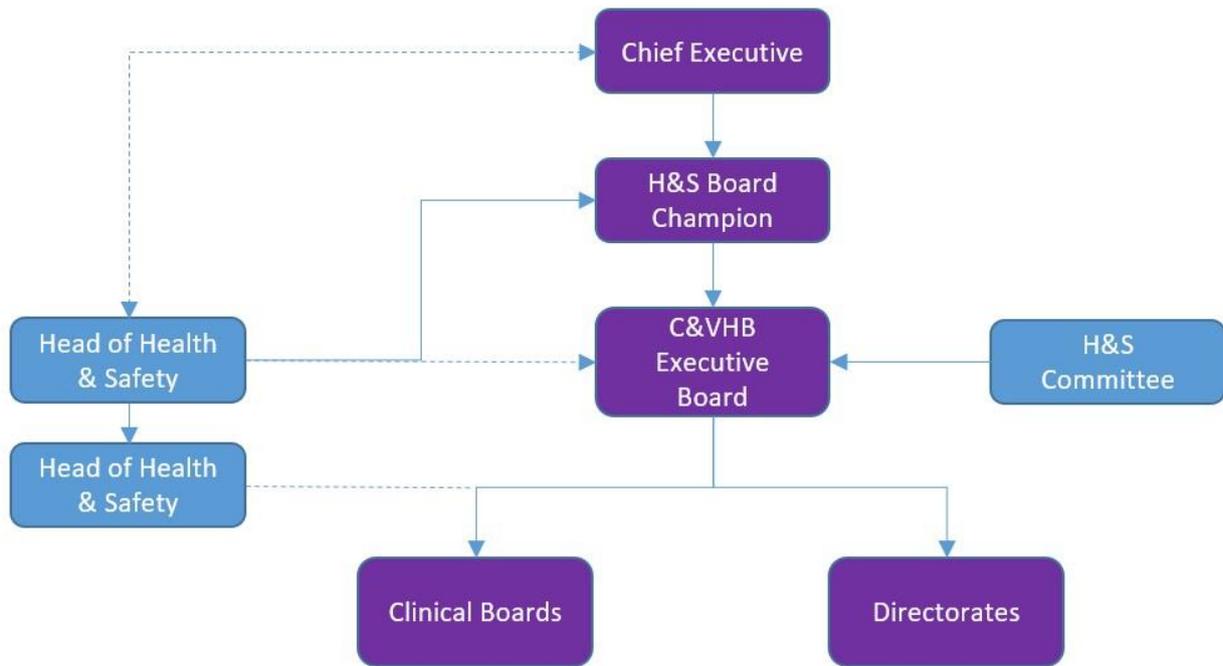
Take ownership and responsibility for our actions and all deliverables that have the potential to impact on the Safety, Health & Wellbeing of people

Signed by:

Signature:

Date:

**APPENDIX 3 SUGGESTED CORPORATE HEALTH & SAFETY STRUCTURE**



**Note 1:** the above suggested structure for the Safety, Health and Wellbeing at Executive is aimed at raising prominence and accountability and ensuring visibility at the highest levels within the Health Board.

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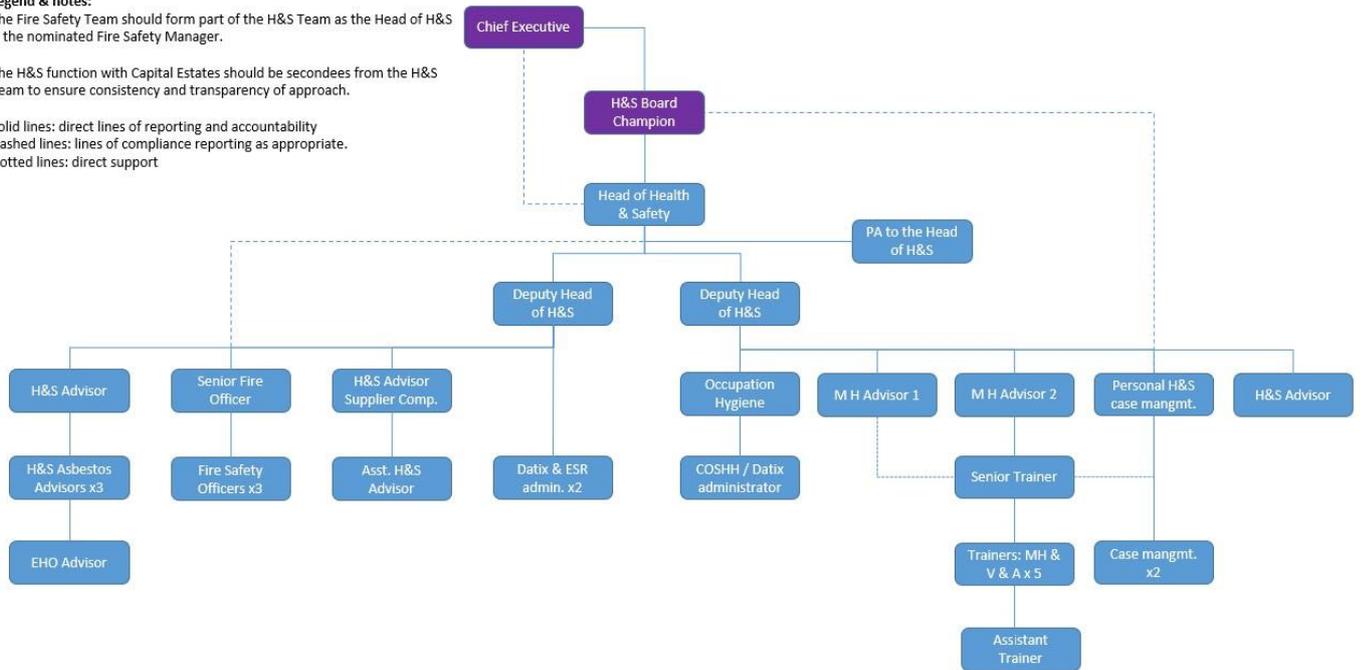
**APPENDIX 4 SUGGESTED HEALTH & SAFETY TEAM STRUCTURE**

**Legend & notes:**

The Fire Safety Team should form part of the H&S Team as the Head of H&S is the nominated Fire Safety Manager.

The H&S function with Capital Estates should be secondees from the H&S Team to ensure consistency and transparency of approach.

Solid lines: direct lines of reporting and accountability  
Dashed lines: lines of compliance reporting as appropriate.  
Dotted lines: direct support



**Also provided as a separate attachment.**

**Note 1:** the above suggested structure for the Safety, Health and Wellbeing Team incorporates resources that are currently positioned within Capital Estates and Facilities Management.

**Note 2:** the suggested hierarchical management structure has divided responsibilities based on hard and soft services and may require further adaptation to align with the Clinical Board and Directorate support requirements.

**Note 3:** the review has concluded that the positioning of case management within the health and safety structure may require further review based on the all wales approach and associated guidance.

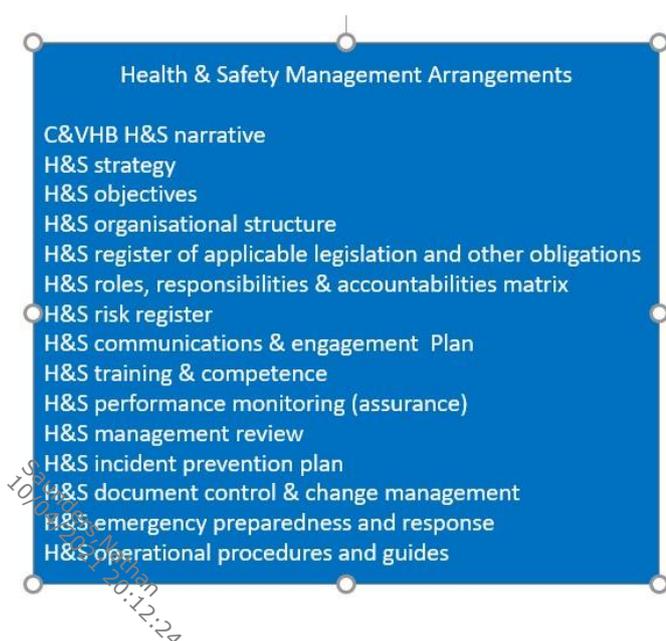
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**APPENDIX 5 SAMPLE HEALTH & SAFETY MANAGEMENT SYSTEM STRUCTURE**

The following Health and Safety Management System structure is supportive of a **Plan – Do – Check – Act** approach such as BS ISO 45001:2018 occupational health and safety management system.

**Note 1:** it is not recommended that full system certification (third party external certification) is considered as this will require additional and continued funding with little perceived benefit.

**Note 2:** the ownership of all health and safety Policies and Procedures should be delegated by the Chief Executive to the Head of Health and Safety, who should then engage with all associated stakeholder to ensure that these Policies and Procedures remain reflective of the organisational risks and the current legislative requirements. The sample delegated authority template provides an example for how ownership, responsibility and oversight flow through the organisation.



Health & Safety File Plan  
(Capital Estates and Facilities Management)

- 1 H&S Charter
- 2 H&S objectives
- 3 H&S organisational structure
- 4 H&S delegated authorities register
- 5 Communication plan
- 6 Risk register
- 7 Training and competence records
- 8 Standard Operating Procedures
- 9 RAMS
- 10 Fire safety
- 11 Hazardous Substances
- 12 Security Management
- 13 SSOW / Permits to Work
- 14 Supplier management
- 15 CDM
- 16 Statutory Compliance & Assurance
- 17 Property Health & Safety Information Files
- 18 Inspection & audit reports
- 19 Emergency Plans
- 20 Incident reports
- 21 H&S committee minutes
- 22 H&S performance review

Health & Safety File Plan  
(Clinical Boards and Directorates)

- 1 H&S Charter
- 2 H&S objectives
- 3 H&S organisational structure
- 4 H&S delegated authorities register
- 5 Communication plan
- 6 Risk register
- 7 Training and competence records
- 8 Standard Operating Procedures
- 9 RAMS
- 10 Fire safety
- 11 Hazardous Substances
- 12 Inspection & audit reports
- 13 Emergency Plans
- 14 Incident reports
- 15 H&S committee minutes
- 16 H&S performance review

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**APPENDIX 6 SAMPLE DELEGATED AUTHORITIES STRUCTURE**

	Chief Executive	Executive Board	Head of Health & Safety	OHSG	CB / Dir Health & Safety Com.	Functional Leads & Managers	Staff Reps.
Health & Safety Policy Statement	O	A	R	A	A	A	C
Health & Safety Charter	C	O, A	A, R	C	A, R	A, R	C
Health & Safety Strategy	C	O	R	C	C	C	C
Health and Safety Management System	C	C	O, R	A	A	A	C
Health & Safety Management Arrangements	C	A	O, R	R, C	R, C	R, C	C
Sub-ordinate policies	O	A	R, C	C	C	C	C
Health & Safety Procedures	C	O, R	R, C	R, C	R, C	R, C	C
Health & Safety performance monitoring	R	A	O, A, R	R, C	R, C	R, C	C
Health & Safety management review	O	A	R	C	C	C	C
Statutory Monitoring (RIDDOR)	C	C	O, A, R	C	A	A	C

**O** OWNER                      **A** ACCOUNTABLE  
**R** RESPONSIBLE              **C** CONSULTEE

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# Health and Safety Dashboard

Date: September 2021



## Health & Safety Team

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## Contractors

The use of contractors in any organisation means additional risk is being brought onto site. Whilst they may be specialists in the work they complete they will not have the specific field experience of an employee. Contractor Management is an area that has been identified as a risk to our H&S performance and it is vital that our procedures are followed when overseeing this type of work. If you have any doubt please contact your H&S advisor who will assist you through the process.

## Staff COVID-19 Reporting

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) it is a statutory requirement for us as an employer to report all instances of COVID-19 that can be reasonably deduced as being likely transmitted in the workplace. This is a reminder that if you or a member of your team contract COVID-19 and reasonable doubt exists as to whether it was caught at work or outside of work then you must report it through Datix and the H&S team will conduct a further investigation.

I appreciate your ongoing support with these important aspects of Health & Safety.

Rob Warren.  
Head of Health and Safety



## Training Availability

During the COVID 19 pandemic there have been a number of reasons for limited training availability, and access to training (ranging from freeing staff, to limited numbers in rooms). As we ease some of the restrictions it is important to note that last minute cancellations and non attendance are significant.

To highlight these issues, below, is a snippet from January-September 2021, for Manual Handling Foundation Courses. **There were 425 spaces provided.** There were **41 DNA's** and **59 individuals withdrew with less than 3 days notice** given meaning those spaces often went unfilled. With 100 combined last minute withdrawals and DNAs accounting for **~24% of our provision, and ~70% of unused spaces.**

There was also an additional 174 withdrawals with more than 3 days notice which could have made spaces unavailable in some cases. While we do not charge for last minute withdrawals, DNAs are charged at £45 per person, per day/session

## Datix Information

Please note all datix information and reports in this dashboard are filtered to focus on staff incidents only, any patient risk incidents are excluded. This is due to the focus of this being staff Health and Safety, and the presence of a separate patient safety team to focus on patient incidents.

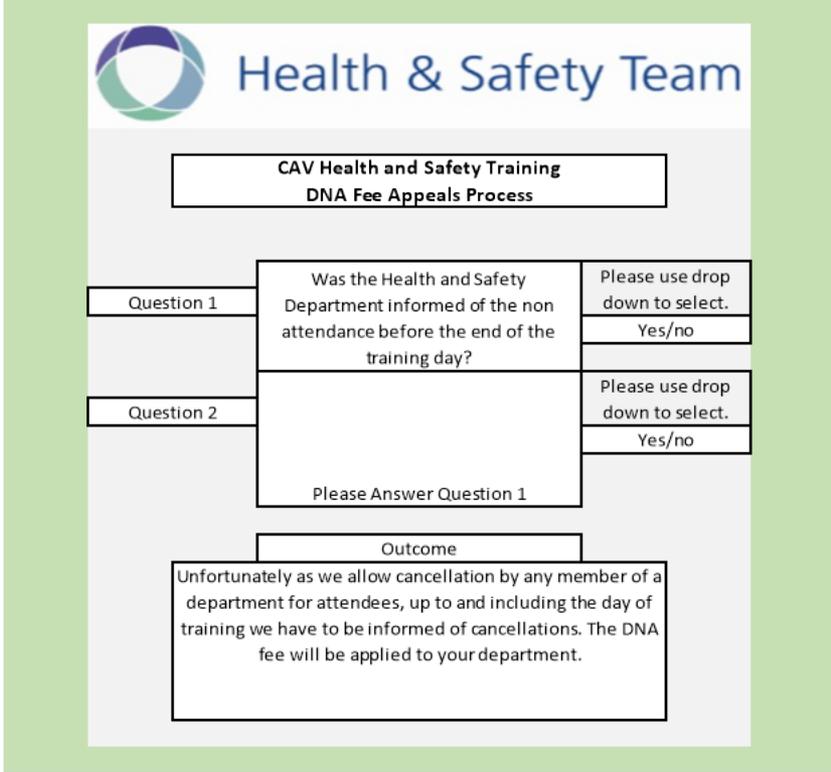


## DNA appeal checker

This new DNA appeal checker will soon be added to all DNA emails sent to managers, (when staff fail to attend training without giving prior notice of their non-attendance) to help them determine when it is appropriate to make an appeal or not using the established DNA notification criteria.

Please note that if a staff member is unable to inform the Health and Safety team, a manager or colleague can contact to withdraw a member of staff from training on their behalf (up to and including the day of training) without incurring a DNA fee.

Booking training is done through ESR Self Service. Withdrawing from training can be done through ESR self service, or at short notice by contacting: [Healthandsafety.training.cav@wales.nhs.uk](mailto:Healthandsafety.training.cav@wales.nhs.uk)



The screenshot shows a form titled "Health & Safety Team" with the subtitle "CAV Health and Safety Training DNA Fee Appeals Process". It contains two questions:

Question 1	Was the Health and Safety Department informed of the non attendance before the end of the training day?	Please use drop down to select. Yes/no
Question 2	Please Answer Question 1	Please use drop down to select. Yes/no

Below the questions is an "Outcome" section with the following text: "Unfortunately as we allow cancellation by any member of a department for attendees, up to and including the day of training we have to be informed of cancellations. The DNA fee will be applied to your department."

[Click here to open the appeal checker](#)





For Local Level Clinical Board Meetings please see foreword, key messages above and the clinical board specific slides, linked below.

	Main CB slide	Training CB slide
Mental Health	<a href="#">Click Here</a>	<a href="#">Click Here</a>
Medicine	<a href="#">Click Here</a>	<a href="#">Click Here</a>
Specialist	<a href="#">Click Here</a>	<a href="#">Click Here</a>
Surgical	<a href="#">Click Here</a>	<a href="#">Click Here</a>
Capital, Estates and Facilities	<a href="#">Click Here</a>	<a href="#">Click Here</a>
Children and Women's	<a href="#">Click Here</a>	<a href="#">Click Here</a>
Clinical Diagnostics and Therapeutic	<a href="#">Click Here</a>	<a href="#">Click Here</a>
Primary, Community and Intermediate Care	<a href="#">Click Here</a>	<a href="#">Click Here</a>
Executive and Corporate	<a href="#">Click Here</a>	<a href="#">Click Here</a>
All Wales Medical Genomics	<a href="#">Click Here</a>	<a href="#">Click Here</a>
Surge Hospitals	<a href="#">Click Here</a>	<a href="#">Click Here</a>



This chart shows a 6 month rolling breakdown of RIDDORs experienced by each clinical board.

Figures for each month may change depending on timeliness of reporting.

Data taken on the 10<sup>th</sup> of September

Rolling 6 Month, Riddors by Clinical board, monthly	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Total
Capital, Estates and Facilities	1	3	4	1	0	2	11
Children and Women's	0	0	0	0	0	0	0
Clinical Diagnostics and Therapeutic	1	0	0	1	1	0	3
Executive and Corporate	0	0	0	0	0	1	1
Medicine	0	0	2	0	4	1	7
Mental Health	1	1	1	7	3	1	14
Primary, Community and Intermediate Care	0	1	0	0	0	0	1
Specialist	2	2	1	0	1	2	8
Surgical	3	1	0	1	1	0	6
<b>Total</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>7</b>	<b>51</b>

6 Month rolling RIDDORs by	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Total
Contact with Sharps	1	0	0	0	0	0	1
Contact/Collision with Objects/Animals (not sharps)	1	1	4	1	0	2	9
Inappropriate/Aggressive Behaviour to Staff by Patient	3	1	1	4	5	2	16
Lifting/Manual handling	1	2	1	3	3	1	11
Other	0	0	0	0	0	0	0
Slip/Trip or Fall	2	4	2	2	2	2	14
<b>Total</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>7</b>	<b>51</b>

RIDDOR reported incidents by month and Tier 2 category for the last 6 months. Tier 2 is the overarching category for the type of incident. Contact with sharps is reported to HSE as a 'dangerous occurrence', i.e. dirty needlestick from known BBV+ source.

Data taken on the 10<sup>th</sup> of September.



This table shows a break down of the overall number of incidents reported involving staff\*~ , by Clinical Board. Taken the 10<sup>th</sup> Of September. (numbers may shift in each report due to date adjustment, and report closing).

\*numbers based on managing clinical board, unassigned incidents have no current managing board.

~This only covers those incidents reported under “incident affecting” – “Staff/ Contractor /Vendor Incidents”

Staff Affected incidents, By Month and Clinical Board, 6 month rolling,	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Total
Capital, Estates and Facilities	15	29	31	22	30	11	138
Children and Women's	15	29	22	17	25	18	126
Clinical Diagnostics and Therapeutic	13	14	11	22	17	8	85
Executive and Corporate	4	5	2	1	4	1	17
Medicine	40	58	76	56	73	97	400
Mental Health	68	89	89	86	68	42	442
Primary, Community and Intermediate Care	21	23	21	25	22	12	124
Specialist	28	28	28	27	40	45	196
Surgical	23	28	21	37	40	19	168
Unassigned *	3	11	9	15	31	84	153
<b>Total</b>	<b>230</b>	<b>314</b>	<b>310</b>	<b>308</b>	<b>350</b>	<b>337</b>	<b>1849</b>

Staff incidents by TOP 10 Teir 3, 6 month rolling,	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Total
Physical contact (actual assault)	47	74	101	83	88	93	486
Verbal Abuse	20	30	24	24	32	37	167
Physical threat (no contact)	25	33	32	31	23	21	165
Staffing levels	7	12	15	24	24	41	123
Dirty needlestick	13	16	8	19	6	21	83
Verbal Abuse	6	6	7	12	13	12	56
Lifting/manual handling patients	9	8	10	7	12	8	54
Walking	7	4	15	10	9	9	54
Task saturation / workload volume	4	12	6	5	6	8	41
Heat	0	0	0	4	27	1	32
<b>Total of all staff incidents</b>	<b>224</b>	<b>319</b>	<b>313</b>	<b>308</b>	<b>349</b>	<b>347</b>	<b>1860</b>

This is a breakdown of incidents by tier 3, it shows the top 10 types reported during the shown period.

This only covers the top 10 incident types shown as indicators, but the total incidents are shown at the bottom.

This currently shows the top 10 incident types for the 6 month period shown, so will vary over time.

Data taken on the 10<sup>th</sup> of September.



Listing by directorate of DATIX Incidents open for 30 days or more on the 13<sup>th</sup> of September 2021.

Staff Related Incidents Awaiting Review for 7+ Days And Staff Incidents Open in Progress for 30+ days	Submitted Awaiting Review	In Progres	Total	Staff Related Incidents Awaiting Review for 7+ Days And Staff Incidents Open in Progress for 30+ days	Submitted Awaiting Review	In Progres	Total
Acute Child Health	0	2	2	Mental Health Services for Older People	13	14	27
Adult Mental Health	6	15	21	Nephrology and Transplant	0	8	8
Artificial Limb and Appliance	0	3	3	Neurosciences	0	10	10
Capital and Compliance	0	1	1	North West Cardiff Locality	0	1	1
Children, Young People and Family Health	0	1	1	Nursing - Assistant Director of Patient Experience	2	1	3
Commercial	2	25	27	Nursing - Assistant Director of Patient Safety and Quality	0	3	3
Critical Care	0	14	14	Obstetrics and Gynaecology	0	9	9
Emergency and Acute Medicine	0	5	5	Outpatients and Patient Administration	0	6	6
Estates and Facilities	17	49	66	Peri-Operative Directorate	2	6	8
Executive	1	1	2	Pharmacy	0	5	5
General Surgery, Urology and Wound Healing	3	9	12	Planning	0	2	2
Haematology, Clinical Immunology and Metabolic Medicine	0	9	9	Primary Care	3	3	6
Head and Neck, Ophthalmology and Dental	0	3	3	Radiology, Medical Physics and Clinical Engineering	0	6	6
IM&T and Clinical Coding/PMS	4	0	4	South East Cardiff Locality	0	2	2
Integrated Medicine	0	67	67	Specialised Medicine	0	1	1
Internal Medicine	0	1	1	Therapy Services	0	16	16
Laboratory Medicine	0	6	6	Trauma and Orthopaedics	0	7	7
Lakeside Wing	0	6	6	Vale Locality	0	1	1
Major Trauma	0	2	2	Workforce and OD	1	3	4

<b>Total</b>	<b>54</b>	<b>323</b>	<b>377</b>
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Data generated on the 13<sup>th</sup> of September



Not all these reports are alerted to the case management team and investigated as it depends on the severity of harm or reporting level.

No Value refers to reports currently not assigned to a clinical board and may be assigned later.

It is important that reports are made by all colleagues who experience any form of inappropriate behaviour in the work-place.

6 Month Rolling, V&A incidents by Clinical Board, Monthly	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Total
Capital, Estates and Facilities	3	13	10	11	7	0	44
Children and Women's	5	13	13	7	12	8	58
Clinical Diagnostics and Therapeutic	5	6	4	7	6	3	31
Executive and Corporate	0	1	1	0	3	0	5
Medicine	33	41	56	37	45	47	259
Mental Health	51	78	74	63	58	40	364
PCIC	11	15	12	11	9	7	65
Specialist	10	6	13	13	12	27	81
Surgical	3	10	5	12	17	8	55
<b>Total</b>	<b>121</b>	<b>183</b>	<b>188</b>	<b>161</b>	<b>169</b>	<b>140</b>	<b>962</b>

Saunders, Nathan  
10/04/2021 20:12:24



## Responses to Violence and Aggression to August 2021

**NB** - Please note alerts are received via daily Paris Reports where the alert code identifies a violence risk and DATIX Incident Reports.

2021 Months	Internal Sanctions		
	Alerts	Markers Placed	Markers Removed
May	15	5	7
June	15	5	11
July	26	13	4
August	27	19	9

Internal sanctions are managed by the case management team and include violent warning markers, and behavioural contracts.

2021 Months	External Sanctions						
	Cases referred to police	Successful prosecutions	ASBO Referrals	ASBOs Issued	Open Cases	Police - No Further Action	Custodial Sentences
May	10	3	1	0	53	7	1
June	28	3	5	0	55	3	2
July	17	3	1	0	62	4	0
August	15	2	0	0	71	2	0

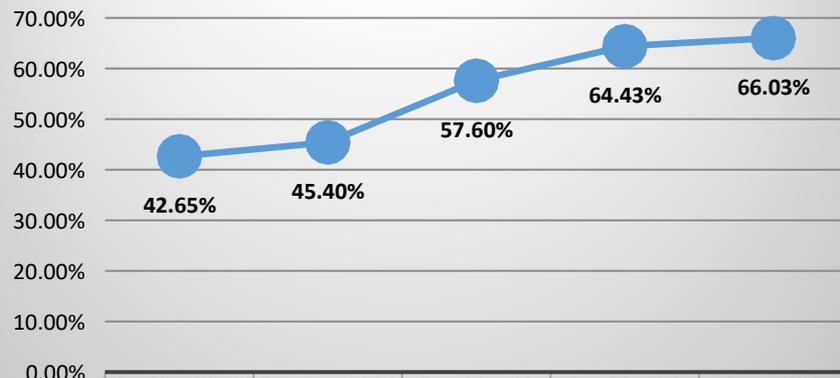
External sanctions covers investigations, cases, and sanctions from the police, prosecution and custodial services.

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## Adjusted Compliance Stats

This months data shows covers the report for June and July, run at the beginning of August. The data has now been adjusted with reported authorised non use responses provided over the previous month.

### Compliance Adjusted for Non-use



	Oct-Nov 20-20	Dec-Jan 20-21	Feb-Mar 21	Apr-May 21	Jun-Jul 21
Series1	42.65%	45.40%	57.60%	64.43%	66.03%

## Training

Please see link below for a new training video and quiz which has recently been developed for the lone worker devices.

<https://peoplesafetraining.typeform.com/to/px823gpH>

Health and Safety will receive monthly reports on:

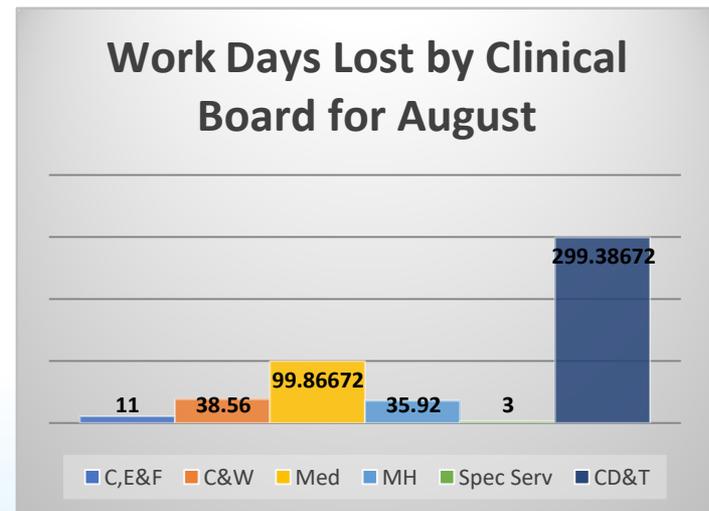
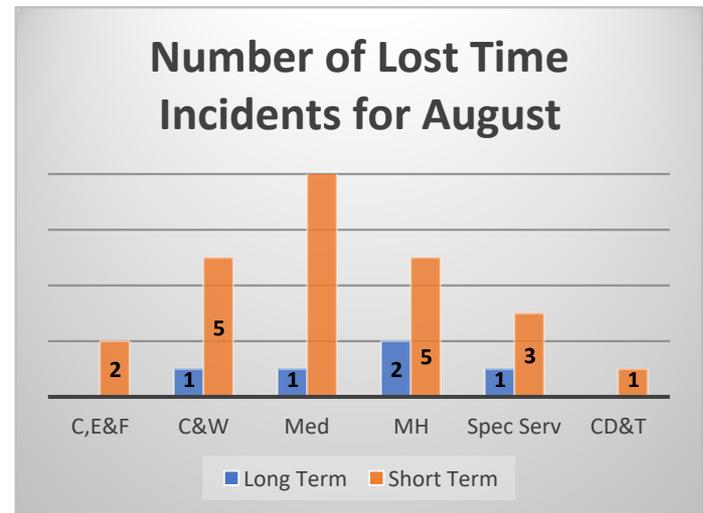
- those staff who have completed the training
- staff that identify further training is required
- those staff who scored less than 8 on the quiz.

This should bridge the gap in any outstanding training needs and MS. Teams sessions will still be offered to supplement this where required. Any queries please contact Emma Foley

Work related lost time incident information has been collated by compiling work related periods of absence from ESR. As such the information's accuracy is dependant on managers correctly marking absences when listing them on ESR, and data may fluctuate as return to work forms result in ESR being updated.

The upper chart shows the number of short and long term lost absences by clinical board for the month of August.

The lower chart shows the Full Time Equivalent (FTE) days lost by clinical board over the month of August. The number of days equivalent assuming the person works 7.5 hours per day 5 days per week.



There are a lot of challenges currently in place getting training compliance into a stronger position, including the difficulties with course sizes and with freeing staff from busy working patterns to attend training. Individual directorate slides are provided at the end of this PowerPoint. There are two outlier boards at the bottom that show up during ESR searches. **E-learning has been flagged up as dark purple** and **classroom training as blue** to enhance clarity.

Data pulled on the 2nd of September.

Violence and Aggression Care control competencies are currently merged Module C competencies. We are currently working to separate these competencies.

Clinical Board - August 2021	Manual Handling - E Learning	Manual Handling - Objects - Classroom	Manual Handling - Patients - Classroom	Violence and Aggression Module A - E Learning	Violence and Aggression Module B - E Learning	Violence and Aggression - Module C - Classroom	Violence and Aggression - S.I.M.A Specialist Techniques Module D- Classroom	First Safety Training - E Learning
001 All Wales Genomics	92.88%	66.67%		89.89%	76.56%	50.00%		80.15%
001 Capital, Estates & Facilities	87.21%	8.41%		87.13%	67.49%	8.22%	11.63%	48.99%
001 Children & Women Clinical Board	91.17%	50.53%	15.36%	88.30%	71.79%	21.57%		58.33%
001 Clinical Diagnostics & Therapeutics Clinical Board	91.29%	21.72%	38.08%	90.57%	72.06%	22.09%		59.62%
001 Corporate Executives	86.62%	54.17%	32.20%	82.13%	72.30%	16.38%		61.76%
001 Medicine Clinical Board	81.44%	0.00%	34.48%	77.41%	56.27%	16.36%		47.34%
001 Mental Health Clinical Board	87.49%	50.00%	17.88%	91.29%	62.12%	27.72%	25.43%	59.30%
001 PCIC Clinical Board	79.29%	34.43%	22.26%	71.69%	69.98%	18.93%		56.40%
001 Specialist Clinical Board	83.26%	5.88%	24.82%	78.76%	58.93%	11.16%		55.54%
001 Surgical Clinical Board	78.59%	26.98%	24.40%	74.43%	60.96%	9.77%		51.67%
001 Surge Hospitals	57.14%			38.10%				47.62%
001 Trust	66.67%		0.00%	66.67%	66.67%			66.67%

The H&S team has been asked to include fire training compliance. We have no direct impact on this compliance, but include this data here for clinical boards convenience.

If you need a more detailed breakdown of training compliance in your clinical board, please contact [Thomas.bott@wales.nhs.uk](mailto:Thomas.bott@wales.nhs.uk)

[To see a Heat Map of compliance changes compared to last month please click here.](#)

Thank you for reviewing this  
information from the



Health & Safety Team

To reach our intranet page for more information, guidance and support then  
please click the button below.

[H&S Intranet](#)

This is the end of our August  
Dashboard

Saunders, Nathan  
10/04/2021 20:12:24

<b>Report Title:</b>	<b>Item 7.3 Fire Enforcement Compliance and Management Report August 2021</b>			
<b>Meeting:</b>	<b>Health and Safety Committee</b>			<b>Meeting Date:</b> 12/10/2021
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<input checked="" type="checkbox"/> <b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director Responsible for Fire Safety</b>			
<b>Report Author (Title):</b>	<b>Senior Fire Safety Officer</b>			

**Background and current situation:**

South Wales Fire and Rescue Service (SWFRS) agreed a program of visits with the University Health Board's (UHB's) Senior Fire Safety Officer (SFSO) to enable them to undertake fire safety audits PAN Estate. Audits may result in written notices being served on the responsible person for Cardiff and Vale University Health Board (C&V UHB) by the enforcing authority where they deem that the UHB has failed to comply with current fire safety legislation i.e. the Regulatory Reform (Fire Safety) Order 2005 (FSO).

The UHB has a statutory responsibility to protect persons from the risk of injury or death from fire. The enforcing authority of current fire safety legislation is the local Fire and Rescue Authority i.e. South Wales Fire and Rescue Service (SWFRS) is lawfully empowered to monitor and enforce compliance of all fire safety matters under the FSO

Once a fire safety audit is completed SWFRS will either confirm that all relevant fire safety matters are satisfactory or if not issue a written notice detailing all fire safety deficiencies that are identified during the audit. The notice of deficiencies will take the form of a Prohibition Notice (this will prohibit the use of an area or premises), an Enforcement Notice (a serious breach of fire safety standards), an Informal Notice (IN01- fire safety deficiencies that are deemed not so serious to warrant enforcement action and time limited, usually twelve months) or they may issue an Informal Notice (IN02 - advisory fire safety deficiencies no time limit).The FSA04 is also an official notice that confirms the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 at the time of audit, no further action is therefore required to be taken by the Local Fire and Rescue Authority.

**Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:**

This paper provides an update on the progress and actions relating to four key fire safety compliance and management duties i.e.

1. **Enforcing Authority Audits/Inspections**
2. **Fire Incidents and Unwanted Fire Signals (UwFS's)**
3. **Fire Risk Assessments**
4. **Fire Safety Training**

**(See Appendix 1, 2, 3 and 4 – Pages 3 to 17 Essential Supporting Documentation)**

Saunders-Nathan  
10/04/2021 20:12:24

**Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)**

- Assurance is provided to the committee that all identified fire enforcement compliance, estates and management matters are being appropriately managed safely and within applicable financial constraints to enable C&V UHB to fulfil its legal duty to minimise the risk of reputational damage to as low as reasonably practicable.

**RECOMMENDATION**

The Committee is asked:

- NOTE the update provided in relation to Fire Enforcement Compliance and Management Report

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report*

1.Reduce health inequalities		6.Have a planned care system where demand and capacity are in balance	
2.Deliver outcomes that matter to people	✓	7.Be a great place to work and learn	
3.All take responsibility for improving our health and wellbeing		8.Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4.Offer services that deliver the population health our citizens are entitled to expect		9.Reduce harm, waste and variation sustainably making best use of the resources available to us	
5.Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10.Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention	✓	Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable ✓ If “yes” please provide copy of the assessment. This will be linked to the report when published.								

Saunders Wattles  
10/04/2016 10:12:24



## Essential Supporting Documentation

### 1. Enforcing Authority Audits/Inspections

Following receipt of an anonymous written complaint addressed to South Wales Fire and Rescue Authority (SWFRA) regarding a number of serious fire safety contraventions a fire service enforcement officer made an unannounced site visit on Wednesday 14<sup>th</sup> April 2021. As a consequence of this inspection SWFRA is of the opinion that Cardiff and Vale University Health Board (C&V UHB) failed to comply with the provisions of the Regulatory Reform (Fire Safety) Order 2005 (FSO) because people were unsafe in case of fire. They therefore served two Enforcement Notices (EN) addressed to the Clerk to Chief Executive Officer in respect of illicit smoking, control of ignition sources and basic fire safety management for Hafan-Y-Coed (HYC) at University Hospital Llandough (UHL), both EN's were dated 21<sup>st</sup> April 2021.

- Enforcement Notice EN3/21 was issued for non-compliance with Article 8 of the FSO (**Duty to take general fire precautions**). Steps to remedy identified failures are detailed in the schedule of this notice and must be satisfactorily completed by 19<sup>th</sup> May 2021 to avoid further action. Therefore a 'Day After EN ends' inspection was made by SWFRA on Thursday 20<sup>th</sup> May 2021 and very disappointingly the conditions found on the day did not reflect a satisfactory outcome. Consequently SWFRA issued an EN03 i.e. 'Enforcement Notice' not complied with'. Subsequently this matter has been handed over to the compliance team at SWFRA.
- Enforcement Notice EN4/21 was issued for non-compliance with Article 8 (**Duty to take general fire precautions**), Article 14 (**Emergency routes and exits**), and Article 17 (**Maintenance of equipment**) of the FSO. Steps to remedy the identified failures are detailed in the schedule of this notice and must be satisfactorily completed by 20<sup>th</sup> July 2021. A 'Day After EN ends' inspection was made by SWFRA on Wednesday 21<sup>st</sup> July. This inspection was satisfactory therefore EN4/21 was lifted.

#### N.B.

Failure to comply with any requirement imposed by an enforcement notice served under Article 30 of the FSO within the time specified in the notice (or such time as the Fire and Rescue Authority may, at their discretion, grant) is a criminal offence under Article 32(d) of the FSO.

A person guilty of such an offence shall be liable,

- (a) on summary conviction to a fine not exceeding the statutory maximum;
- or
- (b) on conviction on indictment, to a fine or to imprisonment for a term not exceeding two years, or both.

### 2. Fire Incidents and Unwanted Fire Signals (UwFS's)

#### 2.1 Fire incidents

There have been two fire incidents recorded in this reporting period.  
(See Appendix 2 and 3 Pages 13 to 16).

Saunders Nathan  
10/04/2021 20:12:24

## 2.2 Unwanted Fire Signals (UwFS's)

False alarms and unwanted fire signals lead to disruption of service/patient care, increased costs and unnecessary risk to those required to respond to the alarm.

This reporting period saw 61 UwFS's PAN Estate and figures for the previous rolling 12 months were 287 giving a mean average of 23.90 UwFS's per month. This figure is a reflection of the size and age of our fire alarm and detection system and the complexity of our largest sites however we have seen a decline in these figures over the preceding years with a significant reduction in 2020 on the back of a similar reduction in 2019. This reporting period has seen a steady reduction in false alarms attended by the fire service due to a reduced workforce, reduced numbers of contractors on site and fewer visitors attending our premises PAN estate as a consequence of the National emergency. (See Tables 1 and 2 below)

**Table 1**

### Unwanted Fire Signals between 01/06/2021 and 31/08/2021

Hospital	False alarms including UwFS's	Actuation devices	Grade
Barry Hospital	0	562	no incidents
Cardiff Royal Infirmary	0	2000	no incidents
Hafan Y Coed	3	1274	A - performance should be maintained
Llandough Hospital	8	6500	A - performance should be maintained
Rookwood Hospital	1	425	A - performance should be maintained
St David's Hospital (Cardiff)	2	600	A - performance should be maintained
University Hospital of Wales	47	20000	A - performance should be maintained
Whitchurch Hospital	0	2059	no incidents
Totals	61	31361	

**Table 2**

### Performance Indicators for Cardiff & Vale University HB for UwFS's between 01/09/2020 and 31/08/2021

#### Unwanted Fire Signals (attendance by Fire Brigade)

Hospital	UwFS's only	Actuation devices	Grade
Barry Hospital	3	562	Performance level 1
Cardiff Royal Infirmary	5	2000	Performance level 1
Hafan Y Coed	15	1274	Performance level 1
Llandough Hospital	54	6500	Performance level 1
Rookwood Hospital	6	425	Performance level 1
St David's Hospital (Cardiff)	3	600	Performance level 1
University Hospital of Wales	201	20000	Performance level 1
Total	287	31361	

### 3. Fire Risk Assessments

The principle fire safety legislation applicable to all the Health Board's premises is the Regulatory Reform (Fire Safety) Order 2005 (FSO) enforced by the Local Fire Authority. To be compliant with

this legislation a Fire Risk Assessment must be completed for every building or ward or department. Currently there are 450 risk assessment reports that are being regularly assessed and reviewed by members of the fire safety management team either annually, bi or tri-annually or they may be amended whenever materials alterations or significant changes in use take place in terms of service or staff.

The findings of the risk assessments are divided into three areas of responsibility: Estates and Compliance findings are managed and resolved by each of these teams with Management findings monitored and resolved predominantly by the manager responsible for the assessment area.

### 3.1 The 4 most common management failings relate to

- Training compliance,
- Fire resisting doors being wedged open or propped open,
- Illicit storage in corridors, plant rooms and risers,
- Obstructions to fire escape routes.

### 3.2 The 4 most common estates failings relate to

- Fire door defects, seals, gaps, door signage, self-closing devices defective and damage
- A range of fire signage, FAN, directional and hazard signage
- Manual call points and Emergency door release protective covers

### 3.3 The 6 most common compliance failings relate to

- Fire alarm deficiencies, alarm addressing, cause and effect confirmation and panel faults
- Emergency lighting testing and maintenance confirmation
- Fire damper type, testing and maintenance
- Cavity barrier installations and fire stopping deficiencies
- Portable appliance testing
- Up to date fire strategy drawings

Currently there are 5 assessments overdue and 5 ward-based assessments that have been put back due to Covid 19

#### 3.2.0 Annual Audit Submission

As detailed in WHTM05/01 Managing Healthcare Fire Safety all NHS Organisations are required to conduct an annual fire audit utilising the online Fire Safety Audit System.

These audits are carried out for the previous calendar year by the Senior Fire Safety Officer. Once completed they are submitted by the Executive Director responsible for Fire Safety to Shared Services Partnership, Specialist Estates Services (SES). On receipt SES prepare an all Wales report for the Welsh Government.

This year 9 sites and premises were audited and were due to be submitted before the end of July. At the time of reporting they have not been submitted.

- Barry Hospital, Colcot Road, Barry
- Cardiff Royal Infirmary, Newport Road, Cardiff
- Dental Hospital (University Hospital of Wales), Heath Park
- Hafan Y Coed, Llandough Hospital, Penarth
- Llandough Hospital, Penlan Road, Penarth
- Llanrumney Clinic, Llanrumney Avenue, Cardiff
- Pentwyn Health Centre, Brynheulog, Cardiff
- St David's Hospital (Cardiff), Cowbridge Road East, Cardiff
- University Hospital of Wales, Heath Park, Cardiff

## 4.0 Fire Training

Data supplied by Workforce Information for 1<sup>st</sup> September 2020 – 31<sup>st</sup> August 2021

**Table 3**

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	268	216	80.60%
<b>All Wales Genomics Service Total</b>		<b>268</b>	<b>216</b>	<b>80.60%</b>
<b>Capital, Estates &amp; Facilities Total</b>		<b>1284</b>	<b>629</b>	<b>48.99%</b>
<b>Children &amp; Women Total</b>		<b>2248</b>	<b>1324</b>	<b>58.90%</b>
<b>Clinical Diagnostics &amp; Therapeutics Total</b>		<b>2384</b>	<b>1423</b>	<b>59.69%</b>
<b>Corporate Executives Total</b>		<b>969</b>	<b>598</b>	<b>61.71%</b>
<b>Medicine Total</b>		<b>1888</b>	<b>902</b>	<b>47.78%</b>
<b>Mental Health Total</b>		<b>1483</b>	<b>876</b>	<b>59.07%</b>
<b>Primary, Community Intermediate Care Total</b>		<b>1366</b>	<b>776</b>	<b>56.81%</b>
<b>Specialist Services Total</b>		<b>1979</b>	<b>1103</b>	<b>55.74%</b>
Surge Hospitals	Lakeside Wing	21	10	47.62%
<b>Surge Hospitals Total</b>		<b>21</b>	<b>10</b>	<b>47.62%</b>
<b>Surgical Services Total</b>		<b>2370</b>	<b>1230</b>	<b>51.90%</b>
<b>Grand Total</b>		<b>16260</b>	<b>9087</b>	<b>55.89%</b>

The compliance figures outlined in **Table 3** above relates to a rolling 12-month period, the fire safety e-learning package, classroom, locality based & Fire Warden training. All fire safety training records are recorded on the staff personal records Electronic Staff Records (ESR) database. LED collates all statistical information in relation to Fire Training and notifies workforce development. It can be seen that 55.89% of staff received some form of fire safety training in the previous 12 month period ending 31<sup>st</sup> August 2021.

Mandatory fire training sessions at UHW & UHL conducted by members of the Fire Safety Team are organised by LED, with information in relation to venues, dates and times being advertised in the annual LED prospectus available on the intranet. Annually LED provide 90 sessions PAN Estate however in 2020 this figure was considerably reduced and 2021 only 8 sessions have been advertised to date. Whilst it is acknowledged that the current training figures have dramatically declined due to Covid further initiatives to try to increase this figure are well advanced. To meet the perceived demand an advertising campaign will commence in early September stating that a **FIRE SAFETY TRAINING WEEK** will commence on the 27<sup>th</sup> September and end on the 1<sup>st</sup> October 2021(See Appendix 4 Page 17 Fire Safety Training Poster). Seven tutor led drop in sessions will be held each day at UHW and UHL at the same times and will be open to all staff groups.

In the interim requests to members of the Fire Safety Management Team from managers to carry out on-site training will be accommodated where possible and appropriate. It will be the responsibility of the organiser for the training to ensure that sufficient numbers of staff attend (normally minimum of 12) and that a suitable room to carry out the training is available and set up prior to arrival.

It should also be understood that due to the fire safety team having numerous other fire safety duties, it will not always be possible to accommodate requests for on-site fire training. In these circumstances, staff will be referred to attend mandatory training drop in sessions arranged by LED either at UHW or UHL and facilitated by the fire safety management team.

**It is also noteworthy that Managers report the matter of releasing staff to attend tutor led fire safety sessions is still a real and ongoing challenge.**

**N.B.** Current training needs analysis (TNA) dictates the frequency of fire safety training required to be delivered to all staff groups. The analysis requires that the majority of clinical staff are mandated to attend statutory classroom based fire safety training either annually or by exception bi-annually. With

this in mind a request was made to workforce development to examine the available data for the previous three years and the figures on **Table 4** below indicates some worrying trends.

**Table 4** - Analysis supplied by workforce development with three caveats outlined below:

		Financial Year		
Staff category	Delivery Mode	2017-18	2018-19	2019-20
Clinical	Face to Face	1967	2553	2238
	Online e-Learning	4528	5163	5910
<b>Clinical Total</b>		<b>6495</b>	<b>7716</b>	<b>8148</b>
Non-Clinical	Face to Face	859	989	642
	Online e-Learning	1353	1705	2138
<b>Non-Clinical Total</b>		<b>2212</b>	<b>2694</b>	<b>2780</b>
<b>Total Face to Face</b>		<b>2826</b>	<b>3542</b>	<b>2880</b>

1. Staff in the Administrative & Clerical, Estates & Ancillary and Student Staff Groups have been categorised as ‘non-clinical’. All other staff have been categorised as ‘clinical’.
2. The report shows the current employment status of staff who have undertaken training in the last three years and therefore includes some staff who have subsequently left the Health Board but replaced by new starters The Staff Group which consists of six members of staff is not recorded, so it cannot be determined whether they are ‘clinical’ or ‘non-clinical’ and therefore they have been removed from the analysis.
3. Records which indicate in any way that the learning was incomplete, or courses were cancelled have also been removed. This equates to 2289 enrolments, for 1577 staff.

In March 2018 the overall Fire training compliance was 65.32%. In 2019 it was 67.89% and in 2020 it was 67.03%. It should be noted that the total figures in **Table 4** above represent only 67.03% of the total workforce at the time of reporting.

#### The majority of clinical staff are mandated to attend a face to face session annually

In year 2019-20 the UHB employed 15691 (See **Table 5** on Page 8) of which 10,517 staff were recorded as receiving some form of fire safety training i.e.  $5174 \times 100 \div 15691 = 33\%$  were recorded as receiving no fire safety training of any kind and were therefore non-compliant.

**Table 4** above shows that in year 2019-20,  $10517 \times 100 \div 15691 = 67\%$  of all staff were compliant and only  $2880 \times 100 \div 10517 = 27\%$  of staff actually attended a face to face session. When the numbers of staff who were non-compliant are included i.e. 5174 the percentage compliance figure is significantly reduced i.e.  $2880 \times 100 \div 15691 = 18\%$  of all staff are compliant more worryingly only  $2238 \times 100 \div 15691 = 14.3\%$  of clinical staff are actually compliant in attending a face to face session in 2019-20 (See **Table 10** on Page 12, Exemplar training needs matrix).

**Table 5**

Data supplied by Workforce Information for **1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020**

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	235	179	76.17%
<b>All Wales Genomics Service Total</b>		<b>235</b>	<b>179</b>	<b>76.17%</b>
Capital, Estates & Facilities	Capital Planning & Admin	46	44	95.65%
<b>Capital, Estates &amp; Facilities Total</b>		<b>1212</b>	<b>885</b>	<b>73.02%</b>
<b>Children &amp; Women Total</b>		<b>2318</b>	<b>1634</b>	<b>70.49%</b>
Clinical Diagnostics & Therapeutics	Clinical Diagnostics and Therapeutics Management	7	6	85.71%
<b>Clinical Diagnostics &amp; Therapeutics Total</b>		<b>2371</b>	<b>1808</b>	<b>76.25%</b>
Corporate Executives	Chief Executive Officer	45	25	55.56%
<b>Corporate Executives Total</b>		<b>842</b>	<b>596</b>	<b>70.78%</b>
<b>Medicine Total</b>		<b>1852</b>	<b>1042</b>	<b>56.26%</b>
<b>Mental Health Total</b>		<b>1500</b>	<b>1013</b>	<b>67.53%</b>
Primary, Community Intermediate Care	Localities Cardiff North West	273	211	77.29%
<b>Primary, Community Intermediate Care Total</b>		<b>1066</b>	<b>749</b>	<b>70.26%</b>
<b>Specialist Services Total</b>		<b>1893</b>	<b>1207</b>	<b>63.76%</b>
Surgical Services	ENT & Dental Hospital	496	358	72.18%
<b>Surgical Services Total</b>		<b>2402</b>	<b>1404</b>	<b>58.45%</b>
<b>Establishment Grand Total</b>		<b>15691</b>	<b>10517</b>	<b>67.00%</b>
<b>Non-compliant total</b>				
<b>15691 – 10517 = 5174</b>				
<b>i.e. 33.00%</b>				

**It is clear that these figures reveal an alarming noncompliance with this statutory duty.**

It should also be noted a complete suspension of classroom based training was introduced across the board for most of 2020 due to the Covid 19 pandemic. Therefore, it must be expected that the above compliance figures will be further reduced over the coming months. However, with the proactive introduction by the fire safety management team of Covid safe training **Table 6** on page 9 shows the figures for June to August 2021. **Table 7 and 8** on page 10 shows training dates organised by Learning, Education and Development (LED) and **Table 9** on page 11 indicates fire training commitments organised by the fire safety team from May 2021 onwards.

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**Table 6**

**Data supplied by the Fire Safety Management Team**

### Figures for June 1<sup>st</sup> to August 31<sup>st</sup> 2021

SDH/Riverside HC	03/06/2021	Wendy Davies	Dietitians	Fire Training	Stuart Rookes	9
HYC	04/06/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	3
HYC	04/06/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	6
UHL Clinical Skills	08/06/2021	Nicola Giles	Health Care Workers	Fire Training	Ben Perrett	10
UHW	08/06/2021	Sandra Watts	Duffie Ward	Cascade Training	Stuart Rookes	1
Dental	16/06/2021	Emma Stone	Dental	Fire Training/F2F and on Teams	Stephen Bennett	11
HYC	16/06/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	17
HYC	16/06/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	16
HYC	18/06/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	16
HYC	18/06/2021	Casey Keegans	HYC	Cascade Training	Stuart Rookes	1
HYC	18/06/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	15
Dental	23/06/2021	Emma Stone	Dental	Fire Training	Stephen Bennett	6
HYC	23/06/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	12
HYC	23/06/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	14
UHL	23/06/2021	Nicola Giles	Health Care Workers	Fire Training	Ben Perrett	10
UHW	25/06/2021	Emma Stone	Dental	Fire Warden Training	Stephen Bennett	13
UHW	29/06/2021	Emma Stone	Dental	Fire Warden Training	Stephen Bennett	11
Cochrane Building UHW	05/07/2021	LED	Staff	Fire Training	Stephen Bennett	14
Treforest (PMC)	05/07/2021	Stephen Williams	Staff	Fire Training	Stephen Bennett	9
Treforest (PMC)	05/07/2021	Stephen Williams	Staff	Fire Training	Stephen Bennett	10
Treforest (PMC)	05/07/2021	Stephen Williams	Staff	Fire Training	Stephen Bennett	10
HYC	06/07/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	14
Cochrane Building UHW	07/07/2021	LED/Chloe Knott	Staff	Fire Training	Ben Perrett	11
HYC	09/07/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	9
HYC	09/07/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	6
Treforest (PMC)	12/07/2021	Stephen Williams	Staff	Fire Training	Stuart Rookes	8
Treforest (PMC)	12/07/2021	Stephen Williams	Staff	Fire Training	Stuart Rookes	8
Treforest (PMC)	12/07/2021	Stephen Williams	Staff	Fire Training	Stuart Rookes	5
Treforest (PMC)	12/07/2021	Stephen Williams	Staff	Fire Training	Stuart Rookes	5
Lecture Theatre 3 UHW	12/07/2021	LED	Staff	Fire Training	Stephen Bennett	13
HYC	13/07/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	15
UHW	14/07/2021	Phil Cable	Porters	Albac Mats	Stephen Bennett	4
Dental	15/07/2021	Emma Stone	Dental	Fire Training/F2F and on Teams	Stephen Bennett	21
Lecture Theatre 3 UHW	15/07/2021	LED	Staff	Fire Training	Ben Perrett	19
HYC	16/07/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	9
HYC	16/07/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	5
Treforest (PMC)	19/07/2021	Stephen Williams	Staff	Fire Training	Stephen Bennett	9
Treforest (PMC)	19/07/2021	Stephen Williams	Staff	Fire Training	Stephen Bennett	4
Treforest (PMC)	19/07/2021	Stephen Williams	Staff	Fire Training	Stephen Bennett	5
HYC	17/07/2021	Casey Keegans	Staff	Fire Training - Cascade Trainer	Casey Keegans	22
HYC	18/07/2021	Casey Keegans	Staff	Fire Training - Cascade Trainer	Casey Keegans	17
Cochrane Building UHW	20/07/2021	LED/Chloe Knott	Staff	Fire Training	Stuart Rookes	5
HYC	22/07/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	10
Dental	22/07/2021	Emma Stone	Dental	Fire Training	Stephen Bennett	43
B2 North	April - July	Ady Ryan	Staff	Fire Training - Cascade Trainer	Laura Jones	21
A2	April - July	Christine Baber	Staff	Fire Training - Cascade Trainer	Laura Bonelle	36
Cochrane Building UHW	26/07/2021	LED/Chloe Knott	Staff	Fire Training	Stuart Rookes	14
HYC	28/07/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	14
HYC	28/07/2021	Casey Keegans	Staff	Fire Training	Stuart Rookes	10
UHL	10/08/2021	Nicola Giles	LED	Fire Training	BP	6
UHL	12/08/2021	Nicola Giles	LED	Fire Training	BP	9
UHL - New Rookwood	17/08/2021	Lorraine Donovan	Staff	Fire Training	BP	19
UHL - New Rookwood	17/08/2021	Lorraine Donovan	Staff	Fire Training	BP	19
UHW	19/08/2021	Phil Cable	Porters/security	Albac Mats	Stuart Rookes	5
UHL	24/08/2021	Nicola Giles	LED	Fire Training	BP	9
UHL	31/08/2021	Lorraine Donovan	Staff	Fire Training	BP	9
UHW	April-August	Christine Baber	Staff	Fire Training - Cascade Trainer	Laura Bonelle	39
						691

**Table 7**

**Mandatory July Fire Training Organised by Learning, Education and Developments**

		Reg	10.00 - 11.00	11.10 - 12.10	1.00 - 2.00	2.10 - 3.10
Mon 05/07/2021	Cochrane Building, 5, 6 & 7	09.30 - 10.00	Fire	HS	IPC	VAW
		Reg	10.00 - 11.00	11.10 - 12.10	1.00 - 2.00	2.10 - 3.10
Wed 07/07/2021	Cochrane Building, 2 & 4	09.30 - 10.00	Fire	HS	IPC	Equality
		Reg	10.00 - 11.00	11.10 - 12.10	2.00 - 3.00	
Mon 12/07/2021	Lecture Theatre 3, Main Hospital	09.30 - 10.00	Fire	HS	Equality	
		Reg	10.00 - 11.00	11.10 - 12.00	2.00 - 3.00	
Thurs 15/07/2021	Lecture Theatre 3, Main Hospital	10.00 - 10.30	HS	Fire	IPC	
		Reg	10.00 - 11.00	11.10 - 12.10	1.00 - 2.00	2.10 - 3.10
Tues 20/07/2021	Cochrane Building, 2 & 4	09.30 - 10.00	Fire	HS	IPC	Equality
		Reg	1.00 - 2.00	2.10 - 3.10	3.20 - 4.20	
Fri 23/07/2021	Cochrane Building, 5, 6 & 7	12.30 - 1.00	HS	Equality	IPC	
		Reg	10.00 - 11.00	11.10 - 12.10	1.00 - 2.00	2.10 - 3.10
Mon 26/07/2021	Cochrane Building, 5, 6 & 7	09.30 - 10.00	Fire	HS	IPC	Equality

Total attendance figures for the above six drop in sessions = 77 (See Table 12 below)

**Table 8**

Date	Available Places	Attended	DNA
05-Jul-21	20	14	5
07-Jul-21	12	11	0
12-Jul-21	26	14	11
15-Jul-21	26	19	6
20-Jul-21	12	5	8
26-Jul-21	20	14	6
<b>Totals</b>	<b>116</b>	<b>77</b>	<b>36</b>

**Table 9**

**Fire Safety Training Commitments  
Organised by the Fire Safety Management Team**

May 2021 to March 2022

Fire Team Training Commitments							
Venue Name	Date	Training Requestor	Department	Type of Training	Name of Trainer	Cancelled	Time
UHW	06/05/2021	Nicola Giles	Health Care Workers	Fire Training	SR/SB		
UHL	10/05/2021	Casey Keegans	Mental Health Staff	Fire Training	BP		
UHL	12/05/2021	Nicola Giles	LED	Fire Training	BP		
UHL	14/05/2021	Nicola Giles	LED	Fire Training	BP	NG Cancelled	
UHL	17/05/2021	Nicola Giles	LED	Fire Training	BP		
UHL	20/05/2021	Nicola Giles	LED	Fire Training	BP	NG Cancelled	
UHL	24/05/2021	Nicola Giles	LED	Fire Training	BP		
UHL	27/05/2021	Nicola Giles	LED	Fire Training	Ben Perrett	NG Cancelled	
SDH	28/05/2021	Wendy Davies	Dieticians	Fire Training	SR		
SDH	03/06/2021	Wendy Davies	Dieticians	Fire Training	SR		
HYC	04/06/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
HYC	07/06/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
UHL	08/06/2021	Nicola Giles	LED	Fire Training	BP		
UHW	16/06/2021	Emma Stone	Dental	Fire Training	SR/SB		
HYC	16/06/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
HYC	18/06/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
UHW	22/06/2021	Rebecca Cobin	LED	Fire Warden Training	SR/SB/BP	Cancelled as LED had not sent out any Internal Comms to either promote the course or instructions on how to book.	
HYC	23/06/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
UHL	23/06/2021	Nicola Giles	LED	Fire Training	BP		
UHW	25/06/2021	Emma Stone	Dental	Fire Training	SR/SB		
UHW	29/06/2021	Emma Stone	Dental	Fire Training	SR/SB		
UHW	05/07/2021	Rebecca Cobin	LED	Fire Training	SB		
UHW	07/07/2021	Rebecca Cobin	LED	Fire Training	SB		
HYC	09/07/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
UHW	12/07/2021	Rebecca Cobin	LED	Fire Training	SB		
HYC	12/07/2021	Casey Keegans	Mental Health Staff	Fire Training	SR	Cancelled due to lack of numbers	
UHL	13/07/2021	Nicola Giles	LED	Fire Training	BP		
HYC	13/07/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
HYC	14/07/2021	Casey Keegans	Mental Health Staff	Fire Training	SR	Cancelled due to lack of numbers	
UHW	15/07/2021	Rebecca Cobin	LED	Fire Training	SB		
Lecture Theatre 3 UHW	15/07/2021	LED	Staff	Fire Training	Ben Perrett		
HYC	16/07/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
HYC	06/07/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
UHW	20/07/2021	Rebecca Cobin	LED	Fire Training	SR		
CHOW	20/07/2021	Julie Armstrong	Childrens Intensive Care	Fire Training	SB/SR		
HYC	21/07/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
UHW	22/07/2021	Rebecca Cobin	LED	Fire Warden Training	SR/SB/BP	Cancelled as LED had no room availability.	
UHW	26/07/2021	Rebecca Cobin	LED	Fire Training	SR		
HYC	28/07/2021	Casey Keegans	Mental Health Staff	Fire Training	SR		
UHL	10/08/2021	Nicola Giles	LED	Fire Training	BP		
UHL	12/08/2021	Nicola Giles	LED	Fire Training	BP		
UHL	17/08/2021	Lorraine Donovan	New Rookwood	Fire Training	BP		
UHL	19/08/2021	Lorraine Donovan	New Rookwood	Fire Training	BP		
UHW	19/08/2021	Ffion Jenkins	LED	Fire Training	SR	Cancelled due to lack of numbers	
UHL	24/08/2021	Nicola Giles	LED	Fire Training	BP		
UHW	26/08/2021	Ffion Jenkins	LED	Fire Training	BP	Cancelled as LED had no room availability.	
UHW	31/09/2021	Rebecca Cobin	LED	Fire Warden Training	SR/SB/BP		
UHL	31/08/2021	Lorraine Donovan	New Rookwood	Fire Training	BP		
UHW	02/09/2021	Ffion Jenkins	LED	Fire Training	SB		
St DH	02/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		9AM
St DH	02/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		11AM
St DH	02/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		2PM
St DH	02/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		3PM
St DH	03/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		9AM
St DH	03/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		11AM
St DH	03/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		2PM
St DH	03/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		3PM
UHW	06/09/2021	Ffion Jenkins	LED	Fire Training	SB		
UHW	07/09/2021	Ffion Jenkins	LED	Fire Training	SB		
UHL	07/09/2021	Nicola Giles	LED	Fire Training	BP		
UHL	09/09/2021	Lorraine Donovan	New Rookwood	Fire Training	BP		
SDH	09/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		8.30AM
SDH	09/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		10AM
SDH	09/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		11AM
SDH	09/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		3PM
UHW	13/09/2021	Ffion Jenkins	LED	Fire Training	SB		
UHL	13/09/2021	Nicola Giles	LED	Fire Training	BP		
UHW	14/09/2021	Ffion Jenkins	LED	Fire Training	BP		
Unit 2 - Treforest Industrial Estate	16/09/2021	Vivienne Adams	Designed to Smile	Fire Training	BP		
SDH	16/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		8.30AM
SDH	16/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		10AM
SDH	16/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		11AM
SDH	16/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		2PM
SDH	16/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		3PM
UHL	20/09/2021	Nicola Giles	LED	Fire Training	BP		
UHW	20/09/2021	Emma Stone	Dental	Fire Training	SR/SB		
SDH	23/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		9AM
SDH	23/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		10AM
SDH	23/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		2PM
SDH	23/09/2021	Jennifer Pugh	Locality Team	Fire Training	SR		3PM
UHW	21/09/2021	Rebecca Cobin	LED	Fire Warden Training	SR/SB/BP		
UHW	24/09/2021	Ffion Jenkins	LED	Fire Training	SR		
UHW	24/09/2021	Emma Stone	Dental	Fire Training	SR/SB		
UHW	06/10/2021	Claire Hall	Phlebotomy	Fire Training	SR		
UHL	12/10/2021	Nicola Giles	LED	Fire Training	BP		
UHW	13/10/2021	Ffion Jenkins	LED	Fire Training	BP		
UHL	14/10/2021	Claire Hall	Phlebotomy	Fire Training	BP		
UHW	15/10/2021	Ffion Jenkins	LED	Fire Training	BP		
UHW	19/10/2021	Claire Hall	Phlebotomy	Fire Training	SR		
UHL	21/10/2021	Claire Hall	Phlebotomy	Fire Training	BP		
UHW	26/10/2021	Rebecca Cobin	LED	Fire Warden Training	SR/SB/BP	Cancelled as LED had no room availability.	
UHL	09/11/2021	Nicola Giles	LED	Fire Training	BP		
UHW	23/11/2021	Rebecca Cobin	LED	Fire Warden Training	SR/SB/BP		
UHL	07/12/2021	Nicola Giles	LED	Fire Training	BP		

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Table F1 Page 18 - Exemplar training needs matrix

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**Table 10**

Key:													
a = upon commencement of work in an area													
x = upon commencement of work for the organisation													
12 = 12-month interval between training													
24 = 24-month interval between training													
36 = 36-month interval between training													
Note: Where a member of staff has attended a fire lecture in the previous 12-month period, the use of e-learning is not required.													
The use of e-learning for fire safety training is described in Chapter 11; it should not be used as the sole method of delivering fire safety training.													
Fire safety induction (Local)	Fire safety induction (Corporate) 45 minutes)	General fire safety (e-learning)	General fire safety (classroom session) (30 minutes)	Combustibles, flammables & equipment (15 minutes)	Fire safety including medical gases (30 minutes)	Fire & smoke spread etc (30 minutes)	Using fire extinguishers (Practical) (1 hour)	Fire evacuation drill	Assisting independent patients & visitors. (15 minutes)	Evacuating dependent patients (Theory) (30 minutes)	Evacuating dependent patients (Practical) (1 hour)	Evacuating very high dependency patients (Theory)(30 mins)	Evacuating very high dependency patients (Practical) (1 hour)
An administrator that works in an office and does not enter patient or public access areas as part of their role	a	x	12	36				12					
An administrator that is ward-based or often enters ward areas	a	x		12					12				
A member of ward housekeeping staff	a	x		12	12				12				
A member of the food delivery catering staff.	a	x		12	12				12				
A member of the nursing staff on a general ward.	a	x		12		12				12	24		
A member of nursing staff on a critical care unit.	a	x		24		24	24	24				24	24
A member of working in an operating theatre	a	x		24		24	24	24				24	24

*Table F1 Exemplar training needs matrix*



Appendix F Developing the training needs analysis

Welsh Health Technical Memorandum 05-01 – Managing health care fire safety

Saunders Nathan  
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## FIRE INCIDENT REPORT

Address: **UHW/Lakeside Building/Block 36/Ground Floor/ Ventilation Plantroom**

Date: **01<sup>st</sup> July 2021**

Ref: **SB: 01/07/21**

Subject: **Fire Incident**

**Appendix 2 (A) Image showing smoke and heat damage to Ventilation Plant Motor**

**Appendix 2 (B) South Wales Fire and Rescue Incident Handover Form – 01/07/21**

At 12:15 hrs a pager fire alarm alert was raised by Switchboard regarding a fire alarm activation in the Lakeside Building (LSB). South Wales Fire and Rescue Service (SWFRS) were in attendance at 12:18 hrs. The first fire crew to arrive was informed by a member of Protec (Incumbent fire alarm and detection engineers were working in the building at the time of the alarm activation) that there was a fire on the ground floor in the ventilation plantroom as smoke was evident coming from this space. The whole premises was completely evacuated before the arrival of SWFRS and staff assembled in a safe place outside Cardigan House.

The first firefighters to enter the premises therefore donned breathing apparatus and used a 45 mm jet to extinguish the fire. Once they extinguished the fire the residual smoke and heat was dispersed using their on board smoke extraction fans. They also used a thermal imaging camera to determine if there was any other hot spots in the compartment of origin and on the floor above the fire compartment. Once they were satisfied, the incident was closed down and the premises handed back to the UHB.

The fire service pre-determined attendance (PDA) to a confirmed fire at UHW is 3 fire appliances. On the arrival of the additional fire appliances the road adjacent to the rear of the premises was closed for safety reasons which prevented the movement of site traffic.

As there was potential disruption to business continuity on two accounts:

1. For service delivery as Lakeside manage UHW site catering
2. Disruption to outpatient appointments as no vehicles were able to move around site.

Phone calls were made to Switchboard on 3333 to escalate the incident to the clinical site manager and strategic emergency planning. At approximately 12:40 the fire authority were now confident they had fully extinguished the fire and were now extracting residual smoke from the ground floor. The root cause was a ventilation plant motor overheating with evident scorching above the belt. The road was opened back up at approximately 13:00 and staff re-entered the building at 13:15. During the incident SB spoke directly with the clinical site manager and Emergency planning to keep them apprised of the incident and disruption to the hospital.

Both Steve Bennett (SB) and Mal Perrett (MP) of the fire safety management team were present for the duration of the incident.

**Stephen Bennett**  
**UHB Fire Safety Officer**

**Appendix 2 (A)**

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Appendix 2 (B)

GWASANAETH TÂN A RESCUE CYMRU / WALES FIRE AND RESCUE SERVICE		FFURFLEN DROGLWYDDO DIGWYDDIAD / INCIDENT HANDOVER FORM		3878
PEIDIWCH Â DEFNYDDIO TALFYRIADAU NEU DERMINOLEG GWASANAETH TÂN / DO NOT USE ABBREVIATIONS OR FIRE SERVICE TERMINOLOGY				
Rhif y Digwyddiad / Incident Number		020429		
Cyfeiriad, Cod Post, Cyfeirnod Map / Address, Postcode, Map Reference		Math o Ddigwyddiad / Incident Type		Ardal a Effeithiwyd / Affected Areas
UHW CARDIFF LAKESIDE BUILDING		ALARMS BUILDING		GENERATOR / PLANT ROOM
Peryglon sy'n parhau ar y safle (see key overleaf) / Hazards remaining on site (see key overleaf)				
Peryglon / Hazards		Mesurau diogelwch dal mewn lle / Safety measures left in place		
RESIDUAL SMOKE ELECTRICAL		NATURAL VENTILATION - WINDOWS / DOORS FAN / GENERATOR ISOLATED COMPETENT ELECTRICAL PERSONNEL ONSITE.		
Unrhyw wybodaeth berthnasol arall Any other relevant information		Materion Diogelu'r Amgylchedd - Mesurau Diogelwch Environmental protection issues - Safety Measures		
Rhagdybir presenoldeb pellach / Anticipated further attendance		Manylion cyswilt y Gwasanaeth Tân / Fire Service contact details		
ONSITE ELECTRICIAN MAINTENANCE SPECIALIST		01443 232380		
<p>Mae'r cyngor/cyfarwyddiadau hyn mor fawr â phosib, cyhyd â bod y cychwynnydd yn ymwybodol. Fodd bynnag, gall peryglon eraill fodoli ac mae'n rhaid i'r person sy'n derbyn rheolaeth gyflawni' asesiad ei hun o'r sefyllfa.</p> <p>Rwyf i _____ (Argraffwch eich enw) yn cadarnhau fy mod wedi darllen a deall y wybodaeth uchod ac yn derbyn rheolaeth o'r adeilad/safle.</p> <p>Llofnod _____ Dyddiad ac Amser _____</p> <p>Pennaeth Digwyddiad _____ Llofnod _____</p>		<p>The guidance / instructions are provided as detailed as possible, as far as the originator is aware. However, other hazards may exist and the person accepting control must make their own assessment of the situation.</p> <p>I _____ (Please print name) confirm that I have read and understood the above information and accept control of the premises/ site.</p> <p>Signature _____ Date &amp; Time 1/7/21 13:15hrs</p> <p>Incident Commander J. Gander Signature _____</p>		

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Copy of Fire Incident Report

**FIRE INCIDENT REPORT**

Address: **UHW/Glamorgan House /Block 27/Floor 1/Room 1F13/ Dermatology/ Clinical Photography.**

Date: **20<sup>th</sup> August 2021**

Ref: **SB:20/08/21**

Subject: **Fire Incident**

Photos: **Appendix 3 (A) – Camera/Lamp Removed from Clinical Photography (The Honey Badger 320)**

At approximately 1500 a pager fire alarm alert was raised by Switchboard regarding a fire within Glamorgan House UHW. The initial alert came through to switch on their emergency line 3333 followed by a fire alarm activation. Switchboard called the fire authority immediately stating a confirmed fire. The cause of the small self-contained fire was originated from a camera bulb that exploded within Dermatology Outpatients in the Clinical Photography room on the first floor. The fire was self-extinguished quite quickly however there was residual smoke that needed venting from the room of origin. The building was evacuated during the incident and the Dermatology clinic was closed for the remainder of the day. Only residual smoke was present when the fire authority and the UHB Estates electrician arrived. The fire authority ensured the building was safe prior to re-entry and that the camera was safe for the electrician to remove from the room.

**Stephen Bennett**  
**UHB Fire Safety Officer**

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# FIRE SAFETY TRAINING

## Drop in for your one-hour session at

Staff Haven, UHL or Second Floor, Lakeside Wing, UHW

**27 September – 1 October**

It is a statutory obligation for you to attend face-to-face training.  
Please arrange with your line manager when to attend.

Session times at both sites will be:

07:30 – 08:30

08:45 – 09:45

10:00 – 11:00

11:15 – 12:15

12:30 – 13:30

13:45 – 14:45

15:00 – 16:00

**A fire can spread within seconds.** Make sure you know what to do to keep colleagues and patients safe.



GIG  
CYMRU  
NHS  
WALES | Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

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GIG  
CYMRU  
NHS  
WALES

<b>Report Title:</b>	Environmental Health Inspection Reports					
<b>Meeting:</b>	Health and Safety Committee				<b>Meeting Date:</b>	TBC
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	√	<b>For Approval</b>	√
<b>Lead Executive:</b>	Director of Planning					
<b>Report Author (Title):</b>	Director of Capital, Estates and Facilities					

### Background and current situation:

It is a legal requirement that each hospital / food unit is registered as a food premises with the Local Authority and are therefore subject to an annual inspection by Local Authority Officers.

During the pandemic, EHO inspections of these facilities ceased. The risk of spreading infection was deemed an unacceptable risk as inspectors would need to physically visit various sites to carry out their inspection programme. Since March 2021 the process has once again commenced and the following UHB premises have been visited and inspected since the last Health and Safety Committee meeting:

Premises	Inspection Date	Previous rating	Current rating	Description of Rating
Teddy Bear Nursery, UHW	6/7/21	4	5	Very Good
Aroma Plaza Coffee Outlet – UHL	10/8/21	5	5	Very Good
Food Production, Main Wards & Restaurant - UHL	10/8/21	5	4	Good

The inspected areas have achieved the required expectations of the University Health Board. The Teddy Bear Nursey whilst outside the management responsibility of the Capital, Estates & Facilities Service Board, is included as the board are a service provider to the Nursery.

On receipt of the respective reports, action plans were developed to address issues raised. These action plans are attached to the report for information purposes.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The acknowledgement of the achievement of premises of scores of 5 and 4 food hygiene ratings and the supporting action plans.

The works that has been instigated in a short period of time to implement the required close out of the action plans that addresses the concerns raised by each report in relation to respective services.

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## Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

To allow the service to fall below a 3 Food Hygiene Rating would provide significant reputational damage to the UHB.

The corrective actions and any remedial works carried out to date have been completed with no impact on patient care and has been managed by each service area.

### Recommendation:

To **NOTE**;

- The achievements of those facilities with a 5/4 Food Hygiene Rating and the associated action plans.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	√	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	√
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	√
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	√	Long term		Integration		Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable

*If "yes" please provide copy of the assessment. This will be linked to the report when published.*



**Action Plan from Food Safety Inspection for Teddy Bear Nursery, UHW  
Undertaken on 6<sup>th</sup> July 2021 (Report Dated 6<sup>th</sup> July 2021)**

**Schedule A – Legal Requirements**

<p align="center"><b>Food Hygiene and Safety Procedures</b></p> <p>Some non-compliance with statutory obligations and industry codes of recommended practice* that are not considered significant in terms of risk (but may become significant if not addressed). Standards are being maintained or improved. <i>(*Where a relevant code / industry guide has been published.)</i></p>	<p align="center"><b>Response / Action</b></p>	<p align="center"><b>Time Scale</b></p>	<p align="center"><b>Lead Responsibility</b></p>	<p align="center"><b>Update</b></p>
<p>1. At the time of the inspection, there were two sinks in the kitchen, both used for washing fruit or salad items. At the time of the visit there was discarded milk and other liquids in the sink, whilst a stage two cleaning would have taken place before any fruit was washed, it was strongly recommended that the right-hand sink be designated for the sole purpose of food washing. The left-hand sink could be used to discard drinks and rinse.</p>	<p>The sinks have been labeled. The Food Safety Plan altered. The change discussed with staff.</p>	<p align="center">12<sup>th</sup> July 2021</p>	<p align="center">Nursery Manager / Deputy Nursery Manager</p>	<p align="center">Completed</p>

<p align="center"><b>Structural / Cleaning Issues</b></p> <p>Some non-compliance with statutory obligations and industry codes of recommended practice* that are not considered significant in terms of risk (but may become significant if not addressed). Standards are being maintained or improved. <i>(*Where a relevant code / industry guide has been published.)</i></p>	<p align="center"><b>Response / Action</b></p>	<p align="center"><b>Time Scale</b></p>	<p align="center"><b>Lead Responsibility</b></p>	<p align="center"><b>Update</b></p>
<p>10/19/2021 10:12:24</p>				

<p>2. There was a build-up of lime scale on the wash hand basin taps and the taps to the sink in the kitchen. Thorough cleaning of taps and maintain in a clean condition was recommended.</p>	<p>Tap cleaning added as a cleaning tasks to the daily kitchen cleaning procedure for operational service staff and nursery staff. Replacement of the taps is an ongoing request.</p>	<p>Immediate  Sept. 2021</p>	<p>Nursery Manager / Deputy Nursery Manager  Nursery Manager / Deputy Nursery Manager</p>	<p>Completed  In progress</p>
<p>3. There appeared to be water marks from an old leak to the ceiling above the freezer in the staff room. Repaint the ceiling surface was recommended to eliminate the accumulation of dirt.</p>	<p>An ongoing program of re-decoration is happening at the nursery.</p>	<p>31<sup>st</sup> August 2021</p>	<p>Nursery Manager / Deputy Nursery Manager</p>	<p>Completed</p>
<p><b>Confidence in Management / Control Procedures</b> Satisfactory record of compliance. Access to relevant food safety advice source and/or guides to good practice or assurance scheme commensurate with type of business. Understanding of significant hazards and control measures in place. Has implemented satisfactory food safety management procedures or is making satisfactory progress towards documented food safety management procedures, commensurate with type of food business. Making satisfactory progress towards documented food safety Management procedures commensurate with type of business. A score of 10 can be awarded for more than one intervention cycle if:</p> <ul style="list-style-type: none"> <li>• the previous non-compliances have been addressed but different non-compliances have arisen; and,</li> <li>• the overall risk has not increased.</li> </ul>	<p><b>Response / Action</b></p>	<p><b>Time Scale</b></p>	<p><b>Lead Responsibility</b></p>	<p><b>Update</b></p>

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<p>A good level of compliance was observed. In-house food safety advice was acknowledged. Effective managed control of Hazards.</p> <p>4. Audit of food safety policy document and monitoring records identified:</p> <ul style="list-style-type: none"> <li>The HACCP states that visual and temperature checks are to be undertaken on all deliveries and reputable suppliers are to be used. As the deliveries come via CPU staff at the nursery were only checking temperatures. Of sandwiches on delivery. Frozen foils and chilled are not being temperature checked.</li> <li>The HACCP document states that fruit is to be washed on delivery, it was unclear whether this was delivery to CPU or the nursery. The fruit was only washed prior to immediate use by the nursery staff.</li> <li>A missing corrective measure for a probe</li> <li>Staff must ensure they use the minus sign when recording the freezer temperatures</li> </ul>	<p>The HACCP needs to be specific to the nursery setting and all the staff are carrying out the required controls. A review of this section in conjunction with CPU is ongoing so that each department performs the right controls.</p> <p>Fruit is washed by nursery staff on entry.</p> <p>Regular audits needed for the monitoring forms plus a refresher on corrective actions measures. Staff meeting and in-house training actioned.</p>	<p>31<sup>st</sup> August 2021</p> <p>Immediate</p> <p>31<sup>st</sup> August 2021</p>	<p>Nursery Manager / Deputy Nursery Manager</p> <p>Nursery Manager / Deputy Nursery Manager</p> <p>Nursery Manager / Deputy Nursery Manager</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>
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**Schedule B and C – Recommendations and Advice**

Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
No contraventions noted on the 6 <sup>th</sup> July 2021.				

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**Action Plan from Food Safety Inspection for Aroma Plaza, UHL  
on 10<sup>th</sup> August 2021 (Report Dated 17<sup>th</sup> August 2021)**

**Schedule A – Legal Requirements**

<p align="center"><b>Food Hygiene and Safety Procedures</b> Some non-compliance with statutory obligations and industry codes of recommended practice* that are not considered significant in terms of risk (but may become significant if not addressed). Standards are being maintained or improved. <i>(*Where a relevant code / industry guide has been published.)</i></p>	<p align="center"><b>Response / Action</b></p>	<p align="center"><b>Time Scale</b></p>	<p align="center"><b>Lead Responsibility</b></p>	<p align="center"><b>Update</b></p>
<p>1. Whilst onions are peeled on the brown chopping board, they are then placed on the green chopping board for slicing without being washed. As discussed, the onion must be washed following peeling to remove any potential contamination from the peel and roots.</p> <p>Regulation (EC) No 852/2004 Annex II Chapter IX para 3</p>	<p>All onions are to be prepped and cut as advised. More green boards have been bought and are in place - staff are aware.</p>	<p>20<sup>th</sup> August 2021</p>	<p>Senior Retail Manager</p>	<p>Completed</p>

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<p align="center"><b>Structural / Cleaning Issues</b></p> <p>Some non-compliance with statutory obligations and industry codes of recommended practice* that are not considered significant in terms of risk (but may become significant if not addressed). Standards are being maintained or improved. (*Where a relevant code / industry guide has been published.)</p>	<p align="center"><b>Response / Action</b></p>	<p align="center"><b>Time Scale</b></p>	<p align="center"><b>Lead Responsibility</b></p>	<p align="center"><b>Update</b></p>
<p>2. The ceiling mounted fan above the menu board in Aroma was dusty. It must be thoroughly cleaned and maintained in a clean condition.</p> <p><i>Regulation (EC) No 852/2004 Annex II Chapter I Para 1</i></p> <p>3. The tap tops to the hand wash basin and sink were dirty. Thoroughly clean the tap tops and maintain in a clean condition. Alternatively, you may wish to consider replacing the taps with smoother alternatives which don't allow limescale or dirty to build up</p> <p><i>Regulation (EC) No. 852/2004, Annex II, Chap I, Para 1</i></p> <p>4. The flooring behind the door in the Aroma unit was beginning to come away from the wall. Reseal the affected area.</p> <p><i>Regulation (EC) No. 852/2004, Annex II, Chap I, Para 1</i></p>	<p>Contact Estates - MR submission to clean regularly going forward.</p> <p>Thoroughly clean and maintain.</p> <p>Sources new taps across site.</p> <p>MR raised with Estates to repair.</p>	<p>30<sup>th</sup> August 2021</p> <p>Immediate</p> <p>30<sup>th</sup> Sept. 2021</p> <p>30<sup>th</sup> Sept. 2021</p>	<p>Senior Retail Manager</p> <p>Senior Retail Manager Senior Retail Manager</p> <p>Senior Retail Manager</p>	<p>Completed</p> <p>Completed In progress</p> <p>In progress</p>

<p><b>Confidence in Management / Control Procedures</b> Satisfactory record of compliance. Access to relevant food safety advice source and/or guides to good practice or assurance scheme commensurate with type of business. Understanding of significant hazards and control measures in place. Has implemented satisfactory food safety management procedures or is making satisfactory progress towards documented food safety management procedures, commensurate with type of food business. Making satisfactory progress towards documented food safety management procedures commensurate with type of business. A score of 10 can be awarded for more than one intervention cycle if:</p> <ul style="list-style-type: none"> <li>the previous non-compliances have been addressed but different non-compliances have arisen; and,</li> <li>the overall risk has not increased.</li> </ul>	<p><b>Response / Action</b></p>	<p><b>Time Scale</b></p>	<p><b>Lead Responsibility</b></p>	<p><b>Update</b></p>
<p>5. You have put in place a documented Food Safety Management Procedure based on HACCP principles. However, I would make the following observations:</p> <ul style="list-style-type: none"> <li>You sometimes use the blast chiller to chill down sandwiches for the Aroma unit before they are placed on display, your HACCP needs to reflect this;</li> <li>Ensure staff are following the correct procedure for preparing onions (peel on brown board, wash, then chop on green board);</li> </ul> <p><i>Regulation (EC) 852/2004 Article 5</i></p>	<p>Discuss with Food Safety Assurance Manager to amend HACCP and provide training / increase awareness.</p>	<p>30<sup>th</sup> August 2021</p>	<p>Senior Retail Manager</p>	<p>Completed</p>

**Schedule B – Recommendations and Advice**

Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
N/A				

**SCHEDULE C- Recommendations and Advice**

Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
<p>6. It wasn't clear whether there was soap or hand sanitiser in the dispenser above the hand wash basin in the Aroma unit. The liquid didn't lather and when applied to dry hands it evaporated without leaving a residue, this indicates that it is likely to be hand sanitiser and not liquid soap.</p>	<p>Check all dispensers and contact Diversey Ltd. regarding labelling of products. Staff awareness to be</p>	<p>Immediate</p>	<p>Senior Retail Manager</p>	<p>Completed</p>

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**Action Plan from Food Safety Inspection for Main Kitchen, Wards & Restaurant, UHL  
on 10<sup>th</sup> August 2021 (Report Dated 17<sup>th</sup> August 2021)**

**Schedule A – Legal Requirements**

<p align="center"><b>Food Hygiene and Safety Procedures</b> Some non-compliance with statutory obligations and industry codes of recommended practice* that are not considered significant in terms of risk (but may become significant if not addressed). Standards are being maintained or improved. <i>(*Where a relevant code / industry guide has been published.)</i></p>	<p align="center"><b>Response / Action</b></p>	<p align="center"><b>Time Scale</b></p>	<p align="center"><b>Lead Responsibility</b></p>	<p align="center"><b>Update</b></p>
<p>1. During the inspection, metal trays were being stacked while still wet in the pot wash area. This will support microbiological growth. You must ensure all equipment is dried thoroughly before being stacked.</p> <p><i>Regulation (EC) No. 852/2004, Annex II, Chapter IX, Para 3</i></p>	<p>Staff training to be applied to ensure no reoccurrence.</p>	<p>Immediate</p>	<p>Senior Catering Managers</p>	<p>Completed</p>
<p>2. The blade of the heavy-duty can opener in the main kitchen was encrusted with food, which would cause contamination of the food in the next tin opened. This part of the can opener must be cleaned and sanitised regularly.</p> <p><i>Regulation (EC) No 852/2004 Annex II Chapter V Para 1(a)</i></p>	<p>Thoroughly clean and ensure checked as part of regular cleaning.</p>	<p>Immediate</p>	<p>Senior Catering Managers</p>	<p>Completed</p>
<p>3. The probe wipes in the raw meat room had expired on the 28/3/21. The expiry date on the probe wipes is the</p>	<p>Supervisors to monitor and check weekly.</p>	<p>Immediate</p>	<p>Senior Catering Managers</p>	<p>Completed</p>

<p>last day where their effectiveness in killing bacteria is guaranteed. Ensure wipes are checked and any that have expired are disposed of.</p> <p><i>Regulation (EC) No 852/2004 Annex II Chap IX Para 3</i></p> <p>4. There were no disposable aprons available in the raw meat room at the time of inspection. Ensure that there is a supply of disposable or colour coded aprons available for staff to wear when working in raw areas. The disposable aprons were later found. They must be easily accessible for staff when entering the raw meat room.</p>	<p>Ensure aprons are always available in area not nearby.</p>	<p>Immediate</p>	<p>Senior Catering Managers</p>	<p>Completed</p>
<p><i>Regulation (EC) No 852/2004 Annex II Chap VIII paragraph 1</i></p> <p><i>Regulation (EC) No 852/2004 Annex II Chap IX Para 3</i></p> <p>5. A takeaway cup of coffee was noted on a food preparation table within the main kitchen. Food handlers must not eat or drink in any food handling area. Should staff need to re hydrate then they should move away from the food handling area, have a drink then ensure they wash their hands before returning to their duties.</p>	<p>No food or drink to be consumed within the kitchen areas. Supervisors to talk with all staff. Staff training.</p>	<p>Immediate</p>	<p>Senior Catering Managers</p>	<p>Completed</p>
<p><i>Regulation (EC) No 852/2004 Annex II Chapter VIII Para. 1</i></p> <p>6. A member of staff was observed rinsing a spoon in the hand wash sink in the kitchen. Staff must be reminded that any equipment or utensils are washed in the appropriate sinks and that the hand wash basins are kept clean and available for use at all times for washing hands.</p>	<p>Staff member spoken to. All staff made aware of requirement.</p>	<p>Immediate</p>	<p>Senior Catering Managers</p>	<p>Completed</p>

<p><i>Regulation (EC) No 852/2004 Annex II Chapter VIII paragraph 1</i> <i>Regulation (EC) No 852/2004 Annex II Chapter I Para 4</i></p> <p>7. A crate of washed apples and unwashed oranges/satsumas was noted in the hot trolley despatch area outside the main kitchen. To prevent cross contamination you must ensure that any washed apples aren't placed back into their original cardboard boxes, and washed fruit must not be stored with unwashed fruit.</p> <p><i>Regulation (EC) No 852/2004 Annex II Chapter IX Para 3</i></p>	Staff instructed in procedure to follow.	Immediate	Senior Catering Managers	Completed
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<p><b>Structural / Cleaning Issues</b> Some non-compliance with statutory obligations and industry codes of recommended practice* that are not considered significant in terms of risk (but may become significant if not addressed). Standards are being maintained or improved. <i>(*Where a relevant code / industry guide has been published.)</i></p>	Response / Action	Time Scale	Lead Responsibility	Update
<p>8. The following pieces of kitchen equipment required cleaning:</p> <ul style="list-style-type: none"> <li>•The tap tops in the pot wash;</li> <li>•The blade to the table mounted tin opener in the main kitchen;</li> </ul>	Thoroughly clean all items and ensure supervisors monitoring daily.	Immediate	Senior Catering Managers	Completed

<ul style="list-style-type: none"> <li>•The rinser tap joints in the pot wash</li> <li>•The needle of the kitchen probe</li> </ul> <p>Thoroughly clean these pieces of equipment and maintain in a clean condition.</p> <p><i>Regulation (EC) No 852/2004 Annex II Chapter V Para 1a</i> <i>Regulation (EC) No 852/2004 Annex II Chapter I Para 1</i></p>				
<p>9. The green colour coded board in the serving area of the main kitchen was becoming scored and can no longer be thoroughly cleaned/disinfected. Replace the affected board.</p> <p><i>Regulation (EC) No 852/2004 Annex II Chapter V Para 1(c)</i></p>	<p>Replace straight away and monitor boards regularly if they need to be changed.</p>	<p>Immediate</p>	<p>Senior Catering Managers</p>	<p>Completed</p>
<p>10. Some of the light grey plastic trolleys located in the main kitchen were becoming dirty especially the handles and some of the lower shelves. Clean the trolleys and maintain in a clean condition.</p> <p><i>Regulation (EC) No. 852/2004, Annex II, Chapter I, Para 1</i></p>	<p>Replace straight away with metal trolleys</p>	<p>30<sup>th</sup> August 2021</p>	<p>Senior Catering Managers</p>	<p>Completed</p>
<p>11. Some of the seals to the kitchen floor were beginning to split and come away. Replace the affected seals and leave in a sound easy to clean condition.</p> <p><i>Regulation (EC) No 852/2004 Annex II Chapter II Para. 1(a)</i></p>	<p>Raise an MR with estates to repair. Flooring to be fully re-inspected via Estates / Capital and escalated to Capital Planning if / as required.</p>	<p>Immediate 30<sup>th</sup> Sept. 2021</p>	<p>Senior Catering Managers Senior Catering Managers</p>	<p>Completed In progress</p>

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<p><b>Confidence in Management / Control Procedures</b> Satisfactory record of compliance. Access to relevant food safety advice source and/or guides to good practice or assurance scheme commensurate with type of business. Understanding of significant hazards and control measures in place. Has implemented satisfactory food safety management procedures or is making satisfactory progress towards documented food safety management procedures, commensurate with type of food business. Making satisfactory progress towards documented food safety management procedures commensurate with type of business. A score of 10 can be awarded for more than one intervention cycle if:</p> <ul style="list-style-type: none"> <li>• the previous non-compliances have been addressed but different non-compliances have arisen; and,</li> <li>• the overall risk has not increased.</li> </ul>	<p><b>Response / Action</b></p>	<p><b>Time Scale</b></p>	<p><b>Lead Responsibility</b></p>	<p><b>Update</b></p>
<p>12.You have put in place a documented Food Safety Management Procedure based on HACCP principles. However, I would make the following observations:</p> <ul style="list-style-type: none"> <li>• The temperature monitoring sheet for ward W5 hadn't been dated, ensure all monitoring are dated;</li> <li>• Ward W5 was missing fridge temperature checks for 5/8, 6/8 and 8/8 –another temperature monitoring sheet was later found for ward W5. You must ensure that any monitoring checks are kept in chronological order and without duplicate copies for various days;</li> <li>• Ward E3/5 were missing fridge temperature checks for AM and 2.30pm on 9<sup>th</sup> August;</li> </ul>	<p>Staff meetings to be held in food production and ward-based catering to educate and instruct staff on importance of completing monitoring forms. Staff training to be completed and supervisors to monitor all paperwork going forward including sign off at the end of each week. Any gaps should be</p>	<p>30<sup>th</sup> Sept. 2021</p>	<p>Senior Catering Managers</p>	<p>In progress</p>

<ul style="list-style-type: none"> <li>• Staff on Ward W1 were relying on the digital display for checking fridge temperatures as there was no internal probe provided;</li> <li>• The walk-in fridge in the main kitchen was missing the 17:30 temperature check on the 9/8;</li> <li>• The cleaning schedule for the salad and fruit section hadn't been completed since the 2/8/21 –ensure the forms are signed off each day –if there is no salad or fruit washed then this should be noted to ensure it doesn't look like the checks have been missed;</li> </ul> <p><i>Regulation (EC) 852/2004 Article 5</i></p>	<p>noted and staff met with if this continues. File notes to be completed.</p> <p>Order a dummy food for probe testing and ensure this is being monitored by supervisors . Supervisors or manager to look at food hygiene refreshing course.</p>	<p>30<sup>th</sup> Sept. 2021</p>	<p>Senior Catering Managers</p>	<p>In progress</p>
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### Schedule B – Recommendations and Advice

Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
<p>No contraventions noted. However, I suggest when making dairy free porridge, the lids are kept in an area where they won't be subject to any contamination. A number of the foil lids had been written up in advance and had evidence of food debris on them</p>	<p>Write up the lids as and when required. Store the lids safely away from any contamination.</p>	<p>Immediate</p>	<p>Senior Catering Managers</p>	<p>Completed</p>

### SCHEDULE C- Recommendations and Advice

Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
<p>The wiring for machine (used for chopping onions etc) was located right next to the food sink. Whilst there was no water in the sink and covered plug sockets were fitted in this area, I would suggest moving the machine away from</p>	<p>Look at new area to place and re-locate.</p>	<p>Immediate</p>	<p>Senior Catering Managers</p>	<p>Completed</p>

the sink and ensuring that plugs aren't allowed to rest on the surface where they may get wet when not in				
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**SCHEDULE D - Recommendations and advice**

Recommendations	Response / Action	Time Scale		Update
The internal thermometer in the walk in freezer was broken. Whilst this was replaced at the time of my visit, I suggest mounting the new thermometer away from any doors where it may become damaged.	Re-locate internal thermometer.	Immediate	Senior Catering Managers	Completed

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<b>Report Title:</b>	Enforcement Agencies Correspondence					
<b>Meeting:</b>	Health and Safety Committee				<b>Meeting Date:</b>	12/10/21
<b>Status:</b>	<b>For Discussion</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>For Approval</b>	<input type="checkbox"/>
<b>Lead Executive:</b>	Director of People and Culture					
<b>Report Author (Title):</b>	Health and Safety Adviser					

**Background and current situation:**

As appropriate the Health and Safety Committee and Health and Safety Operational Group is briefed about action taken in response to correspondence from the Health and Safety Executive (HSE).

During the period there was 1 new issue raised relating to enforcement by the Health and Safety Executive (HSE).

RIDDOR Reporting of Staff Covid Cases

The Health Board received communication from the HSE on the 2<sup>nd</sup> September 2021 in relation to a concern that was raised with them.

The details of the concern was as follows:

- *Issue over not reporting Covid based employees under RIDDOR, this has been ongoing for a number of months*
- *Linked to over 370+ with Lab Confirmed cases of Covid - that employer has failed to report since last year onwards*
- *Several staff have passed away and as a result and local coroner involved in a number of these case-*
- *Finds it hard to believe that all these staff didn't contract Covid within the workplace*

The HSE requested a response by 13<sup>th</sup> September 2021 outlining the Board's approach to assessing the "reasonable evidence" criteria and the system we have in place for determining RIDDOR reportability or otherwise for Covid-19 (fatal and non-fatal) in our staff.

The Health Board provided the HSE with details of the processes in place to determine whether there was reasonable evidence to support a more likely occupational exposure as opposed to societal exposure. The HSE were also provided with a copy of the Health Board's Covid-19 Staff - Rapid Assessment of Exposure Form.

The HSE responded to the Health Board on the 16<sup>th</sup> September, they concluded that having reviewed the information supplied they are satisfied that the Health Board does have a system for gathering information and assessing if there is reasonable evidence to support Covid cases in workforce due to occupational exposure via the rapid assessment form process which is reviewed by the Health and Safety Team.

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HSE added that in the response to them the Health Board clearly acknowledged on the balance of probability there might have been COVID related cases that the Health and Safety Team were not aware of over the course of the pandemic and were not therefore subject to the process. However, they were satisfied that this had been recognised and further monitoring measures to reduce the likelihood of this moving forward have been introduced. It was important to ensure all cases were reviewed in a timely fashion so that any failings were identified, and steps taken to prevent further exposures

The HSE were also assured that the Health Board had captured and reviewed all Covid fatal cases to date (six). HSE has had the opportunity to separately and independently review two of these brought to their attention by HM Coroner. In both of those they agreed with the Health Board's determination re not RIDDOR reportable. This suggested the system when applied was working.

The HSE have closed out this concern.

**Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:**

Assurance is provided to the Health and Safety Committee that all concerns are actively investigated to address the issues raised.

**Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)**

The above may affect the Health Board's reputation and have significant financial implications

**Recommendation:**

The Health and Safety Committee is asked to:

- **NOTE** the content of this report

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right		10. Excel at teaching, research, innovation and improvement and	

care, in the right place, first time				provide an environment where innovation thrives				
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>								
Prevention		Long term		Integration		Collaboration		Involvement
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>						



<b>Report Title:</b>	Regulatory and Review Bodies Tracking Report – 1 <sup>st</sup> April 2021 – 31 <sup>st</sup> March 2022				
<b>Meeting:</b>	Health and Safety Committee			<b>Meeting Date:</b>	12/10/2021
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	✓
<b>Lead Executive:</b>	Director of People and Culture				
<b>Report Author (Title):</b>	Health and Safety Adviser				

### Background and current situation:

This report is presented to the Committee to track that relevant Board Committees are receiving reports and information regarding inspections undertaken by various inspection/review bodies as a key source of assurance. The report provides information for the period 1<sup>st</sup> April 2021 – 24<sup>th</sup> September 2021 and includes:

- (a) New inspections undertaken during the period as recorded in the post log or notified by Clinical/Service Boards;
- (b) Formal reports received during the period. Some reports are received a number of months after the actual inspection.

The statutory obligations of the University Health Board (UHB) are wide ranging and complex; the UHB must comply with general law as well as NHS specific legislation. The majority of regulatory visits monitored by the Health and Safety Committee fall into the following categories:

- Inspections/audits undertaken by the Health and Safety Executive;
- Fire Safety inspections undertaken by South Wales Fire and Rescue Service;
- Food hygiene inspections undertaken by the Local Authorities.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The attached report provides evidence that each category of review is assigned to the Health and Safety Committee. It contains a summary of four inspections, regulatory visits or correspondence which all took place during the period.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc. :)

Assurance is provided by the action taken as detailed in the report and the continual monitoring of inspections/visits undertaken by the Health and Safety Executive, South Wales Fire and Rescue Service and Local Authorities by the Health and Safety Committee and relevant sub-committees

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**Recommendation:**

The Health and Safety Committee is asked to:

- **NOTE** the report

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention	Long term	Integration	Collaboration	Involvement
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<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>
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	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Regulatory and Review Bodies Tracking Report - Reports Received and Inspections/Visits Undertaken - 1 April 2021 - 31 March 2022															
2																
3	Date of Report	Date of Visit/Review	Site/Location	Clinical Board/Directorate/Specialty	Brief Description of reason for visit/Review	Summary of Findings/Recommendations	Management Response	Executive/Operational Lead	Due Date	Position as at 12 October 2021 (unless indicated otherwise by reference to receipt by Committees)	Status (Ongoing/Complete)	Assurance Committee & Chair	If reported to another group state here	Date Reported to Assurance Committee	Date Next Scheduled Visit/Renewal of Licence/Accreditation (if applicable)	Contained within CE Important Documents Log
4	<b>Health and Safety Executive</b>								<b>Health and Care Standards</b> <b>Overarching Theme: Governance, Leadership and Accountability</b> <b>Theme 2: Safe Care Standard 2.1 Managing Risk and Promoting Health and Safety</b> <b>Theme 3: Effective Care Standard 3.5 Record Keeping</b>							
5	24 May 2021	24th May 2021	Theatres, UHW	Capital, Estates and Facilities	Concern raised with them in relation to ventilation in Clinics and Theatres	Ventilation in theatres and clinics is by air con, pre covid these areas were packed and returning to normal will mean returning to the spread of aerosols and bacteria. An understanding that the air con is not maintained, e.g filters in the system not changed for 16 years	HSE were provided with: (1) Air Handling Units Quarterly and Yearly Inspections and Maintenance. (2) Annual Validation of Critical Air Plantg. (3) Air Conditioning Bi Annual Inspections and Maintenance	Director of Capital, Estates and Facilities	9th June 2021	Completed	Completed	Health and Safety Committee	N/A	27 July 2021	N/A	
6	2nd September 2021	2nd September 2021	Health Board Wide	Executive	Concern raised with them in relation to RIDDOR reporting of staff covid cases	Concern that Health Board had not reported any staff covid cases to the HSE under RIDDOR Regulations	HSE were provided with the processes in place to determine whether a likely occupational exposure to societal exposure.	Director of People and Culture	13th September 2021	Completed	Completed	Health and Safety Committee	N/A	12 October 2021	N/A	
7																
8																

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	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Date of Report	Date of Visit/Review	Site/Location	Clinical Board/Directorate/Specialty	Brief Description of reason for visit/Review	Summary of Findings/Recommendations	Management Response	Executive/Operational Lead	Due Date	Position as at 12 October 2021 (unless indicated otherwise by reference to receipt by Committees)	Status (Ongoing/Complete)	Assurance Committee & Chair	If reported to another group state here	Date Reported to Assurance Committee	Date Next Scheduled Visit/Renewal of Licence/Accreditation (if applicable)	Contained within CE Important Documents Log
3																
9																
10																
11																
12																
13																
14	<b>South Wales Fire and Rescue</b>								<b>Health and Care Standards</b> <b>Overarching Theme: Governance, Leadership and Accountability</b> <b>Theme 2: Safe Care Standard 2.1 Managing Risk and Promoting Health and Safety</b>							
15	21 April 2021	14 April 2021	Hafan y Coed	Mental Health Clinical Board	Scheduled inspections for high risk premises	Failure to comply with the Regulatory Reform (Fire Safety) 2005 1 x Management - Failed to comply with smoking policy		Executive Director of People and Culture	Enforcement Notice EN3/21 - Due to be completed by 19th May 2021	Report dated 27 December following visit on the 14th April 2021 Enforcement outstanding	On-going	Health and Safety - Mike Jones		12 October 2021	19-May-21	Yes
16	21 April 2021	14 April 2021	Hafan y Coed	Mental Health Clinical Board	Scheduled inspections for high risk premises	Failure to comply with the Regulatory Reform (Fire Safety) 2005 1 x Management - Fire doors wedged open 1 x Compliance - Exit doors 1 x Estates - Maintenance of alarm system		Executive Director of People and Culture	Enforcement Notice EN4/21 - Due to be completed by 20th July 2021	Report dated 26 July following visit on the 21st July - Enforcement complied	Complete	Health and Safety - Mike Jones		12 October 2021	20-Jul-21	Yes

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<b>Report Title:</b>	Lone Worker Device Report				
<b>Meeting:</b>	Health and Safety Committee			<b>Meeting Date:</b>	12/10/2021
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	√	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Director Of People and Culture				
<b>Report Author (Title):</b>	Head of Health and Safety				

### SITUATION

Lone Worker devices are issued to those staff in the community that are at risk unless management has confirmed that suitable alternative mechanisms have been introduced to support staff.

This report updates the Committee on device usage compliance and training developments since the last report submission in March 2021.

### BACKGROUND

The lone worker device is a system of calling for assistance; it is monitored 24/7 and recorded when justified.

The devices are issued to those staff in the community that are at risk, unless management has confirmed that suitable alternative mechanisms have been introduced to support staff.

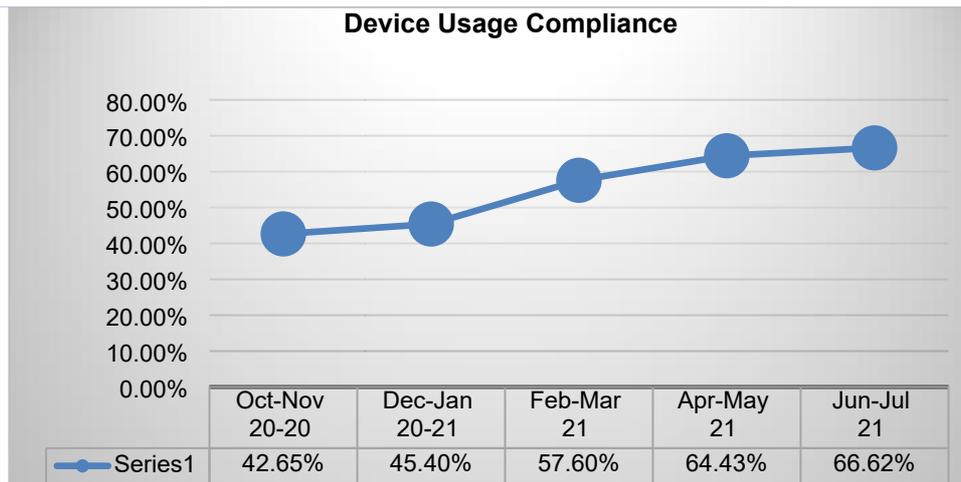
The Health Board recognises there is a risk of injury to NHS staff working in the community from members of the public which are increased due to their remoteness. The Committee previously noted and supported that an important control measure in managing this risk is that relevant NHS staff are issued with a Lone Worker Alert System.

### ASSESSMENT

Prior to the Covid 19 Pandemic the overall percentage compliance showed consistent high utilisation with an average usage of 60 - 70% month on month measured against device activity and movement.

Usage compliance dropped by 21% over the course of the pandemic however as illustrated in the graph due to increased engagement with managers and users compliance increased to 67% in the last reporting period.

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There are currently 700 active devices allocated to high risk lone workers and the demand for devices remains high.

The Personal Safety Team continue to work closely with the company to ensure Managers receive timely bi-monthly usage reports to allow them to monitor compliance, manage devices, and identify gaps in training needs.

During the period an online training package has been developed to allow users to access training as soon as devices are issued. Scheduled reports have been set up to monitor training compliance and user competency.

The introduction of online training should bridge the gap in any outstanding training needs and MS Teams sessions will continue to be offered to supplement this where required to ensure staff are adequately trained on its use.

Usage reports will be submitted into the monthly Health and Safety Dashboard Project for the remainder of the contract in order to monitor the requirement for its continued use as a means of lone worker protection.

ASSURANCE is provided by the continued monitoring of device usage undertaken at both local and corporate level.

## RECOMMENDATION

The Health and Safety Committee is asked to:

- NOTE the report

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## Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	√	7. Be a great place to work and learn	√
3. All take responsibility for improving our health and wellbeing	√	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	√
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	√

### Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	√	Long term	√	Integration	√	Collaboration	√	Involvement	√
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable								

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Kind and caring  
Caredig a gofudd

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG  
CYMRU  
NHS  
WALES**

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

<b>Reference Number: UHB 02</b> <b>Version Number: 6</b>	<b>Date of Next Review:</b> <b>Previous Trust/LHB Reference Number:</b> <i>Any reference number this document has been previously known as</i>
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## HEALTH AND SAFETY POLICY

### **Purpose**

This document is the Cardiff and Vale University Health Board Health and Safety Policy. At Cardiff and Vale University Health Board, health and safety responsibilities are core values, which means always acting and operating in a way that prevents harm to people, the environment and the communities in which we operate. We expect all our employees, contractors and volunteers to conduct themselves at all times in alignment with the values, commitments and principles in this policy.

### **Scope**

This policy applies to Cardiff and Vale University Health Board.

### **Audience**

The target audience for this document is all employees. The policy is also applicable to our organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB.

### **Roles and Responsibilities**

Detailed in section 5.2

### **Health and Safety Committee**

The Health and Safety Committee should agree the Health and Safety Policy and commit to its full implementation.

### **Board of Directors**

The Board of Directors **must** approve the Health and Safety policy and commit to its full implementation.

### **Policy Review**

The Policy will be reviewed within two years of implementation or as the Health Board changes and/or when legislation, codes of practice and official guidance dictate, by the Head of Health and Safety in collaboration with the Chief Executive.

### **Line Managers**

Line managers **must** ensure that their employees and contractors understand the requirements of the Health and Safety Policy. All line managers should demonstrate the importance of the Health and Safety Policy by ensuring that their own behaviours actively promote and serve as a role model for the desired health and safety values and principles.

### **Communication to organisational partners.**

Managers **must** ensure that the Health and Safety Policy is communicated to our business partners and that they actively cooperate with the Health Board to achieve compliance with the policy.

**All employees**

All our employees must ensure that they adhere to the policy and understand the implications for them.

**Policy Commitment**

The Chief Executive regards health and safety management to be fundamental to the delivery of its mission of caring for people and keeping people well. It is also essential to delivering our strategy and sustainability of avoiding waste, harm and variation, empowering people and delivering outcomes that matter to them.

The Chief Executive is committed to the health, safety and welfare of all employees and of those who may be affected by work related activities.

The Health Board believes that an excellent organisation is by definition, a safe and secure organisation. It therefore follows that caring for all personnel and minimising risks is inseparable from all other Health Board objectives. It recognises that it is essential that there is a safe patient care environment and that all staff are competent, healthy and safe at work. All employees will be provided with equipment, information, training and supervision as is necessary to implement the Policy and achieve the stated objective.

**Supporting Documents**

- Health and Safety Policy Statement

The Health and Safety Committee maintains a schedule of all supporting policies and documents.

**Other References:**

Health and Safety at Work etc Act 1974

HSC Management of Health and Safety at Work Regulations 1999 Approved Code of Practice L21

Safety Representatives & Safety Committees Regulations 1977

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

HSE (1994), *Management of Health and Safety in the Health Service*, Health Service Advisory Committee, Health and Safety Executive.

HSE – Successful Management of Health and Safety HSG 65

Cardiff and Vale UHB – Values and Behaviours

**Scope**

This policy applies to all of our staff in all locations including those with honorary contracts

**Equality and Health Impact Assessment**

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact

<b>Policy Approved by</b>	Board of Directors
<b>Group with authority to approve procedures written to explain how this policy will be implemented</b>	Operational Health and Safety Group
<b>Accountable Executive or Clinical Board Director</b>	Executive Director of People and Culture
<p><b><u>Disclaimer</u></b>  <b>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <a href="#">Governance Directorate.</a></b></p>	

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	June 2010	December 2010	Updated and reviewed in line with the UHB.
2	July 2012	September 2012	Updated and reviewed in line with the UHB.
3	July 2014	October 2014	Updated and reviewed in line with the UHB
4	November 2016	December 2016	Updated and reviewed in line with the UHB
5		September 2021	Full review and update in line with the UHB. Inclusion of a policy statement.

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**Health and Safety Policy of: -**

Cardiff and Vale University Health Board  
Woodland House  
Maesycoed Road  
Cardiff  
CF14 4HH

**Comprising: -**

- Barry Hospital
- Cardiff Royal Infirmary
- Childrens Hospital for Wales
- Community Premises/Health Centres and Clinics
- Rookwood Hospital
- St Davids Hospital
- University Dental Hospital
- University Hospital Llandough
- University Hospital of Wales

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## 1.0 INTRODUCTION

The Health and Safety at Work etc Act 1974 provides the legislative framework to promote, stimulate and encourage high standards of health and safety at work. It places a duty upon the employer to safeguard so far as is reasonably practicable, the health, safety and welfare of all employees, including the provision and maintenance of safe plant and systems of work. In addition, a number of other related laws have relevance within the Health Board. These are also designed to ensure that work is conducted in as safe and healthy manner and environment as possible.

Under section 2.3 of the Health and Safety at Work Act the health board has a duty to prepare and review a written statement of a general health and safety policy; this should include the organisation and arrangements, as well as written statement of intent.

The Act requires all employers to prepare a written statement of their safety policy and to bring that policy to the attention of all employees. As legislation is continuously under review, so too must the Health and Safety Policy be continually reviewed.

Although the main responsibility for compliance with the Act rests with the employer, every employee also has a responsibility to ensure that no one is harmed as a result of their acts or omissions during the course of their work.

In addition to its legal obligations the Health Board has a moral and economic reason for managing health and safety. In short good health and safety is good management.

## 2.0 Aims

The Policy aims are to:

- Outline the management of health and safety arrangements within the Health Board through the statement of intent, the organisation and structures.
- To minimise the Health and Safety risks within the Health Board to all staff, patients and others.
- Recognise the obligation imposed under the Health and Safety at Work Act 1974, Section 2(3), to prepare an appropriate policy.

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### 3.0 Objectives

- To secure the health, safety and welfare of people at work.
- To protect patients and people other than those at work against risks to their health and safety arising out of work activities.
- To minimise the number of occupational accidents and incidents of ill health and ultimately to achieve an accident-free workplace.
- To establish a culture of co-operation, communication, competency and control for health and safety.

### 4.0 Our Safety Principles

We will utilise the skills and experience of our employees and business partners to assist us identify hazards and the associated levels of risk, develop and implement suitable controls that allow us to effectively manage all areas of the Health Board in a considerate and compliant manner and review the effectiveness of these controls on a regular basis.

We will promote and encourage Health Board wide employee engagement in the practical management of Health and Safety through regular consultation on new and existing control measures, which promote understanding and ownership.

We will work with our employees and business partners to promote health and well-being of people that further develops and establishes a positive and productive working environment which is, so far as is reasonably practicable, free from uncontrolled hazards.

We will provide employees, at all levels, with clear guidance on their roles and responsibilities in assisting us in maintaining and improving safety performance. In addition, we will give them the necessary support and guidance that enables them to operate safely.

To measure the on-going suitability of our management arrangements against our published targets, we will continue to actively monitor leading and lagging performance data and analyse this information to identify emerging trends. This will assist us to identify learning opportunities and allow us to take the necessary steps to drive continued improvement.

We will appoint competent people to support the implementation and management of this policy, and the associated arrangements necessary for it to be a success.

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We will keep this policy under review and make necessary changes to ensure that it remains reflective of the Health Board's needs and continue to clearly communicate our intent and commitment towards the safety of people and promotion of a healthy working environment.

## **5.0. ORGANISATION FOR HEALTH AND SAFETY**

### **5.1. Health Board Profile**

The management structure of the Health Board places ultimate managerial responsibilities for Health and Safety on its Chief Executive and the Board.

The Board has established an Independent Member Champion for Health and Safety and has established a Health and Safety Committee which has policy making powers on its behalf.

The Health and Safety Committee which, in order to ensure good and effective communication within the Health Board includes board members, management, safety specialists and trade union/staff representatives. The Committee is chaired by an Independent Member.

The Chief Executive has nominated the Executive Director of People and Culture as the Senior Responsible Officer for Health and Safety, and is responsible throughout the Health Board for the implementation of the Health and Safety Policy and for presenting Health and Safety issues to the Health Board.

Operational management for Health and Safety within the Health Board has been devolved to the Clinical/Service Boards; they are supported in the management of health and safety by the Directorates. The duty of implementing these requirements has, however, been delegated to:-

- Each Directorate Manager/Head of Department or equivalent level of manager, who is responsible within their own area.

The Health Board has duties as controller of premises and provides care at a number of sites including Barry Hospital, Cardiff Royal Infirmary, Children's Hospital for Wales, University Hospital Llandough, Rookwood Hospital, St Davids Hospital, University Dental Hospital, University Hospital of Wales and Community Premises. In addition, the Health Board has administration offices and support facilities at a number of other locations. The Health Board also shares its sites with Cardiff University and other external organisations.

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Each site shall have arrangements to ensure that those health, safety and welfare risks are appropriately managed, with an identified senior person to whom concerns can be raised.

## **5.2. Responsibilities**

### **5.2.1. Chair**

The Chairman has responsibility for:

- Identifying an Independent Member to champion Health and Safety within the Health Board.
- Identifying an Independent Member to champion Violence and Aggression within the Health Board.

### **5.2.2. Independent Member**

The Independent Member will make arrangements to:

- chair the Health and Safety Committee.
- champion health and safety at Board level.
- ensure effective assurance and monitoring arrangements are in place.

### **5.2.3. Chief Executive**

The Chief Executive has overall responsibility for making sure that arrangements are in place for:

- ensuring that there are Executive leads appointed for health and safety, fire, violence and aggression and wellbeing.
- ensuring that the Health Board's Health and Safety Policy is implemented.
- ensuring that the Health Board's Health and Safety Policy is reviewed bi-annually.
- ensuring there are sufficient resources for the implementation of this Policy.
- ensuring that the Board is informed as required on health and safety matters affecting employees and/or the public.

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- supporting quality initiatives aimed at continuous improvement.

The Chief Executive will be supported in progressing these responsibilities by a Senior Management Team.

#### **5.2.4 Lead Executive Director for Health and Safety.**

The Executive Director of People and Culture has the responsibility at Executive Board level for the managing of health and safety and is responsible for ensuring;

- regular update reports are presented to the Board.
- supporting training and development of staff
- monitoring health and safety performance against agreed targets.
- including within the Annual Report a section on the Health Board's Health and Safety plans and performance.
- ensuring the Health Board is adequately resourced in order to implement the policy.
- ensuring that health and safety information is effectively communicated throughout the organisation.
- ensuring appropriate financial provision to deliver health and safety responsibilities.
- that this Policy is appropriately disseminated throughout the UHB.
- the approach to health and safety is both systematic and appropriate.
- ensuring that the Health and Safety Department is appropriately resourced to support the policy.
- ensuring that fire safety is appropriately managed.
- submitting regular reports on fire to the Health and Safety Committee.
- ensuring that there are appropriate arrangements in place to respond to major incidents and emergencies.

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- ensuring that there are appropriate business continuity arrangements in place.
- responsible lead for violence and aggression.

The Executive Director of People and Culture also has other responsibilities under section 5.2.7 of this Policy.

### 5.2.5 Director of Nursing

The Director of Nursing will be responsible for:

- ensuring that the health and safety aspects of patient safety are integrated throughout the Health Board.
- providing advice with regards to patient safety.

### 5.2.6 Chief Operating Officer

The Chief Operating Officer will make arrangements to:

- ensure appropriate arrangements for health and safety are in place within each of the Clinical Boards.
- ensure that they provide appropriate support to Clinical Board Directors where matters arise that require their intervention.
- ensure they advise the Chief Executive of any issues which require their attention which cannot be resolved or is of an organisation wide significance.
- monitor health and safety performance against agreed targets within the Clinical Boards.
- ensure that there are nominated leads at each site so as to provide a focus for each site outside of the management accountability structure that will provide staff with an identified senior person to whom concerns can be raised.
- establish arrangements for each site to support the site nominated lead function.

### 5.2.7 Director of People and Culture

The Director of People and Culture will be responsible for:

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- ensuring an effective Mandatory and Induction Training Health and Safety programme is appropriately monitored and recorded.
- ensuring that the Occupational Health and Employee Wellbeing (identification and prevention) are appropriately resourced.
- submitting regular reports on Occupational Health and Employee Wellbeing to the Health and Safety Committee.

### 5.2.9 Clinical/Service Boards

Clinical/Service Board Directors and Directors of Corporate Functions have overall responsibility for making sure that arrangements are in place for:

- establishing a Clinical/Service Board Health and Safety Group which is chaired by the Head of Operations and Delivery or Senior Nurse, with representatives from all relevant Directorates/Departments and Staff Health and Safety Representatives. Executive Directors should establish similar arrangements, however due to the level and similarity of risks involved they may by agreement form a Joint Group, in which case each Executive Directorate or Corporate Department will ensure suitable representation and an appropriate chair.
- the active involvement of the Health and Safety Adviser in supporting the Management Team.
- preparing and implementing the organisational structure and allocating responsibility for health and safety, and that the identified personnel (e.g. Clinical Board Manager) are aware of their responsibilities.
- the monitoring of health and safety performance within their Clinical/Service Boards and Directorates.
- ensuring that risk assessments have been undertaken in accordance with the Health Board's Risk Assessment Procedure or more specific procedure (e.g. manual handling).
- ensuring that health and safety risk assessments where appropriate have been passed to the relevant Health and Safety Adviser and been entered on their Risk Register.
- preparation and submission of an annual schedule of workplace inspections to the Operational Health and Safety Group, ensuring all areas are inspected annually.

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- developing a health and safety action plan and performance indicators which will be regularly monitored, a copy of the plan and performance indicators will be submitted to the Health and Safety Operational Group.
- for notifying the Chief Operating Officer and if necessary the Chief Executive, where matters arise outside the Clinical Board Director's remit or control.

### 5.2.10 Directorates/Departments

Directorate Managers and/or Heads of Department have overall responsibility for making sure that arrangements are in place:

- to have access to specialist advice by liaising with the relevant Health and Safety or Specialist Adviser.
- to ensure individuals are aware of their responsibilities for health and safety.
- for the development and effective implementation of the Health Board and Clinical Board Health and Safety Policy within their Directorate/Department.
- identifying hazards and carrying out risk assessments in line with current legislation and the Health Board's Risk Assessment Procedure.
- preparing and implementing the organisational structure and allocating responsibility for health and safety compliance within their Directorate/Department to specific people, and that the identified personnel within the structure are aware of their responsibility and are competent to perform these functions.
- to consult and involve staff and safety representatives effectively and in a timely manner.
- for staff to have sufficient information about the risks they face and the preventive measures that are in place to minimise those risks.
- for the right level of expertise and people to be properly trained on recruitment and when exposed to new or increased risks, changes in responsibility, the environment or the introduction or change of technology. Training must be repeated periodically where appropriate.
- ensure the implementation of effective safe systems of work.

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- to action Medical Device Alerts and other safety related alerts as relevant.
- to monitor health and safety performance.
- to ensure that there is adequate resource to co-ordinate and monitor health and safety requirements.
- to ensure that incidents are appropriately investigated and recorded.
- to ensure that where matters arise outside the Directorate Manager/Head of Department's remit or control, this should be notified to the Clinical Board Manager and the Health and Safety Adviser.
- to facilitate the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health, safety and welfare at work of staff within the Directorate/Department.
- to organise the distribution of Health Board instructions and guidance to staff within the Directorate/Department.
- to assemble information on health and safety initiatives and issues including maintaining a Risk Profile and Register ensuring that significant health and safety risks are included in this process within the Directorate/Department.

### 5.2.11 Head of Health and Safety

The Head of Health and Safety and will be responsible for:

- ensuring specialist advice in relation to Health and Safety, Manual Handling, Personal Safety, Environmental hazards and Fire Safety is available. To enhance communication each Clinical Board has been allocated a designated competent Health and Safety Adviser.
- assisting the management of health and safety through the preparation of relevant policies and procedures.
- co-ordinate, with directorates and clinical boards the implementation of policies and procedures relevant to the management of Health and Safety
- monitoring of health and safety performance.

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- co-ordinating and undertaking a full range of internally developed and nationally accredited training programmes to meet its mandatory requirements.
- facilitating the implementation of the Incident, Hazard and Near Miss Reporting Policy.
- formulating and developing strategic Health and Safety KPI's and targets alongside the Clinical/Service boards.
- formulating and developing policies and procedures that identify key health and safety objectives, provides direction as to how these objectives will be met and review progress towards their achievement. i.e. Permit to work, contractor management
- planning, measuring, reviewing and auditing health and safety activities so that legal requirements are satisfied and all risks are minimised.
- ensuring that statistical information is available on health and safety performance throughout the Health Board and interpret such information in order to evolve action plans in co-ordination with Executive Directors and Clinical/Service Boards to improve or maintain standards.
- preparing an Annual Report for submission to the Board on progress and standards being achieved.
- ensuring a systematic approach to the identification of risks and appropriate control measures.
- with the Chief Executive and Executive Team, prepare stretching KPI's aimed at embedding this policy and related programmes.

#### 5.2.12 Individual Employees

- All employees have a statutory duty of care, both for their own personal safety and that of others who may be affected by their acts or omissions.
- All employees (for the purpose of this Policy this includes volunteers, bank, agency and locum staff) are required to co-operate with their Manager/Supervisor to enable the Health Board to meet its own legal duties.

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- All employees are expected, in the course of their employment, to report to their Manager/Supervisor any hazardous situations or defective equipment and to follow the incident reporting procedure.

### 5.3 Contractors

Contractors include those who deliver services on behalf of the Health Board and therefore include Primary Providers such as GPs, Dentists etc. A Contractor can be defined as anyone who carries out work, on behalf of the Health Board but excluding an employee. This is not limited to maintenance type work, but includes those services contracted out by the Health Board and the Procurement Department. Where persons may be put at risk, or put Health Board staff, patients or visitors at risk by their activities, such contractors are subject to the same controls where relevant. Appropriate arrangements are prepared and implemented to manage these risks, and all contractors are included in health and safety procedures and communication between all parties is promoted. To support this, a Contractor Control Policy has been implemented.

### 5.4 Health and Safety Strategy

The Health and Safety Strategy will be consistent, proportionate and targeted and shall aim:

- to encourage strong leadership in championing importance of a pragmatic approach that will motivate focus on core aims to distinguish between real and trivial issues, driving an overall positive safety culture.
- to increase competence and reinforce promotion of worker involvement.
- to undertake a base line assessment and set realistic targets and priorities on key health issues.

### 5.5 Safe Systems of Work

- Each Directorate/Department is required to have health and safety arrangements and procedures specific to that area.

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- The Directorate/Department Manager is responsible for ensuring that Policies/Safe Systems of Work/Standard Operating Procedures are operational for all procedures undertaken within the Department.
- All Policies/Safe Systems of Work must be monitored and regularly reviewed for their effectiveness with a maximum period of 3 years.
- Following the risk assessments, the Directorate Managers/Heads of Department are responsible for devising, documenting and implementing any safe systems of work/safe operating procedures necessary in areas under their control, to eliminate hazards or minimise any risk to the health and safety of employers (and others).

#### 5.6. **Incident Reporting and Investigation**

- Each Directorate/Department is responsible for:
- Ensuring the Incident, Hazard and Near Miss Reporting Policy is implemented
- Ensuring that all of their staff understand the requirement to report incidents
- Respond promptly when incidents occur to control the scene, to preserve and gather evidence
- Ensuring all incidents reportable to external authorities are reported as required through the Health & Safety department
- Appoint an appropriate and competent investigator commensurate to the severity and complexity of the incident
- Monitoring the progress of the investigation and the completion of remedial actions
- Reviewing the effectiveness and sustainability of measures implemented

#### 5.7. **Health and Safety Training**

The identification of health and safety training needs is the responsibility of the Directorate Manager/Head of Department. The Health Board's Health and Safety Department will be available to assist

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managers in identifying training needs in all aspects of health and safety.

- All levels of staff, MUST be included in the training programme.
- Risk situations specific to the Directorate/Department should be assessed for training requirements.
- The frequency of health and safety related training will be agreed by the subject matter leads in conjunction with Learning and Education Department and the Head of Health and Safety in line with statutory requirements.
- Health and safety and fire training is mandatory for ALL staff.
- Training in accordance with identified needs must be allocated to appropriately trained staff.
- A condition of employment for all employees is that they are required to complete the on-line E-Learning Mandatory/Corporate Induction training programme on appointment.
- Records of training should be kept by the Directorate and recorded on ESR.
- It is the Health Board's intention to actively encourage and promote all aspects of health & safety training and support its implementation in the workplace.

## 5.8 Discipline

Disciplinary action under the terms of the Health Board's Disciplinary Policy will be taken against any employee, regardless of status, who shows wilful disregard for safe working practices. No disciplinary action will be taken against an employee until the case has been appropriately investigation. Where the total disregard for Safe Working Practices seriously affects the health and safety of themselves or that of any other employees, the employee may be summarily dismissed and the employer and their employees may be subject to prosecution under the Health and Safety at Work Act etc 1974 and Corporate Manslaughter legislation.

## 5.9 Emergency Situations

Due to the wide variety of work undertaken within the Health Board, it is not possible to produce valid and detailed instructions to cover every emergency situation which may arise. Therefore, each

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Directorate/Department needs to ensure that it has adequate plans in place to deal with foreseeable emergencies, incidents and failures in systems.

The Major Incident Plan supports mechanisms for perceived significant health and safety events such as fire which is supported by the Civil Contingency Department.

## 6.0 **Audit Monitoring Arrangements for Health and Safety**

Senior Managers, supported by staff health and safety representatives, will carry out monitoring of this policy at specified intervals following implementation.

6.1 A number of mechanisms will exist to measure the success of the policy. These will include:

### 6.1.1 **Internal Monitoring**

Internal monitoring of health and safety within the Health Board is the responsibility of the Clinical Boards who through their Health and Safety Adviser will carry out an Annual Audit. The findings will be sent to the Chair of the Clinical Board Health and Safety Group and discussed at the Group. The results will then be collated by the Health and Safety Department as a Health Board wide audit and discussed at the Operational Health and Safety Group.

Internal monitoring is achieved by the following means:

- ensuring that the Directorate/Department has a Safety Group.
- ensuring completion of all incidents/accidents via the Datix electronic reporting system
- ensuring that all incidents/accidents are investigated and actions are fed back to the reporting individual.
- undertaking regular checks of accident statistics with particular note of type and location of accidents.
- undertaking regular checks of sickness and absence statistics, to identify those absences, that are as a result of work-related injuries/ill health.

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- compiling records and statistics of staff health and safety training.
- using a checklist for inspections to identify positive and negative findings.
- checking performance against policies, procedures, and safe systems of work to ensure that safe working conditions and practices exist.
- undertaking 'spot' health and safety checks, these can be arranged in partnership with the staff representative.
- appropriate involvement of Safety Representatives in line with National Codes of Practice.
- undertaking an annual review of health and safety.
- Preparing an action plan of identified problems with proposed solutions, target date for resolving issues and estimated costs, which should be submitted to the Directorate Manager/Head of Department, Clinical Board Manager and Director.

Health and Safety Representatives have a function which includes monitoring health and safety in the workplace.

Employees also have a duty to monitor health and safety and to ensure that unsafe conditions and practices are brought to the attention of Representatives and Managers. Problems emanating from the audit must be referred to the appropriate Manager for actioning. If the Manager is unable to take the appropriate action for financial or any other reason it should be referred to the Clinical Board Director who will ensure the Executive Lead and Chief Executive is aware of any issues which cannot be resolved.

### 6.1.2 Health and Safety External Monitoring

External monitoring of Health and Safety within National Health Service premises is vested in the Health and Safety Executive, Government Buildings, Ty Glas Road, Llanishen, Cardiff.

Health and Safety Inspectors have the right of entry to property or premises at any time and are empowered to obtain information and take possession of any article or substance. However, in practice they will normally inform the Health and Safety Department who will ensure the visit is communicated and co-ordinated with the appropriate staff.

Aspects of health and safety will be monitored by other external agencies. These include;

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- Environmental Health Department
- Fire and Rescue Authority

## **7. RESOURCES**

- 7.1 With respect of resource implications identified within this policy, the policy reflects current arrangements and as such identifies no additional resource need.
- 7.2 In respect of resources, the Health Board will identify designated budgets for health and safety across the organisation. If any additional resources are required, this will be considered as part of the risk management and profiling arrangements within the Health Board.
- 7.3 Any additional cost needs identified as a result of new or specific policy needs will be brought to the Health Board for justification as separate items.

## **8. TRAINING**

- 8.1 The Health Board's Health and Safety Policy and enactment arrangement will be brought to the attention of all new staff at local induction.
- 8.2 Additional training shall be given on the requirements of the policy to all staff on intervals not exceeding 3 years during their employment following a mandatory Training Programme.

## **9. COMMUNICATIONS AND IMPLEMENTATION**

- 9.1 Copies of the Health and Safety Policy Statement are displayed in prominent positions at each location within CVUHB.
- 9.2 A copy of the Health Board Health and Safety Policy is available on the Health Board's Intranet site. For those staff without access to the intranet, it will be the responsibility of the local manager to post a hard copy of the Policy in a prominent location.
- 9.3 A register of all current Health and Safety Policies and Procedures will be maintained by the Health and Safety Department, and will ensure that all Policies and Procedures are maintained on the Health Board's Intranet.

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- 9.4 Local Procedures and Protocols will be approved at the relevant sub group, and a controlled copy of which will be submitted to the Health and Safety Department.
- 9.5 All employees should assume responsibility to read and understand the relevant sections.

## **10. EQUALITY & DIVERSITY STATEMENT**

Cardiff and Vale University Local Health Board is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan & Equality Objectives. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

An Equality and Health Impact Assessment has been undertaken on this policy. Feedback was gained on any possible or actual impact that this policy may have on groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, trans or non-binary, age or other protected characteristics. Specific policies and procedures exist to account for all disability groups and the necessity to make reasonable adjustments accounted for.

The assessment found that there was impact on the following groups:

### **Persons with a disability as defined in the Equality Act 2010.**

Those with sight impairment; Copies of the policy can be made available in large print.

### **People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.**

Copies of the policy and can be made available in Welsh.

## **Arrangements**

### **11. Committee's and Sub Groups**

The Health Board has established a Health and Safety Committee as a Committee of its Board, Chaired by an appointed Independent Member.

The Sub Groups reporting to the Health and Safety Committee are:-

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- Operational Health and Safety Group, Chaired by the Executive Lead.
- Anti-Violence Group (Personal Safety Strategy Group) Chaired by an appointed Senior Manager
- Fire Safety Group, Chaired by the Executive Lead for Fire with the Head of Health and Safety as the appointed responsible Fire Manager under the fire policy.
- The Water Safety Group, Chaired by a Senior Manager.
- Each Clinical/Service board has established a local health and safety group, which reports to the Operational Health and Safety Group.

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# Health and Safety POLICY STATEMENT

## Our Goal

At Cardiff & Vale University Health Board we are committed to developing, embedding and maintaining the highest occupational Health and Safety management standards to ensure no harm comes from our actions to people, the environment or the communities in which we operate.

**Our Values & Commitments;** are based on the principles of:

- strong visible leadership and the promotion of a positive Health and Safety Culture;
- preventing injury and ill-health, and promoting employee well-being;
- identifying and complying with corporate, voluntary, and legal requirements;
- improving performance through the promotion of positive safety values and behaviors;
- providing a safe and healthy working environment;
- providing safe systems of work and associated equipment;
- identifying and maintaining employee competence;
- monitoring and reviewing our arrangements to ensure they remain effective;
- applying sufficient expertise and resource to implement this policy.

## Our Safety Principles

We are aligned in the assessment that;

1. All incidents and injuries are preventable.
2. Health and Safety is a line management accountability.
3. We are responsible for our own safety and that of others around us.
4. Our employees and contractors are obliged to stop a job or refuse to conduct it, if it cannot be performed safely.
5. All H&S incidents must be reported and learnings taken from them.
6. Our commitment to and efforts in safety will yield results.
7. Acting safely is a condition of employment and supplier contracts.

We expect our employees, contractors and partners to embrace these principles and reflect them in every aspect of work they perform.

This policy is integral to the Cardiff and Vale Health and Safety strategy, the Health and Safety committee, and Management Executive's leadership is committed to the full implementation of this policy.

Signed:  
Len Richards: Chief Executive Officer

Date:

## Equality & Health Impact Assessment for CVUHB Health and Safety Policy

**Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment**

**Please note:**

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required<sup>1</sup>
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

<b>1.</b>	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	No service change, this is a review of a statutory policy.
<b>2.</b>	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Robert Warren, Head of Health and Safety. Health and Safety. People and Culture
<b>3.</b>	Objectives of strategy/ policy/ plan/ procedure/ service	Statutory Requirement to implement and regularly review Health and Safety Policy. <ul style="list-style-type: none"> <li>• Outline of the management of health and safety arrangements within the Health Board through the statement of intent, the organisation and structures.</li> </ul>

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<sup>1</sup>[http://www.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,73860407,253\\_73860411&\\_dad=portal&\\_schema=PORTAL](http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL)

		<ul style="list-style-type: none"> <li>• To minimise the health and safety risks within the Health Board to all staff, patients and others.</li> <li>• Recognise the obligation imposed under the Health and Safety at Work Act 1974, Section 2(3), to prepare an appropriate policy.</li> </ul>
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>2</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>3</sup>.</p>	<p>Statutory Policy.</p> <p>2018 NHS Wales Staff Survey results for the UHB (health and wellbeing and engagement questions):</p> <ul style="list-style-type: none"> <li>○ 63% of respondents had come into work in the preceding 3 months despite not feeling well enough to perform their duties (57% in 2016, 71% in 2013)</li> <li>○ 25% have felt under pressure from their manager to come to work (31% 2016, 39% 2013) and 20% have felt pressure from colleagues (23% 2016, 29% 2013)</li> <li>○ 50% of respondents believe the UHB is committed to helping staff balance their work and home life (45% 2016, 38% 2013)</li> <li>○ 34% of respondents have been injured or felt unwell as a result of work related stress during the preceding 12 months (28% 2016, 35% 2013)</li> <li>○ 22% had personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public in the preceding 12 months (20% 2016, 19% 2013)</li> <li>○ 18% had personally experienced harassment, bullying or abuse at work from managers/line managers/team leaders or other colleagues in the preceding 12 months (16% 2016, 21% 2013)</li> <li>• Gold and Platinum Corporate Health Standard assessments in September and October 2017 found the UHB to have robust data, evaluation and comprehensive and diverse health and wellbeing practices, to the extent that the UHB is now recognised as an exemplar organisation</li> <li>• A consultation has taken place between 14 March and 15 April 2019 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD (People and Culture) and the Rainbow Flag Network.</li> </ul>

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<sup>2</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>3</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

		Re
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The policy will benefit all staff, patients, visitors, contractors and stakeholders by setting out the commitment of the UHB to high standards of health, safety and welfare.

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**EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?**

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.1 Age</b> For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p>This policy applies to all all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB.</p>		<p>All applicable groups must adhere to and support the policy.</p>
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>This policy applies to all all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB. The policy applies equally to physical and emotional wellbeing.</p>	<p>Copies of the policy can be made available in alternative formats (e.g. large print) on request.</p>	<p>Specific policies and procedures exist to account for all disability groups and the necessity to make reasonable adjustments accounted for. Examples include potential protected disability characteristics through the wellbeing policy and safe access/egress through normal and emergency situations in the fire safety policy.</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>This policy applies to all all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB.</p>		
<p><b>6.4 People who are married or who have a civil partner.</b></p>	<p>This policy applies irrespective of whether individuals are married, in a civil partnership or not.</p>		
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>This policy applies irrespective of whether individuals are on maternity leave or have recently had a baby.</p>		<p>This is covered in the UHB Maternity Procedure which requires managers to complete a Maternity Risk Assessment for pregnant employees</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	This policy applies to all all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB.		
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	This policy applies to all all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB.		
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	This policy applies irrespective of sexual orientation.		The UHB is committed to equal opportunities and is ranked on the Stonewall Index which indicates that the UHB is committed to making the workplace LGBT+ friendly in all its practices
<b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>	This policy applies irrespective of whether staff are Welsh speakers.	Copies of the policy and can be made available in Welsh.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	This policy applies irrespective of of the income of the individual concerned.		
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	This policy applies irrespective of where the individual concerned lives.		
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	No evidence was found to suggest that any other groups or risk factors relevant to this policy have a negative impact. The policy has a positive impact by ensuring that the same processes are followed irrespective of the individual concerned.		

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**6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>The policy has a positive impact by ensuring that the same processes are followed irrespective of access to services offered.</p>		
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination,</p>	<p>No negative impact</p>		<p>Other procedures exist to cover this, including Stress at Work and Alcohol and Substance Misuse. The health and wellbeing agenda is apparent throughout the WOD 3-year workplan, which is used as the basis for the workforce aspects of each Clinical Board plan.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p><b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>The policy has a positive impact by ensuring that the same processes are followed irrespective of the individual's income and employment status.</p>		
<p><b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment</p>	<p>No negative impact.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	No negative impact		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>This policy has a positive impact by ensuring that the same processes are followed irrespective of macro-economic, environmental or sustainability factors</p>		

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p>	<p>The policy aims to ensure that the Health Board has appropriate policies, procedures and other written control documents to allow it to fulfil its responsibilities. There is an impact on service users whose first language is not English and those with visual impairment.</p> <p>The procedure developed in support of this document requires staff take responsibility of ensuring that the principles of the policies and written control documents are explained to service users via an interpreter, translated as appropriate or explained to them with the use of a hearing loop where available if they are aware that the publication of documents in English may cause a difficulty.</p> <p>Impact expected to be <b>positive</b>. The supporting procedure seeks to address any issues regarding language and disability.</p> <p>This review of the Health and Safety Policy not only reaffirms the previous commitment from the Chief Executive, but also the commitment of the Senior Management Team who support the implementation of it. The policy document is headed by a new policy statement of intent to confirm this.</p> <p>This revision will be rolled out to all employees, contractors and volunteers to ensure they are aware of their responsibilities and duties under the policy and confirm their commitment to it.</p> <p>It is assessed that the impact of this Policy will be overwhelmingly positive for all employees, contractors and volunteers and those who may be affected by the Health Board's activities such as patients, carers, service users, visitors, and members of the public</p>
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**Action Plan for Mitigation / Improvement and Implementation**

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	Copies of the policy can be made available in alternative formats (e.g. large print) on request.	Line managers	Ongoing	Action to be taken as and when required
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>  This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No, as the overall impact is positive.			

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	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> </ul> <p>Monitor and review</p>	<p>The Policy and EHIA will be taken to the Health and Safety Committee meeting for agreement, and will require approval from the Board of Directors.</p> <p>The Policy will be published on the UHB internet and intranet sites.</p> <p>On publication, the policy will be communicated via a briefing for staff and managers advising of the key changes. This will be communicated via the Health and Safety internet pages and the monthly H&amp;S Dashboard.</p> <p>The Policy and EHIA will be reviewed two years after approval unless changes to legislation or best practice determine that an earlier review is required</p>			

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## Appendix 1

### Equality & Health Impact Assessment

#### Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

##### Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)<sup>4</sup>

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

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<sup>4</sup> <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)<sup>5</sup>
- Equality Act 2010<sup>6</sup>
- Well-being of Future Generations (Wales) Act 2015<sup>7</sup>
- Social Services and Well-being (Wales) Act 2015<sup>8</sup>
- Health Impact Assessment (non statutory but good practice)<sup>9</sup>
- The Human Rights Act 1998<sup>10</sup>
- United Nations Convention on the Rights of the Child 1989<sup>11</sup>
- United Nations Convention on Rights of Persons with Disabilities 2009<sup>12</sup>
- United Nations Principles for Older Persons 1991<sup>13</sup>
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance<sup>14</sup>
- Welsh Government Health & Care Standards 2015<sup>15</sup>
- Welsh Language (Wales) Measure 2011<sup>16</sup>

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

**EQIAs** assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

<sup>5</sup> <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

<sup>6</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

<sup>7</sup> <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

<sup>8</sup> <http://gov.wales/topics/health/socialcare/act/?lang=en>

<sup>9</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

<sup>10</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

<sup>11</sup> <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

<sup>12</sup> <http://www.un.org/disabilities/convention/conventionfull.shtml>

<sup>13</sup> <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

<sup>14</sup> <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

<sup>15</sup> <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

<sup>16</sup> <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

**HIAs** assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

**Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.**

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For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist ([susan.toner@wales.nh.uk](mailto:susan.toner@wales.nh.uk)) or Keithley Wilkinson, Equality Manager ([Keithley.wilkinson@wales.nhs.uk](mailto:Keithley.wilkinson@wales.nhs.uk))

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates<sup>17</sup>
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide<sup>18</sup>

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<sup>17</sup> <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

<sup>18</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

## Appendix 2 – The Human Rights Act 1998<sup>19</sup>

The Act sets out our human rights in a series of ‘Articles’. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as ‘the Convention Rights’:

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

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<sup>19</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

## Appendix 3

### Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

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**Reference Number: UHB035**  
**Version Number: 4**

**Date of Next Review:** *To be included when document approved*  
**Previous Trust/LHB Reference Number:**  
**30**

## **Violence & Aggression (Personal Safety) Policy**

### **Policy Statement**

To ensure that Cardiff and Vale University Health Board (UHB) delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will take proactive action and ensure that by design the workplace is as safe as reasonably practical. We will promote a clear message that violence will not be tolerated and that suitable control measures will be initiated to provide, both the required care and protection to staff.

### **Policy Commitment**

To take all reasonably practical measures to prevent incidents of violence and aggression occurring and to protect staff and other persons from the risks to their personal safety.

We will:

- Take all reasonably practical measures to prevent incidents of violence and aggression occurring and to protect staff and other persons from the risks to their personal safety.
- Create a safe working environment for all UHB staff to reduce the risks of intimidation and violence to staff and others whenever possible.
- Provide appropriate support if necessary and aftercare in the event of such incidents.

### **Supporting Procedures and Written Control Documents**

- Violence and Aggression (Personal Safety) Procedure
- Health and Safety Policy
- Lone Worker Policy
- Incident Hazard and Near Miss Reporting Policy
- Security Policy
- Risk Management Policy and Strategic Framework
- Procedure for care of children and young people under 16 years and their parents/carers/visitors who are violent or abusive or exhibit difficult or challenging behaviour
- Dealing with Visitors who are Violent/Abusive or Vexatious Procedure
- Care of Adult Patients with Capacity who are Violent or Abusive Procedure
- Violent Warning Marker Procedure

**Other supporting documents are:**

- Obligatory Responses to Violence in Health Care
- Welsh Health Circular 22 April 2021

### Scope

This policy applies to all of our staff in all locations including those with honorary contracts.

### Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact on the safety and wellbeing of UHB staff, Patients and Visitors to be treated in a safer environment with robust management processes in place to manage violence and aggression incidents.

### Policy Approved by

Health and Safety Committee

### Group with authority to approve procedures written to explain how this policy will be implemented

Consulted via the Operational Health and Safety Group

### Accountable Executive or Clinical Board Director

Executive Director of People and Culture

### Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

### Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	January 2011	18/02/2011	Reviewed and updated Supersedes previous Trust document ref no: 30
2	29/04/2014	25/06/2014	Reviewed and updated in line with departmental and reporting structure changes
3	25/01/2017	08/09/2017	Reviewed and updated in line with departmental and reporting structure changes
4	TBC	TBC	Reviewed and updated in line with departmental and reporting structure changes

Saunders/Nathan  
10/04/2021 20:12:21

<b>Reference Number:</b> <b>Version Number: 4</b>	<b>Date of Next Review:</b> September 2024 <b>Previous Trust/LHB Reference Number:</b> UHB 036
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## MINIMAL MANUAL HANDLING POLICY

### Policy Statement

The Manual Handling Operations Regulations 1992 defines manual handling as involving the “transporting or supporting of loads, including lifting, lowering, pushing, pulling, carrying or moving loads.” A load may be either animate (a person) or inanimate (a box or a trolley).

Poor manual handling techniques can cause injuries to staff, patients and their carer’s. Human health and social work activities are industries with significantly higher rates of work-related musculoskeletal injuries when compared to other areas of work.

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will provide and maintain, so far as is reasonably practicable, safe and healthy working conditions, a safe environment, safe equipment and safe systems of work for all our employees whilst they perform manual handling activities.

### Policy Commitment

We will commit to reducing musculoskeletal injury to staff and aim to ensure safety of patients/loads when being handled by;

- Adhering to the legal requirements of;
  - The Health and Safety at Work etc Act 1974
  - The Manual Handling Operations Regulations 1992
  - The Management of Health and Safety at Work Regulations 1999
  - The Provision and Use of Work Equipment Regulations 1998
  - The Lifting Operations and Lifting Equipment Regulations 1998
- Following Professional Standards of Good Practice.
- The assessment and control of risks in respect of manual handling for all employees and other persons affected by the actions of our employees whilst they are carrying out their duties.
- Providing information, training, advice and appropriate equipment to staff who perform or manage manual handling.
- Participating and adopting the All Wales/NHS Manual Handling Passport and Information Scheme 2003 (Revised 2020)  
<http://howis.wales.nhs.uk/page.cfm?pid=55>

### Supporting, Procedures and Written Control Documents

- Policy and supporting procedures
- Minimal Manual Handling Procedure

Signed: Nathan  
10/04/2021 20:12:24



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- Patient Handling Assessment and Safer Handling Plan
- Patient Hoist Sling Inspection procedure
- Risk Assessment /Risk Register Procedure

**Other supporting documents are:**

- Health and Safety Executive Approved Codes of Practice including
  - Legal guidance on the Manual Handling Operations Regulations [www.hse.gov.uk/pubns/priced/l23.pdf](http://www.hse.gov.uk/pubns/priced/l23.pdf)
  - Moving and Handling in Health & Social Care [www.hse.gov.uk/healthservices/moving-handling.htm](http://www.hse.gov.uk/healthservices/moving-handling.htm)
- Professional guidance and standards
  - The Royal College of Nursing – [www.rcn.org.uk](http://www.rcn.org.uk)
  - The Chartered Society of Physiotherapy [www.csp.org.uk](http://www.csp.org.uk)
  - The Royal College of Midwives [www.rcm.org.uk](http://www.rcm.org.uk)
  - The Society of Radiographers [www.sor.org.uk](http://www.sor.org.uk)
  - The Royal College of Occupational Therapists [www.rcot.co.uk](http://www.rcot.co.uk)
- All Wales/UK NHS Manual Handling Training Passport and Information Scheme 2020 <http://howis.wales.nhs.uk/page.cfm?pid=55>

**Scope**

This Policy applies to all staff in all locations including those with honorary contracts

**Equality and Health Impact Assessment**

An Equality and Health Impact Assessment (EHIA) has and this found there to be a no impact.

**Policy Approved by**

Health and Safety Committee

**Group with authority to approve procedures written to explain how this policy will be implemented**

Operational Health and Safety Group

**Accountable Executive or Clinical Board Director**

Executive Director of People and Culture

**Disclaimer**

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

**Summary of reviews/amendments**

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	January 2011	29/09/2011	Replaces previous Trust version reference no 31

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2	29/04/2014	25/06/2014	3 yearly review of Policy
3	25/04/2017	05/09/2017	3 yearly review of Policy
4	15/09/2021		

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## Equality & Health Impact Assessment for MINIMAL MANUAL HANDLING POLICY

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	<b>Minimal Manual Handling Policy</b>
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Executive Director of People and Culture Rachel Gidman. Woodlands House 36019  Manual Handling Adviser. Sam Skelton Woodlands House 36557 Head of Health & Safety. Robert Warren Woodlands House 36551
3.	Objectives of strategy/ policy/ plan/ procedure/ service	It is the policy of Cardiff and Vale UHB to provide and maintain, so far as is reasonably practicable, safe and healthy working conditions, a safe environment, safe equipment and safe systems of work for all its employees whilst performing manual handling activities.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as</li> </ul>	Pro Act Audit of Patient dependency needs. The All Wales Manual Handling Passport & Information Scheme (revised 2020) .

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	<p>applicable</p> <ul style="list-style-type: none"> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	
<b>5.</b>	Who will be affected by the strategy/ policy/ plan/ procedure/ service	UHB Staff and others such as volunteers working on behalf of the UHB and service users will be affected by the Policy.

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<sup>1</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>  
<sup>2</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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## 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	No Impact		
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	The Manual Handling Policy positively assists people with mobility disabilities and ensures they are appropriately moved with dignity and without harm.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	No Impact		
<p><b>6.4 People who are married or who have a civil partner.</b></p>	No Impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>No Impact, although the Policy does aim to ensure that pregnant staff are not undertaking manual handling tasks that could cause harm to them or the baby.</p>		
<p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>	<p>No Impact</p>		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	No Impact		
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	No Impact		
<b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>	No Impact		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No Impact		
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No Impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	No Impact		

**7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<b>7.1 People being able to access the service offered:</b> Consider access for those	People accessing the service will be cared for in an environment where their		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales	mobility needs have been assessed and control measures to facilitate care.		
<b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation	No Impact		Other procedures exist to cover this, including Stress at Work and Alcohol and Substance Misuse. The health and wellbeing agenda is apparent throughout the WOD 3-year workplan, which is used as the basis for the workforce aspects of each Clinical Board plan.

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p><b>7.3 People in terms of their income and employment status:</b></p> <p>Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	No Impact		
<p><b>7.4 People in terms of their use of the physical environment:</b></p> <p>Consider the impact on the availability and accessibility</p>	No Impact		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness</p>	<p>The Policy and Procedure includes where appropriate joint working with Social Services for community support in regards to manual handling.</p>		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	No Impact		

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**Please answer question 8.1 following the completion of the EHIA and complete the action plan**

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	Overall the Policy has a positive impact on benefitting staff and service users who have mobility disabilities. The Policy aims to ensure that staff has the relevant capacity and suitable equipment to deliver care, irrespective of their lifestyle choices.
---	---

**Action Plan for Mitigation / Improvement and Implementation**

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	Continued implementation will support and benefit both staff and patients with mobility issues.			
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>  This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	There is no negative impact			

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<b>Report Title:</b>	<b>Item 8.4 - Annual Fire Safety Report 2020/2021</b>				
<b>Meeting:</b>	<b>Health and Safety Committee</b>			<b>Meeting Date:</b>	<b>12/10/2021</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director Responsible for Fire Safety</b>				
<b>Report Author (Title):</b>	<b>Senior Fire Safety Officer</b>				

### SITUATION

This paper has been prepared to provide assurance to the Health and Safety Committee that Cardiff and Vale University Health Board (C&V UHB) have suitably managed identified fire safety risks from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. Fire Safety Management is a key statutory compliance duty for C&V UHB. Fire Safety management in Healthcare is a complex and challenging discipline as there is a wide range of risks that need to be identified, prioritised and mitigated.

This paper provides an update on C&V UHB progress and planned actions relating to fire safety issues by listing key priorities for 2020/21. (See essential supporting documentation Annual Fire Safety Report Appendix 1)

### BACKGROUND

C&V UHB is committed to ensuring that all of its fire safety statutory and mandatory obligations are met. In order to meet these requirements, it is necessary to monitor fire safety performance.

NHS standards mandate the preparation of an annual report and an annual audit signed off by the Executive Director Responsible for Fire Safety and that the audit is submitted on time to NHS Wales Shared Services Partnership - Specialist Estates Services to enable them to report to the Welsh Assembly Government (WAG). This paper can therefore be utilised as an important document to demonstrate compliance within the internal and external audit processes.

### ASSESSMENT

This report considers management processes and progress in 17 key areas i.e.

1. Welsh Assembly Government Annual Fire Safety Audits
2. Fire Risk Assessments
3. Enforcing Authority Audits and Notices
4. Unwanted Fire Signals
5. Fire Safety and Fire Warden Training
6. Emergency Evacuation Exercises
7. Vertical Evacuation Proposal
8. Compartmentation and fire Stopping
9. Fire Policy, Procedures and Permits
10. Appointment of Deputy Fire Safety Managers and Attendance at Meetings
11. Illicit Storage in Corridors and circulation spaces
12. Beds stored in corridors
13. Providing Complex Fire Safety Advice on all Capital Projects
14. Revenue Support to Continue Maintenance of Estate Fire Safety Services and Equipment
15. Capital Investment in Fire Safety precautions and systems
16. SWFRS Site Specific Risk Inspections (SSRI's)
17. National Emergency Measures

The complete fire safety annual report can be found in essential supporting documentation attached as Appendix 1.

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**ASSURANCE** is provided by:

Issues identified in the fire risk assessments and the audits carried out by the Fire Authority and NHS Wales Shared Services Partnership - Specialist Estates Services are being appropriately managed.

**RECOMMENDATION**

The Committee is asked to NOTE and APPROVE the contents of the Annual Fire Safety Report 2020/2021

**Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, click [here](#) for more information*

Prevention	✓	Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	<p>Yes / No / Not Applicable                  If "yes" please provide copy of the assessment. This will be linked to the report when published.</p>								

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## Annual Fire Safety Report 2020/21

### Introduction

The effects of fire in any premises can be serious. However, in the case of healthcare premises, fires have a greater significance due to the presence of large numbers of visitors who are unfamiliar with our premises, mobility-impaired with a wide range of varying abilities and many vulnerable patients. Cardiff and Vale University Health Board (C&V UHB) is no exception.

Furthermore, it is widely acknowledged that the NHS, as a business sector, generates the largest proportion of false fire alarms and Unwanted Fire Signal's (UwFS's) attended by the Local Authority Fire Service. This is very disruptive to staff and patients' as patient quality of care can be greatly affected during fire alarm activations. False fire alarm activations are also wasteful in terms of resources and inevitably involve the attendance of the Fire Service possibly causing them a delay in attending a life threatening incident at a different location.

It is a statutory requirement under The Regulatory Reform (Fire) Safety Order 2005) for all public Organisations to take the necessary fire management precautions to ensure that their premises are safe, suitable and sufficient. Failure to provide adequate fire management can lead to prosecution by the Enforcing Authority post fire safety audit or post fire inspection following a fire incident. A range of enforcement notices can be served by the Enforcing Authority on the responsible persons should the inspecting officers determine there is an increased risk of fire likely to put lives at risk.

Therefore the primary aim of this paper is to provide information to allow informed decisions to be made in respect of fire safety measures that must be addressed. This paper can therefore be viewed to enable C&V UHB to demonstrate compliance thereby fulfilling its statutory obligations.

### Fire Safety Management

Fire Safety Management is a key priority for C&V UHB in terms of achieving statutory compliance. It is widely recognised that Fire Safety management in Healthcare is a complex and challenging discipline with risk being identified, prioritised and mitigated.

The UHB approach to Fire Safety considers 17 key elements:

1. Welsh Assembly Government Annual Fire Safety Audits
2. Fire Risk Assessments
3. Enforcing Authority Audits and Notices
4. False Fire Alarms and Unwanted Fire Signals (UwFS's)
5. Tutor led Fire Safety Training
6. Emergency Evacuation Exercises
7. Vertical Evacuation Proposal
8. Compartmentation and Fire Stopping
9. Fire Policy, Procedures and Permits
10. Appointment of Deputy Fire Safety Managers and Attendance at Meetings
11. Illicit Storage in Corridors and circulation spaces
12. Beds stored in corridors
13. Providing Complex Fire Safety Advice for all Discretionary and Major Capital Projects
14. Continue Maintenance of Estate Fire Safety Services and Equipment
15. Capital Investment in Fire Safety precautions and systems
16. SWFRS Site Specific Risk Inspections (SSRI's)
17. National Emergency Measures

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#### 1. Welsh Assembly Government Annual Fire Safety Audits

The annual fire safety audit carried out by the senior fire safety officer on behalf of the Welsh Assembly Government (WAG) has been completed and submitted in September 2020 using the on-line web-based reporting system administered by NHS Wales Shared Services Partnership - Specialist Estates Services who prepare an all Wales UHB report submitted to the WAG.

## 2. Fire Risk Assessments

The principle fire safety legislation applicable to all the Health Board's premises is the Regulatory Reform (Fire Safety) Order 2005 (FSO) enforced by the Local Fire Authority. To be compliant with this legislation a Fire Risk Assessment must be completed for every building or ward or department. Currently there are 444 risk assessment reports that are being regularly assessed and reviewed by members of the fire safety management team either annually, bi or tri-annually or they may be amended whenever materials alterations or significant changes in use take place in terms of service or staff.

The findings of the risk assessments are divided into three areas of responsibility: Estates and Compliance findings are managed and resolved by each of these teams with Management findings monitored and resolved predominantly by the manager responsible for the assessment area.

3.1.0 The 4 most common management failings relate to

- I. Training compliance,
- II. Fire resisting doors being wedged open or propped open,
- III. Illicit storage in corridors, plant rooms and risers,
- IV. Obstructions to fire escape routes.

3.1.1 The 4 most common estates failings relate to

- I. Fire door defects, seals, gaps, door signage, self-closing devices defective and damage
- II. A range of fire signage, FAN, directional and hazard signage
- III. Manual call points
- IV. Emergency door release protective covers

3.1.2 The 6 most common compliance failings relate to

- I. Fire alarm deficiencies, alarm addressing, cause and effect confirmation and panel faults
- II. Emergency lighting testing and maintenance confirmation
- III. Fire damper type, testing and maintenance
- IV. Cavity barrier installations and fire stopping deficiencies
- V. Portable appliance testing
- VI. Up to date fire strategy drawings

A meeting of the Deputy Fire Safety Managers is held quarterly to monitor and progress all managerial actions. However due to the retirement of The Head of Health and Safety Mr. Charles Dalton in September 2020 no further meeting were held in year 2020-21.

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### 3 Enforcing Authority Audits and Notices

Regular fire safety audits are carried out under current legislation by South Wales Fire and Rescue Service (SWFRS). However due to the National emergency SWFRS suspended all audits in April 2020 and consequently none were carried out during year 2020-21. It is pleasing to report that there were no notices served by the enforcing authority during this reporting period.

#### 4. Fires and Unwanted Fire Signals

**Table 1**

**Fire Incidents for the period – 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021**

No.	Date	Fire Incidents Location	Cause	Report Summary
1	16/07/2020	HYC – Hazel Ward	Deliberate	See Appendix 2 Page 17
2	02/10/2020	West Point Industrial Estate, Unit 'B'	Electrical	See Appendix 3 Page 18
3	08/12/2020	UHL Ward East 18	Electrical	See Appendix 4 Pages 19 to 22

**Table 2**

**Performance Indicators for Cardiff & Vale UHB for UwFS's between 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 (attendance by Fire Brigade)**

Hospital	UwFS's only	Actuation devices	Grade
Barry Hospital	11	562	Performance level 1
Cardiff Royal Infirmary	8	2000	Performance level 1
Hafan Y Coed	22	1274	Performance level 1
Llandough Hospital	71	5843	Performance level 1
Rookwood Hospital	6	425	Performance level 1
St David's Hospital (Cardiff)	2	600	Performance level 1
University Hospital of Wales	165	20000	Performance level 1
Total	285	33200	

The occurrence of an unwanted fire signal's (UwFS's) is detrimental to the operation of any healthcare establishment. Such instances lead to disruption of service and patient care, increased costs and unnecessary risk to those required to respond to the alarm raised. Whilst it is impossible to eliminate all UwFS's the FSMT work closely with SWFRS to implement best practice to enable further reductions wherever possible. The WAG has tasked SWFRS with reducing false alarms, in turn SWFRS monitor the number of alarms generated by all UHB's in their service area. Due to limited resources and other demands placed on SWFRS they have reduced the pre-determined attendance (PDA) to all fire alarm activations PAN estate between the hours of 08.00 and 18.00 from three fire engines to one fire engine for investigation purposes only, unless it is confirmed there is a fire. On receipt of this message SWFRS will mobilise the full PDA i.e. three fire engines The Fire Safety Management Team (FSMT) investigates every false alarm in order to prevent similar occurrences being repeated. The majority of false fire alarms and unwanted fire signals are caused as the result of human activity. It is widely recognised that false fire alarm activations are extremely challenging to prevent at UHW and UHL due to the size and complexity of the fire alarm and detection system, the presence of large numbers of visitors who are unfamiliar with our premises, mobility-impaired with a wide range of varying abilities and many vulnerable patients.

**Table 3**

**Fires and UwFS's by site from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021**

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Site	UwFS's	Fires
Barry Hospital	12	
Cardiff Royal Infirmary	10	
Hafan Y Coed	33	1
Llandough Hospital	83	1
Rookwood Hospital	8	
St David's Hospital	3	
University Hospital of Wales	208	
Whitchurch Hospital	1	
West Point Industrial Estate, Unit 'B'	0	1

## 5. Tutor Led Fire Safety Training

**Table 4**

**Data supplied by Workforce Information for 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021**

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	249	185	74.30%
<b>All Wales Genomics Service Total</b>		<b>249</b>	<b>185</b>	<b>74.30%</b>
<b>Capital, Estates &amp; Facilities Total</b>		<b>1353</b>	<b>555</b>	<b>41.02%</b>
<b>Children &amp; Women Total</b>		<b>2291</b>	<b>1375</b>	<b>60.02%</b>
<b>Clinical Diagnostics &amp; Therapeutics Total</b>		<b>2385</b>	<b>1446</b>	<b>60.63%</b>
<b>Corporate Executives Total</b>		<b>874</b>	<b>468</b>	<b>53.55%</b>
<b>Medicine Total</b>		<b>1882</b>	<b>960</b>	<b>51.01%</b>
<b>Mental Health Total</b>		<b>1527</b>	<b>805</b>	<b>52.72%</b>
<b>Primary, Community Intermediate Care Total</b>		<b>1527</b>	<b>750</b>	<b>49.12%</b>
<b>Specialist Services Total</b>		<b>2010</b>	<b>1118</b>	<b>55.62%</b>
Surge Hospitals	Lakeside Wing	37	13	35.14%
<b>Surge Hospitals Total</b>		<b>37</b>	<b>13</b>	<b>35.14%</b>
<b>Surgical Services Total</b>		<b>2360</b>	<b>1232</b>	<b>52.20%</b>
<b>Grand Total</b>		<b>16495</b>	<b>8907</b>	<b>54.00%</b>

The compliance figures achieved in **Table 4** above relate to a rolling 12 month period, the fire safety e-learning package, classroom, locality based & Fire Warden training. All fire safety training records are recorded on the staff personal records Electronic Staff Records (ESR) database. Learning Education and Development (LED) collates all statistical information in relation to Fire Safety Training and notifies workforce development. It can be seen that 54% of staff received some form of fire safety training in the previous 12 month period ending 31<sup>st</sup> March 2021. This percentage has dropped by 13% compared to year ending 31<sup>st</sup> March 2020 i.e.67% (See **Table 7** on Page 9).

Mandatory fire safety training sessions at UHW & UHL facilitated by members of the FSMT are organised by LED, with information in relation to venues, dates and times being advertised in the annual LED prospectus available on the intranet. Annually LED provide 90 sessions PAN Estate however in April 2020 all face to face training was suspended and this continued to be the case until the FSMT introduced proactive measures that facilitated covid safe tutor led fire safety training in July 2020 (See **Table 5** on Page 6) Whilst it is acknowledged that the current training figures have dramatically declined due to Covid further initiatives to try to increase numbers are being considered.

In the interim requests made to members of the FSMT from managers to carry out on-site training will be accommodated where possible and appropriate. It will be the responsibility of the organiser of the training to ensure that sufficient numbers of staff attend (usually a minimum

of 12) a suitable room to carry out the training is available and set up prior to arrival and Covid safe measures are adopted in all cases.

As the FSMT have limited resources and numerous other fire safety duties, it will not always be possible to accommodate requests for on-site fire safety training. In these circumstances, staff will be referred to attend mandatory training drop in sessions arranged by LED either at UHW or UHL facilitated by the FSMT.

**It is also noteworthy that Managers continue to report releasing staff to attend tutor led fire safety sessions is still a real and ongoing challenge.**

**Table 5**

Fire Safety Management Team Face to Face Training Figures 2020/21

Hospital Name	Date	Training Requestor	Department	Name of Training	Name of Trainer	Total Attending
Dental	22/07/2020	Emma Stone	Dental	Medical Gas	Stephen Bennett	4
Dental	23/07/2020	Emma Stone	Dental	Medical Gas	Stephen Bennett	3
Ty Dewi Sant	16/07/2020	LED	Various	Corporate Induction	Stephen Bennett	25
Sports and Social UHW	22/09/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	15
Sports and Social UHW	29/09/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	20
Sports and Social UHW	01/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	17
Sports and Social UHW	06/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	13
Sports and Social UHW	08/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	9
Sports and Social UHW	08/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	7
Sports and Social UHW	14/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	15
Sports and Social UHW	16/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	13
Sports and Social UHW	21/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	9
Sports and Social UHW	23/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	16
Sports and Social UHW	26/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	9
Sports and Social UHW	30/10/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	15
Sports and Social UHW	03/11/2020	Nicola Giles	Health Care Workers	Fire Training	Mal Perrett	18
Rookwood	09/11/2020	Pat Grundon	Physiotherapy	Fire Training	Stuart Rookes	7
Rookwood	09/11/2020	Pat Grundon	Physiotherapy	Fire Training	Stuart Rookes	7
Sports and Social UHW	19/11/2020	LED	Various	Corporate Induction	Stephen Bennett	18
Sports and Social UHW	11/11/2020	Nicola Giles	Health Care Workers	Fire Training	Ben Perrett	10
Sports and Social UHW	23/11/2020	LED	Various	Corporate Induction	Stephen Bennett	15
Sports and Social UHW	27/11/2020	LED	Various	Corporate Induction	Ben Perrett	15
Cochrane Building UHW	01/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	6
Cochrane Building UHW	08/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	10
Cochrane Building UHW	11/12/2020	Nicola Giles	Health Care Workers	Fire Training	Ben Perrett	13
Dental Lecture Theatre	16/12/2020	Emma Stone	Dental	Fire Warden Training	Stephen Bennett	11
Cochrane Building UHW	17/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	10
Cochrane Building UHW	18/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	13
Cochrane Building UHW	21/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	14
Cochrane Building UHW	06/01/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	10
Cochrane Building UHW	07/01/2021	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	16
Cochrane Building UHW	12/01/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	13
Cochrane Building UHW	20/01/2021	Nicola Giles	Health Care Workers	Fire Training	Ben Perrett	10
Cochrane Building UHW	25/01/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	16
Cochrane Building UHW	01/02/2021	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	11
Cochrane Building UHW	08/02/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	9
Dental	18/02/2021	Emma Stone	Dental	Fire Training	Stuart Rookes	27
UHL	18/02/2021	Nicky Punter	Health Care Workers	Fire Training / via Team	Ben Perrett	19
Cochrane Building UHW	19/02/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	11
Cochrane Building UHW	24/02/2021	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	11
Dental	25/02/2021	Emma Stone	Dental	Fire Training	Stephen Bennett	6
					<b>Total</b>	<b>516</b>

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**N.B.**

Current training needs analysis (TNA) dictates the frequency of fire safety training required to be delivered to all staff groups. The analysis requires that the majority of clinical staff are mandated to

attend statutory classroom based fire safety training either annually or exceptionally bi-annually. With this in mind a request was made to workforce development to examine the available data for the previous three years and the figures on **Table 6** below indicates some worrying trends.

**Table 6** - Analysis supplied by workforce development including three caveats outlined below:

		Financial Year		
Staff category	Delivery Mode	2017-18	2018-19	2019-20
Clinical	Face to Face	1967	2553	2238
	Online e-Learning	4528	5163	5910
<b>Clinical Total</b>		6495	7716	8148
Non-Clinical	Face to Face	859	989	642
	Online e-Learning	1353	1705	2138
<b>Non-Clinical Total</b>		2212	2694	2780
<b>Total Face to Face</b>		2826	3542	2880
<b>Compliance Percentages</b>		<b>65.32%</b>	<b>67.89%</b>	<b>67.03%</b>

1. Staff in the Administrative & Clerical, Estates & Ancillary and Student Staff Groups have been categorised as 'non-clinical'. All other staff have been categorised as 'clinical'.
2. The report shows the current employment status of staff who have undertaken training in the last three years and therefore includes some staff who have subsequently left the Health Board but replaced by new starters The Staff Group which consists of six members of staff is not recorded, so it cannot be determined whether they are 'clinical' or 'non-clinical' and therefore they have been removed from the analysis.
3. Records which indicate in any way that the learning was incomplete, or courses were cancelled have also been removed. This equates to 2289 enrolments, for 1577 staff.

In March 2018 the overall Fire training compliance was 65.32%. In 2019 it was 67.89% and in 2020 it was 67.03%. It should be noted that the total figures in **Table 6** above represent only 67.03% of the total workforce at the time of reporting.

### The majority of clinical staff are mandated to attend a face to face session annually

In year 2019-20 the UHB employed 15691 (See **Table 7** on Page 9) of which 10,517 staff were recorded as receiving some form of fire safety training i.e.  $5174 \times 100 \div 15691 = 33\%$  were recorded as receiving no fire safety training of any kind and were therefore non-compliant.

**Table 7** below shows that in year 2019-20,  $10517 \times 100 \div 15691 = 67\%$  of all staff were compliant and only  $2880 \times 100 \div 10517 = 27\%$  of staff actually attended a face to face session. When the numbers of staff who were non-compliant are included i.e. 5174 the percentage compliance figure is significantly reduced i.e.  $2880 \times 100 \div 15691 = 18\%$  of all staff are compliant more worryingly only  $2238 \times 100 \div 15691 = 14.3\%$  of clinical staff are actually compliant in attending a face to face session in 2019-20 (See **Table 8** on Page 10, Exemplar training needs matrix).

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### Table 7

Data supplied by Workforce Information for **1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020**

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	235	179	76.17%
<b>All Wales Genomics Service Total</b>		<b>235</b>	<b>179</b>	<b>76.17%</b>
Capital, Estates & Facilities	Capital Planning & Admin	46	44	95.65%
<b>Capital, Estates &amp; Facilities Total</b>		<b>1212</b>	<b>885</b>	<b>73.02%</b>
<b>Children &amp; Women Total</b>		<b>2318</b>	<b>1634</b>	<b>70.49%</b>
Clinical Diagnostics & Therapeutics	Clinical Diagnostics and Therapeutics Management	7	6	85.71%
<b>Clinical Diagnostics &amp; Therapeutics Total</b>		<b>2371</b>	<b>1808</b>	<b>76.25%</b>
Corporate Executives	Chief Executive Officer	45	25	55.56%
<b>Corporate Executives Total</b>		<b>842</b>	<b>596</b>	<b>70.78%</b>
<b>Medicine Total</b>		<b>1852</b>	<b>1042</b>	<b>56.26%</b>
<b>Mental Health Total</b>		<b>1500</b>	<b>1013</b>	<b>67.53%</b>
Primary, Community Intermediate Care	Localities Cardiff North West	273	211	77.29%
<b>Primary, Community Intermediate Care Total</b>		<b>1066</b>	<b>749</b>	<b>70.26%</b>
<b>Specialist Services Total</b>		<b>1893</b>	<b>1207</b>	<b>63.76%</b>
Surgical Services	ENT & Dental Hospital	496	358	72.18%
<b>Surgical Services Total</b>		<b>2402</b>	<b>1404</b>	<b>58.45%</b>
<b>Establishment Grand Total</b>		<b>15691</b>	<b>10517</b>	<b>67.00%</b>
<b>Non-compliant total</b>				
<b>15691 – 10517 = 5174</b>				
<b>i.e. 33.00%</b>				

It is clear that these figures reveal an alarming noncompliance with this statutory duty.

It should also be noted a complete suspension of classroom based training was introduced across the board for most of 2020 due to the Covid 19 pandemic. Therefore compliance figures will be further reduced for the foreseeable future and throughout the next reporting period.

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**Table F1 Page 18 - Exemplar training needs matrix**

**Table 8**

Key: a = upon commencement of work in an area x = upon commencement of work for the organisation 12 = 12-month interval between training 24 = 24-month interval between training 36 = 36-month interval between training  Note: Where a member of staff has attended a fire lecture in the previous 12-month period, the use of e-learning is not required.  The use of e-learning for fire safety training is described in Chapter 11; it should not be used as the sole method of delivering fire safety training.	Fire safety induction (Local)	Fire safety induction (Corporate) 45 minutes)	General fire safety (e-learning)	General fire safety (classroom session) (30 minutes)	Combustibles, flammables & equipment (15 minutes)	Fire safety including medical gases (30 minutes)	Fire & smoke spread etc (30 minutes)	Using fire extinguishers (Practical) (1 hour)	Fire evacuation drill	Assisting independent patients & visitors. (15 minutes)	Evacuating dependent patients (Theory) (30 minutes)	Evacuating dependent patients (Practical) (1 hour)	Evacuating very high dependency patients (Theory)(30 mins)	Evacuating very high dependency patients (Practical) (1 hour)
An administrator that works in an office and does not enter patient or public access areas as part of their role	a	x	12	36					12					
An administrator that is ward-based or often enters ward areas	a	x		12						12				
A member of ward housekeeping staff	a	x		12	12					12				
A member of the food delivery catering staff.	a	x		12	12					12				
A member of the nursing staff on a general ward.	a	x		12		12					12	24		
A member of nursing staff on a critical care unit.	a	x		24		24	24	24					24	24
A member of working in an operating theatre	a	x		24		24	24	24					24	24

Table F1 Exemplar training needs matrix



Appendix F Developing the training needs analysis

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**6 Emergency Evacuation Exercises**



Fire evacuation exercises were suspended on 1<sup>st</sup> April 2020 due to the National Emergency but will recommence as soon as the national emergency is stood down.

## 7. Vertical Evacuation Proposal

The provision of equipment for implementing vertical evacuation of patients in the event of a fire emergency have been introduced in ward areas where there is a possibility of vertical evacuation down stairs. Equipment is provided & will greatly reduce the manual handling risks associated with vertical evacuation, and facilitate a more effective and speedy evacuation procedure.

Continuation training on the evacuation equipment has not been carried out and anecdotal evidence suggests that staff previously trained to use the chair are no longer confident to use this equipment in the event of an emergency. Reduced competency would inevitably cause considerable delay if patients or visitors had to evacuate vertically using this equipment.

Therefore fire safety management has proposed that the function of using the fire evacuation chairs is removed from clinical staff and given to trained porters thus reducing the dual burden of cost and resources that are currently required to potentially train thousands of clinical staff per annum. This proposal was accepted by the Director of Capital Estates and Facilities and the Head of Health and Safety. The training was out sourced and programmed to take place on the 18<sup>th</sup> and 19<sup>th</sup> March 2020. Unfortunately this event had to be cancelled due to the National emergency when the Prime Minister announced a National lock down on 16<sup>th</sup> March 2020. This training is to be reinstated once the emergency is stood down.

## 8. Compartmentation and fire Stopping

The fundamental fire strategy in all Healthcare premises involves restricting a fire to the compartment of origin by the use of materials that achieve a minimum fire resisting standard. This will enable patients and clinical staff to move progressively horizontally to a place of relative safety inside the building to allow care and treatment to continue. Over many years the structural fire compartmentation of our buildings has been compromised by the installation and removal of redundant services that include cables, pipes, ducting work that breach compartment walls, ceilings and floors. This has led to omission of essential fire stopping installations that are required to resist the passage of smoke and flame from an outbreak of fire.

As a consequence C&V UHB now have a rolling program of remedial work which is being carried out on a priority risk basis. Recently works have been completed at Barry Community Hospital, St David's Hospital and Woodland House. Currently the appointed 3<sup>rd</sup> part accredited fire stopping company is carrying out extensive intrusive works at UHW and UHL. It is estimated that this work will take two to three years to complete.

## 9. Fire Policy, Procedures and Permits

C&V UHB Fire Safety Policy and Procedures have been updated, approved in July 2018 and are available to view on the health Boards Intranet. It is worth noting that a number of fire safety permits to work have also been recently amended to reflect changes in work practices and to prevent any ambiguity by contractors as to their responsibility in respect of fire safety. Fire safety permits that have been amended and are currently in draft awaiting approval are:

- Fire Safety Authorisation to Proceed
- Fire Compartmentation Integrity Assurance Permit

Other fire safety permits currently under review are:

- Hot Works Permit
- Fire Alarm System Isolation and Re-instatement Permit

## 10. Appointment of Deputy Fire Safety Managers and Attendance at Meetings

Each Service Board has nominated and appointed a Deputy Fire Safety Manager to be responsible for fire safety management issues within areas occupied by their staff.

In January 2019 NHS Wales Shared Services Partnership Audit & Assurance Services carried out a legislative and compliance audit and they noted in Finding 6 - Process in place to establish compliance is achieved (Operating effectiveness) that

*“The management actions are monitored at the DFMSM quarterly meetings. Copies of the DFMSM meetings were obtained to ensure that the required people are attending each meeting and their frequency. Analysis of the attendance figures identified that the attendance levels are low and it is the same members of staff who are always present. Key areas that have the most management actions are not attending therefore we are unable to provide assurance that the management actions are being appropriately scrutinised”.*

The audit recommended that

*“Senior management should ensure that there is appropriate attendance at the DFMSM meetings from every Service Board’s nominated Deputy Fire Safety Managers”.*

## **11. Illicit Storage in Corridors and circulation spaces**

Designing storage facilities in healthcare premises requires careful planning as space allocation and utilisation is a major challenge. The problem of illicit storage of items that include beds, combustible items, bins, trolleys and discarded electrical equipment in main corridors is on the increase. This matter is not restricted to C&V UHB but is recognised as a Healthcare sector wide problem.

As this matter is a cause for concern C&V UHB Fire Risk Assessments and in SWFRS Audits record all such instances under management responsibilities to allow local managers to take ownership of this problem and to resolve at source.

It is therefore recommended that a collaborative approach is adopted across all service boards to reduce and eventually eliminate this issue.

## **12. Beds stored in corridors**

This matter has been a major problem for many years at UHL and UHW and has been identified in all fire risk assessments wherever this non-compliance occurs. An interim measure has been adopted at UHL by storing a limited number of beds in the Mental Health Services Out Patient Department (MHSOP) plant room area at second floor level. At UHW a permanent solution has been found by building a dedicated bed storage located adjacent to Cardigan House. This store was due to be opened to take its first beds in March 2020 but due to the National emergency and contingencies of the service the store was commandeered to stock a wide range of PPE equipment. Once the emergency is stood down this dedicated bed store will be brought into use.

## **13. Providing Complex Fire Safety Advice on all Capital Projects**

During the preceding 12 months the fire safety management team has completed technical reviews and reports for all major capitals and minor discretionary capital projects undertaken PAN Estate. These include the MRI Unit, Obstetrics, The 10 Bed Isolation Unit, Major Trauma and Vascular Hybrid Theatres, 350 Bed Nightingale Design, 50 Bed Code Compliant Lakeside Wing and major ward refurbishments at UHW, Rookwood development, CAVOC and Cystic Fibrosis at UHL, Radiopharmacy at Llanishen, Genomics Partnership Wales at Coryton, Maelfa Wellbeing Centre at Llanedyn, SARC New Links and ongoing refurbishments at Cardiff Royal Infirmary.

## **14. Maintenance of Estate Fire Safety Equipment and Systems**

The equipment and systems listed below are required to be serviced and maintained annually. The list is not exhaustive but includes;

- Hand held Fire Fighting Equipment
- Fire Fighting Hose Reels
- Fire Resisting Doors
- Fire Fighting Mains
- Private Fire Hydrants
- Dry Rising Fire Mains
- Fire Suppression Systems
- Mechanical Smoke Extraction Systems
- Fire Fighting Lifts
- Bed Evacuation Lifts
- Fire Fighting Lobbies
- Fire Fighting Shafts
- Fire Alarm and Detection Systems
- Emergency Lighting Systems
- Fire and Smoke Dampers

### 15. Capital Investment in Fire Safety Precautions and Systems

The areas outlined below are current fire safety projects where considerable capital investment has been allocated for 2020/21:

- Fire stopping project PAN Estate
- Surveying, validation and swap out of mechanical fire dampers that are being replaced by electronic fire and smoke dampers PAN Estate
- Fire alarm and detection system upgrade project at UHW, UHL and Barry Community Hospital (BCH).
- Swap out end of life detectors and carryout a whole site cause and effect review at UHL
- Fire risk assessment rationalisation project upgrade using the IPR 3.5 MICAD system

### 16. SWFRS Site Specific Risk Inspections (SSRI's)

These inspections are carried out under section 7.2d of the Fire Service Act 2004. The purpose of these inspections is to formalise their standard operating procedures (SOP's) in terms of Building layout, Building occupancies, risks and hazards in each building, location of fire hydrants, dry rising main inlet and outlet locations, fire suppression systems, oxygen isolation Area Valve Service Units (AVSU's), mains gas and mains electric isolation switch locations, rendezvous positions, firefighting staircases, firefighting lifts and their locations. Also hazardous materials and flammable storage that are located either internally and externally. All this information is recorded and uploaded onto SWFRS on board computers to enable crews who attend incidents PAN Estate to retrieve relevant firefighting information instantly allowing immediate dynamic risk assessments (DRA) to be made and operational plans to be put in place beforehand and in real time.

Due to the national emergency all SSRI visits were suspended for the duration of this reporting period.

### 17. National Emergency Measures

## 17.1 Dragons Heart Hospital (DHH)

The Principality Stadium was temporarily transformed into an emergency surge hospital with approximately 1,500 bed spaces provided and known as The Dragons Heart Hospital.

Cardiff and Vale University Health Board (C&V UHB) has a statutory obligation to protect persons from the risk of fire. The enforcing authority of current National fire safety legislation is the local Fire Authority i.e. South Wales Fire and Rescue Service (SWFRS) who is lawfully empowered to monitor and enforce compliance of all fire safety matters under the Regulatory Reform (Fire Safety) Order 2005 (FSO).

As the DHH was not able to achieve a fully code compliant build in accordance with Building Regulations or Health and Technical Memorandum (Fire code) the incumbent Fire Engineers (Hoare Lea) published a change of use Fire Safety Strategy outlining areas of non-compliance. These areas include the re-configuration of the existing Fire alarm and detection system, the emergency lighting system, installation of the same to cover the proposed change of use areas. Procurement, type and distribution of additional first aid firefighting equipment. Extension of the existing wet firefighting main to pitch side to enable a rapid knock down of fire provision. In addition there were a number of extended dead end conditions and a lack of fire resisting compartmentation and limited sub division especially at pitch level in the tented areas. However the introduction of oxygen rich environments presented the greatest risk of fire propagating rapidly hence an immediate knock down of fire was required. This was because SWFRS operational managers confirmed that attending crews would take a minimum of 30 minutes to get to work at the scene of operations within the stadium if fire broke out due to the increased hazards being introduced within this temporary facility.

With this in mind Building control and SWFRS insisted that a dedicated firefighting team was required to enable this facility to be operated safely at the point of opening. The SFSO was tasked with recruiting agency firefighters. This was rapidly achieved by canvassing and subsequently recruiting retired firefighters and off duty Cardiff and Wales Airport firefighters. The SFSO recruited 51 volunteers who were able to commence work on the day the facility received its first patient. The facility opened on 29<sup>th</sup> April 2020. At very short notice and at break neck speed the SFSO organised all fast track enrolment forms, Occupational Health forms, DBS checks and returns, Security ID cards, Rosters, DHH site inductions, standard operating procedures, bespoke emergency evacuation plans for four levels including the pitch and raised pitch levels, enhanced fire safety advice to all firefighters and UHB staff including oxygen Area Valve Service Unit (AVSU) isolation operational procedures. In addition the SFSO submitted all weekly pay returns. The facility closed on 5<sup>th</sup> June 2020 with decommissioning commencing in October 2020. The stadium was handed back to the Welsh Rugby Union (WRU) in December 2020.

## 17.2 Helideck Facility at UHW

This facility is staffed by UHB porters who receive additional training to enable them to safely operate the Helideck during all aircraft movements. Due to a significant spike in sickness levels the SFSO was tasked with contacting the DHH firefighters to engage their services once again. This time 21 retired firefighters and off duty Airport firefighters volunteered. They team operated the Helideck facility from 18<sup>th</sup> December 2020 up to the end of this reporting period and into the next reporting period. In January 2021 the SFSO was asked to evaluate the management of the Helideck and submit a report to the Head of Discretionary Capital. The report identifies 48 actions and was duly submitted in early February 2021.

## 17.3 Lakeside Wing

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Due to a new spike in Covid cases Ward 'A' on the ground floor was opened on 5<sup>th</sup> January 2021. As the remainder of the premises was still under construction and conditions presented a single direction of escape with excessive travel distances. Therefore it was deemed necessary to temporarily staff this area with volunteer firefighter to immediately fight a fire and prevent any outbreak escalating and quickly assist in an evacuation if necessary. This team was stood down on 12<sup>th</sup> February 2021 when alternative escape routes were commissioned.

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## PROPOSED FIRE SAFETY MEASURES FOR 2021/22

- Improve attain and maintain attendance at basic tutor led fire safety training. Due to the effects of the National Emergency 54% of staff are compliant with some form of fire safety training best practice requirement is 85% In order to attain and maintain this statutory requirement further planning and other ways of achieving an increase will have to be considered and agreed prior to the national emergency being stood down to enable immediate implementation
- Increase the number of trained Fire Wardens PAN Estate.
- Continue programme of risk assessments reviews Pan Estate and migrate the actions to the Internet Property Register 3.6 Micad Management System used by Capital, Estates and Facilities
- Repair and replace all defective Fire Alarm and Detection System devices in areas that have been identified and outlined by survey and assessment.
- To continue fire stopping of compartment fire ceilings, floors and walls that have been breached or damaged due to the installation of a range of services.
- To design, deliver training and agree make up of first responder fire response team.
- Develop bespoke emergency evacuation plans and install departmental 3-Dimensional emergency evacuation drawings. Undertake evacuation walk through exercises and carry out regular annual fire drills.
- Continue advising on the projects outlined in item 13 of this paper.
- Draft and submit a new training proposal.

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On Thursday 16/07/20 at 20:15 there was a fire alarm activation Hafan Y Coed, Hazel Ward, Bedroom 1. A clinical member of staff entered the room and observed the patient within the room and the window curtains alight. The fire authority were called by staff on Cedar ward. The curtains were pulled to the floor by a member of staff and they self-extinguished. The patient was confused presented as psychotic and removed under close observation in the high care room whilst the room and the patient were searched. The fire was believed to be started with a lighter and possibly an aerosol used as accelerant. The fire authority attended around 20:23 and left shortly after conducting thermal imaging. The Estates on call electrician was prompt on the scene and reset the fire alarm system. The curtains were placed in a separate room on the ward in order for the bedroom to be used during the night. No further damage other than the curtains to report, a full headcount of staff and patient was also carried out.

Completed by (name) Stephen Bennett  
Position Fire Safety Advisor



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### Appendix 3

On Friday 2<sup>nd</sup> October 2020 an incident occurred involving a hard wired ceiling mounted light fitting that overheated causing a minor fire damage to the fitting. The departmental manager followed the correct procedures in terms of evacuating the premises, isolating the electrical supply and informing the fire service but omitted switchboard. Therefore additional advice was given to the responsible person to call UHB switchboard on 3333 using the premises landline (if safe to do so) to inform the operator of the incident and enable switch to directly contact the requisite estates personnel. See images attached.

Completed by (name) Ben Perrett  
Position Fire Safety Advisor



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#### Appendix 4

The sequence of events and pictures are attached.

Completed by (name) Ben Perrett  
Position Fire Safety Advisor

UHL Ward East 18 Fire Incident 08 12 2020 at 14:00

At approximately 1400 an incident occurred where a member of staff plugged a brand new mobile phone charger into a wall mounted socket located in room 14.

The staff member confirmed that the charger was brand new and that it was visually pre-checked for any damage / markings and found the unit to be satisfactory. However investigation by Estates confirmed that the charger was purchased via the internet (eBay) and it seems highly likely that the source manufacturer was of a dubious nature resulting in the unit immediately short circuiting and overheating.

This in turn caused the unit to explode and as a consequence resulted in melting, scorching and permanent damage to both the unit and the wall socket.

The ward team checked the room and closed the door but unfortunately did not raise the alarm or call switchboard on 3333 to enable switch to follow procedure and notify the on-site fire response team immediately. As a consequence of not following UHB procedures the fire service were not informed and they did not attend.

At 1409 an email was received from Jo Wilson the Directorate Manager notifying the Estates team of the incident. Two members of the team and the onsite fire safety officer attended site and thoroughly checked the room using a thermal imaging camera to confirm there was no hidden hot spots. The electrical supply to the socket was isolated until it was replaced.

Ward East 18 staff were reminded to follow UHB fire incident procedure in future by immediately raising the alarm and calling switch on 3333 for all fire related incidents to enable an immediate response to be made.

The charging unit was safely disposed and the responsible person was informed to instruct her staff that in future all such charging units should be purchased from a reputable outlet and carry a recognised safety kite mark. (See images on pages 20 to 22 below)

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**Image 1 – Scorched Wall Mounted Socket**

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Image 2 – Scorched Phone Charger

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Image 3 – Scorched Phone Charger and Phone

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**ACTION LOG**  
**Operational Health and Safety Group**  
**9:30am 10<sup>th</sup> of March 2021**

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
<b>Actions Completed</b>					
<b>OHSG/09/06-05-Action03</b>	Inclusion of Staff Side issues in standing Agenda	Staff side issues to be included as a standing element in the agenda going forward	Thomas Bott	06-2021	Complete – Added to agenda template
<b>Minutes and Action Logs</b>	Minutes and Action logs	Previous Minutes and Action log to be rectified and sent out New minutes and action log to be rectified and sent out.	Thomas Bott	06-2021 07-2021	Raised Complete – minutes produced and distributed.
<b>OHSG/09/06-12-Action02</b>	Issues around heating and water leaks in CRI	Mr I Fitsall and Mrs Thomas to discuss outside of meeting regarding issues and suitable process to rectify.	Ian Fitsall Rachel Thomas	06-2021 09-2021	RT and IW met, Information has been missing, resolved going forward. This action can be closed.
<b>RS-SB-01</b>	Bariatric Action Log	Rachael Sykes to check if David Pitchforth is in charge of bariatric action log and to feed back to Sue Bailey. <b>06-2021</b> – TB - Sue Baily to be chased for feedback	Rachael Sykes	06-2021 07-2021  08-2021 09-2021	Rachael Sykes contacted David Pitchforth and copied in Sue Bailey and David has replied – Awaiting feedback from sue Sue returned contact – no one has contacted her regard bariatric action log Moved to new action, this action closed
<b>NB-01</b>	Staff Havens	Nicola Bevan to raise the Cardiff Royal Infirmary Haven at the Occupational Health and Well Being Group. <b>06-2021</b> - to be raised in next strategic meeting	Nicola Bevan	03-2021 06-2021  09-2021	Raised NB spoken to PCIC, looking to areas of suitability. Raising at next strategic meeting. Closed

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<b>IW-01</b>	Good Practice Externally for stress management	Ian Wile to contact contemporary in Betsi Cadwaladar to continue work on looking at external best practice in stress support. <b>06-2021</b> – TB – to chase with Ian Wile and Dan Crossland between meetings	Ian Wile	03-2021 06-2021  09-2021	raised Ian Wile not in attendance, Chase with Dan Crossland between meetings.  Closed
<b>OSHG/09/06-04-Action02</b>	Denbigh House Entry and Egress	To be raised with estates as another fault has developed.	Jon McGarrigle	06-2021 09-2021	JM – chased and checked, repair is made and good.
<b>OHSG/09/06-11-Action03</b>	Usage of Storage for PPE and Bed Storage at UHW	M Perrett to discuss with G Walsh regarding the use of UHW bed store as PPE store and if this will revert in full or partially. <b>09-2021</b> – MP to continue monitoring situation with Tony Ward.	Mal Perrett	06-2021 09-2021	MP has spoken with Tony Ward via email, looking for responses. action is limited in relation to risk of third wave of Covid. Moved to monitoring ongoing issues.

#### Actions in Progress

<b>OSHG/09/06-04-Action01</b>	Bariatric Action log	Robert Warren to raise action log with appropriate individuals.	Robert Warren	06-2021 09-2021	Spoke with MH advisor, H&S has had input and not lead. Sue Bailey chasing Judith Hill chaired previous meeting, progress interrupted by Covid. Sue bailey still chasing. action forward – discuss with MH and look at progressing bariatric pathway
<b>OHSG/09/06-11-Action01</b>	SOPs for PPE	Ceri Pell and Caroline Murch to create email, and send out SOPs to be circulated around clinical boards.	Caroline Murch	06-2021 09-2021	CM Sent Out Email with SOP, requested Generic Risk Assessment Action forward to request feedback from clinical boards Confirmation from C&W, CEF, Dental,
<b>OHSG/09/06-05-Action01</b>	Albac Mat Procedure/Policy Documentation	Discussion regarding draft policy for use of Albac Mats to be reviewed, either as a stand-alone policy or procedure, or for inclusion into existing safety policy or procedure.	Robert Warren Mal Perrett	06-2021 09-2021	No requirement for a direct procedure however, their use should be considered in emergency plans. MP – requesting procedure around

					contact for porter, Action forward MP to chase up with Porters and switchboard.
<b>OHSG/ 09/06-05- Action02</b>	Review of H&S Meeting structures	Look at mapping of responsibility and accountability for H&S meeting structure inclusive of fire and water safety meetings.	Robert Warren	06-2021 09-2021	This is a longer-term project for the department. Action Forward – RW and Advisors to carry forward as longer term project.
<b>OHSG/ 09/06-07</b>	Covid Risk Assessments	Robert Warren to discuss with H&S team and seek route for communication to go out regarding Covid 19 Risk assessments being completed in local areas.	Robert Warren	06-2021 09-2021	Health and safety advisors to communicate through the clinical board H&S meetings. Action forward – Clinical Boards to disseminate need to department managers.
<b>OHSG/ 09/06-11- Action02</b>	Clinical boards to create reusable respirator risk assessment and feedback on next meeting	Clinical boards have been asked to complete a risk assessment for reusable respirator use and feed back to operational group meeting.	Clinical Board leads.	06-2021 09-2021	CM – to chase
<b>OHSG/ 09/06-11- Action03</b>	Usage of Storage for PPE and Bed Storage at UHW	M Perrett to discuss with G Walsh regarding the use of UHW bed store as PPE store and if this will revert in full or partially.	Mal Perrett	06-2021 09-2021	MP – spoken with Tony Ward via email, looking for responses. Is limited in relation to risk of third wave of Covid. Action Forward – MP to monitor with Tony Ward.
<b>OHSG/ 09/06-12- Action01</b>	Feedback regarding Legionella report action responsibility	Mr McGarrigle to feed back to Mrs Thomas regarding the water safety meetings agreed process for outstanding actions.	Jon McGarrigle	06-2021 09-2021	JM picked up with estates and compliance, Discussed with RT. Further information required. Discussions ongoing with RT and Tony Ward. Action Forward – JM and RT to discuss post meeting.
<b>OHSG/ 09/06-12- Action03</b>	Parking Issues: capacity, park and ride restart	Mr Warren to Liaise with Mr McMillan and to invite Mr McMillan to the next OHSG to discuss parking and the increased risk of	Robert Warren	06-2021 09-2021	Estates are currently looking to re-commence the P&R for Llandough. Toys R Us can no longer be used as it

		V&A raised by Mr Egan due to frustrations of patients.			is currently a mass vaccination centre and will shortly be taken back by Cardiff Council. An SBAR is going to Management Exec for funding approval and an alternative site is being explored with the Council. Estates are hopeful of restarting the service in September. RW – spoke to McMillan, Estates looking into Park and Ride. Estates looking for funding for alternative park and ride sites. SE – problems continue. P/t still becoming aggressive. Action forward – RW to ask for further update.
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**Actions Carried forward from previous meeting**

<b>MG-SG-01</b>	CCTV in community sites	Maxine Gronow to contact Stephen Gardiner regarding which sites are having ongoing CCTV issues, Stephen to investigate. <b>06-2021</b> – SG - list of other areas and schemes to be carried forward	Maxine Gronow	03-2021 06-2021  09-2021	Raised List of schemes created – requested list of other areas  RT – please retain on action log, SG – list from pcic received, sent through PI request for investment. Action forward – RT and SG to discuss post meeting.
<b>SB-01</b>	Afterthought Training Videos distribution	Sue Bailey to contact H&S team and Employee Wellbeing Service once staff support videos completed and arrange distribution. 06-2021 – TB – to seek feedback from Sue Bailey	Sue Bailey	03-2021 06-2021  09-2021	Raised -Sue Bailey feedback to TB on information that videos are being translated at the moment.  SB – formal sign off and release is imminent.

**Actions Taken to H&S Committee**

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**MEETING MINUTES**  
**OPERATIONAL HEALTH AND SAFETY GROUP**  
**14:00 on WEDNESDAY 9<sup>th</sup> June 2021 via MS TEAMS**

**Attendance**

**Present:**

Robert Warren	Head of Health and Safety (Chair)
Janice Aspinall	Staff Side Representative
Nicola Bevan	Head of Employee Health and Wellbeing
Daniel Crossland	Mental Health CB Representative
Rachael Daniel	Health and Safety Adviser
Jonathan Davies	Health and Safety Adviser
Stuart Egan	Lead Trade Union Representative
Ian Fitsall	Head of Estates
Stephen Gardiner	Head of Estates and Facilities
Rhodri John	Children & Women CB Representative
Philip Mackie	Health & Safety and Asbestos Manager
Jon McGarrigle	Head of Energy and Performance
Caroline Murch	Health and Safety Adviser
Mal Perrett	Senior Fire Safety Adviser
Ceri Pell	Assistant Health and Safety Adviser
Rachael Sykes	Health and Safety Adviser
Rachel Thomas	PCIC CB Representative
Clare Wade	Surgery CB Representative

**Apologies:**

Sue Bailey	CD&T CB Representative
Rowena Griffiths	Governance and Quality Manager - Dental
Karen Lewis	Head of Personal Injury Claims

**In Attendance:**

Thomas Bott	PA to Head of Health and Safety
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<p><b>OHSG/ 09/06-01</b></p>	<p><b>Welcome and introductions</b></p> <p>The Chair welcomed everyone to the meeting and thanked them for their attendance to this important meeting.</p>
<p><b>OHSG/ 09/06-02</b></p>	<p><b>Apologies for absence</b></p> <p>Apologies for absence were noted.</p>
<p><b>OHSG/ 09/06-03</b></p>	<p><b>Minutes from previous meeting</b></p> <p>The minutes of the meeting held on the 10<sup>th</sup> March were received and accepted as a true record with the exception of the following minor amendment:</p> <p><b>Item 10- Change of wording from: Ward assessments have been delayed due to COVID To: Some assessments have been put back due to COVID</b></p>
<p><b>OHSG/ 09/06-04</b></p>	<p><b>Action Log from previous meeting</b></p> <p>The Group reviewed the action log from the meeting held on 10<sup>th</sup> March 2021.</p> <p>Mr Egan raised his concern that bariatric patients were being inappropriately placed on wards in UHW as there was not a dedicated ward and this could potentially impact on staff safety. He advised an action plan was required to address this long term. Mr Warren advised he would take this forward and raise with the appropriate individuals.</p> <p><b><u>Action – Mr R Warren</u></b></p> <p>Mrs Bevan advised the front door to Denbigh House had been repaired but unfortunately had broken again. Mr McGarrigle stated he would raise with the estates department.</p> <p><b><u>Action – Mr J McGarrigle</u></b></p>
<p><b>OHSG/ 09/06-05</b></p>	<p><b>External Independent Review of Health and Safety</b></p> <p>Mr Warren informed the Group the external health and safety review had been completed and the recommendations presented to Management Executive on 7<sup>th</sup> June. There were 16 main recommendations, with other suggestions, these were in relation to:</p> <ul style="list-style-type: none"> <li>• Setting a clear strategy, objectives and KPI's and updating the health and safety policy.</li> <li>• Introduction of a management system.</li> <li>• Restructuring of health and safety, fire and contractor management.</li> <li>• ESR was perceived as a barrier to training.</li> <li>• Service level agreements should be drawn up with clinical boards and directorates to set guidance on how the health and safety department can operate and support front line functions.</li> </ul>

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- Review of risk management activities.

Mr Warren stressed that although the report had been shared with the Executive Directors it was still under discussion and no decisions had been made in respect of the recommendations, and a working group was being established to progress the findings of the review. Mr Warren thanked those who had contributed to this important review.

Mr Gardiner commented that he had reservations around the findings and how they came about but confirmed the report had not been accepted by Capital, Estates and Facilities Service Board at this stage, he felt unprepared to comment as it was the first time he had seen the report findings. He added that the structure in estates hadn't been found to be doing a bad job by the review and accountability is through the head of capital and estates as the reporting line. Mr Warren stated that whilst he appreciated it was the first time the report had been seen he was keen to keep people informed.

Mr Egan considered most of what was shown was a good way forward, he had been interviewed as part of the process and some of his thoughts were echoed in the findings. He acknowledged that it hadn't been agreed by the Executive Directors but gave an honest opinion that he did not think health and safety was currently working as well as it could across the Health Board. He mentioned the importance of the organisational change policy and that it had to be followed to enable any changes.

Mrs Bevan raised a concern on the potential rebranding of the health and safety department and the confusion this could cause with occupational health and employee wellbeing. Mr Warren stated that he wouldn't be advocating this recommendation.

Mr Gardiner queried whether any other departments had been proposed to be centralised under health and safety or just Capital, Estates and Facilities, Mr Warren confirmed to the best of his knowledge it was only Capital, Estates and Facilities.

Mr Mackie expressed his disappointment at seeing the report for the first time given that it had been available for three weeks. Mr Warren explained that he had to present it to the Executive Directors first, all executive directors had a copy of the report and so it should have been disseminated through the reporting structure.

Mr Warren then provided the Group with an update on some of the work the health and safety department had been undertaking over the last 3 months.

Mr Warren advised Albac mat training had now been completed and thanked both Mr Mal Perrett and Mr Phil Cable in helping to resolve this long standing issue. Mr Perrett mentioned the requirement to have a draft policy on how the Albac mats were going to be used and requested this be discussed outside of the meeting.

#### **Action – Mr R Warren/Mr M Perrett**

Mr Warren explained the purpose of the monthly dashboard including its aims, objectives and how it could help managers of all levels throughout the health board to pinpoint areas of excellence and areas that may need to be improved.

It was noted the Manual Handling Workplace Competency Assessor programme had

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	<p>commenced, the new format had a structure in place for improved support over the previous link worker programme.</p> <p>A number of audits had now recommenced including ligature audits, environmental audits, workplace inspections and ProAct equipment audit. It was noted some of these activities were stopped during COVID, which was appropriate for staff safety.</p> <p>Mr Warren advised the department was working on a new robust incident investigation process with the focus primarily on RIDDORS, including causal tree investigation templates. Going forward it is the intention to instigate monthly calls for the various departmental senior managers to provide a synopsis of RIDDOR investigations.</p> <p>Finally, Mr Warren asked the group what they wanted from this meeting and invited members to contact him if they had any specific requirements. He added the terms of reference would be reviewed in the near future</p> <p>Mrs Thomas queried whether it might be an opportune time to map out the meeting structure for health and safety as she thought clarity was required as there was a perception of uncertainty as to how the sub groups meet and report in, Water Safety Group being a prime example. She queried whether this could be addressed within the next quarter. Mr Warren advised due to the forecasted departmental work he was unable to commit to the next quarter but was hopeful of having something within the next six months</p> <p><b><u>Action – Mr R Warren</u></b></p> <p>Mr Egan requested that staff side issues be added to the agenda as a standing item, this was agreed</p> <p><b><u>Action – Mr T Bott</u></b></p>
<p><b>OHSG/ 09/06-06</b></p>	<p><b>Feedback from Health and Safety Committee</b></p> <p>It was noted there had not been a Health and Safety Committee meeting since the last Operational Health and Safety Group meeting.</p>
<p><b>OHSG/ 09/06-07</b></p>	<p><b>Enforcement Agencies Correspondence</b></p> <p>Miss Daniel informed the Group there had been two new issues since the last meeting. The first being the unfortunate death of a member of staff due to COVID. This has been investigated by the Health and Safety Executive who had determined the death was not reportable under the RIDDOR regulations.</p> <p>Correspondence had been received from the HSE in relation to a concern raised regarding the maintenance of ventilation systems in clinics and theatres. A detailed response from capital and estates had been provided to the HSE and the outcome was awaited.</p> <p>Mr Egan raised a concern regarding a summary of recommendations received by the Health Board from the HSE in February following covid audits in a number of Trusts in England and 2 Health Boards in Wales. He expressed disappointment that recommendations on COVID risk assessments had not been followed through in nonclinical areas. Specific examples were ventilation issues in Y Gegin where</p>

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	<p>windows had apparently been sealed preventing proper ventilation. He also found no COVID risk assessment had been carried out in administration departments and that managers were unaware of the recommendations, such as identifying maximum occupancy and correct spacing of staff work areas. The document picked up on issues surrounding communication yet clinical boards do not always attend the Operational Health and Safety Group meeting. He requested that Trade Unions were involved in drawing up an action plan and satisfying themselves that managers were aware in every area of the health board. He apologised for raising the issue in this forum.</p> <p><b><u>Action – R Warren</u></b></p> <p>He was concerned the HSE found that COVID infections weren't work related and requested that the trade unions were involved in looking at any relevant HSE correspondence.</p> <p>Mr Warren agreed that managers needed to know and understand the importance of risk assessments around COVID and communication was key to this. The Health Board had been clear and transparent with the HSE and they had replied advising they were satisfied with our investigations. He added there was still work being undertaken for the coroner.</p> <p>Miss Daniel informed the Group the HSE review was not of our health board, they had visited various others across England and Wales.</p> <p>Miss Daniel also informed the Group of two fire enforcement notices in relation to concerns at Hafan-y-Coed. Mr Warren advised a response in relation to one of the notices had been sent to South Wales Fire Service on the 4<sup>th</sup> June, this was in relation to illicit smoking in Hafan-y-Coed. Further meetings were taking place to formulate a response to the second notice.</p>
<p><b>OHSG/ 09/06-08</b></p>	<p><b>RIDDOR Incidents</b></p> <p>Thirty nine RIDDORS had been reported and they were discussed by the Group.</p> <p>Post minute correction 07-2021 Caroline Murch raised that the document used was out of date, and CEF incidents had all been reviewed by the date of the meeting.</p>
<p><b>OHSG/ 09/06-09</b></p>	<p><b>Health and Safety Training Update</b></p> <p>Mrs Sykes informed the Group class room training had been reinstated and places available were slowly increasing in-line with the COVID risk assessment. The booking of places was now through ESR self-serve, with the exception of Mental Health SIMA training. At present when staff book a place on ESR it then needs to be confirmed by their manager, however this function will be removed from August onwards.</p> <p>She advised DNA fees of £45 per person per day have been reintroduced for manual handling and violence &amp; aggression with the exception of SIMA training.</p> <p>The update and foundation manual handling inanimate object training were being combined to streamline training as was the module C violence and aggression course foundation/update.</p>

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	<p>The Manual Handling Workplace Competency Assessor pilot was being run for the next 6 months, and after this trial it was intended for this to be fully rolled out.</p> <p>The two day managing safely course was recommencing in August to supplement the working safely risk assessment course.</p> <p>Miss Pell also advised first aid training had been reinstated albeit with smaller numbers to allow for social distancing.</p>
<b>OHSG/ 09/06-10</b>	<p><b>Fire Safety Report</b></p> <p>Mr Perrett informed the Group the Hafan-Y-Coed enforcement came through a complaint. One was for control of ignition sources and one was for escape routes and maintenance of equipment. An action plan was in place and control measures have been implemented. Currently awaiting a return visit from SWFS. It was noted this was the first enforcement notice of this nature since 2018.</p> <p>Mr Perrett reported one fire in a tumble drier, although the staff member controlled the fire correct alert procedures weren't followed and will be addressed as a training issue.</p> <p>He reported the number of false alarms were down compared to normal numbers, fire risk assessments were now being recommenced as lockdown was being eased and access to wards was being made more available.</p> <p>Mr Perrett advised the fire safety team were looking to try a fire safety training week, as a trial to improve training compliance. This new approach was welcomed by Mr Warren.</p>
<b>OHSG/ 09/06-11</b>	<p><b>Personal Protective Equipment Cell Update</b></p> <p>An update on PPE was presented to the Group by Mrs Murch and Miss Pell which included the background of PPE in the UHB, best practice, training, incident review and lessons learned.</p> <p><b><u>Action – Mrs C Murch</u></b></p> <p><b><u>Action – Clinical Board Leads</u></b></p> <p>Mrs Sykes advised the department continue to offer fit testing on Monday in UHW and Tuesday in UHL this was supplemented with sessions to train people to become fit testers in the Clinical Boards.</p> <p>Mr Perrett queried whether he PPE storage at UHW would return to being a bed store once the requirement to hold large quantities of PPE had diminished, Mr Fitsall was unable to comment therefore Mr Perrett to discuss outside of the meeting with Mr Walsh.</p> <p><b><u>Action – Mr M Perrett</u></b></p>
<b>OHSG/ 09/06-12</b>	<p><b>Clinical Boards Health and Safety Group Feedback</b></p> <p>Mrs Thomas queried the process for legionella checks that have outstanding actions/issues. Mr McGarrigle advised this was raised at the last water safety group</p>

	<p>and was to be discussed further with Mr Tony Ward. A response would be supplied in the next 10 days. The responsibility to close out actions would be dependent upon what the action was, i.e local flushing would be the responsibility of the clinical board, however a maintenance action would be the responsibility of Capital, Estates and Facilities. Mr McGarrigle would feedback directly to Mrs Thomas.</p> <p><b><u>Action – Mr J McGarrigle</u></b></p> <p>Mrs Thomas then queried where the water safety group reported, it was confirmed it was a sub-group of the Health and Safety Committee.        Mrs Thomas raised inadequate heating in CRI, and smaller issues around water leaking into electrical areas. These issues weren't new and have been ongoing for some time. Mr Fitsall suggested he discuss these with Mrs Thomas outside of the meeting.</p> <p><b><u>Action – Mr I Fitsall/Mrs R Thomas</u></b></p> <p>Miss Pell added in respect of the heating issues temperature monitoring had taken place along with some discussions to resolve some issues. Further meetings are to be held as there are obvious difficulties in identifying issues during warmer weather.</p> <p>Mr Egan raised the issue of a lack of car parking at CRI and Llandough and how it could have a knock on effect in respect of violence, abuse and stress levels. He hoped the park and ride facilities would recommence soon which would help with the situation. Flexible and agile working was helping but it was his opinion that staff were being expected to return to the workplace despite welsh government's stance that if you could work from home you should. Mr Warren advised he would liaise with Mr McMillan to ascertain if there was any support health and safety could offer to assist in reopening the park ride and suggested Mr McMillan be invited to the next meeting.</p> <p><b><u>Action – Mr R Warren</u></b></p> <p>Mr Crossland informed the group national discussions were on-going in respect of low lying ligature points. Mrs Sykes added there were concerns around inconsistencies in the approach to ligature assessments and concerns high risk ligature points were not being monitored and was attending a forthcoming meeting where these issues were being discussed.</p>
<p><b>OHSG/ 09/06-13</b></p>	<p><b>Health Issues</b></p> <p>Mrs Bevan informed the Group there was now a high number of referrals to occupational health due to COVID and also redeployment. As a result, waiting times have increased which has also been exacerbated by a reduction in Occupational Health staff.</p> <p>She added there had also been an increase in mental health wellbeing referrals and these were being managed in about a week for an assessment appointment.</p>
<p><b>OHSG/ 09/06-14</b></p>	<p><b>Case Management and Lone Working</b></p>

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	<p>Mr Warren informed the Group there had been an increase in reported violence and aggression against UHB staff. He reiterated the importance of incident reporting as this would not only protect the affected person from further abuse but also their colleagues.</p> <p>He also reported lone worker device usage compliance was increasing month on month and recognised the efforts undertaken by Mrs Emma Foley in achieving this.</p>
<b>OHSG/ 09/06-15</b>	<p><b>Procedures to be consulted on - PPE</b></p> <p>Mrs Murch informed the Group that a new draft procedure had been sent out for consultation and requested any comments be returned to herself by 7<sup>th</sup> July 2021.</p>
<b>OHSG/ 09/06-16</b>	<p><b>Any Other Business</b></p> <p>No other business was raised.</p> <p>Mr Warren closed the meeting and thanked everyone for their efforts in closing the actions from the last meeting.</p>
<b>OHSG/ 09/06-17</b>	<p><b>Date of the next Meeting of the Operational Health and Safety Group</b></p> <p>The next meeting will be held at 9.30am on Tuesday 14<sup>th</sup> of September 2021.</p>

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