

HEALTH AND SAFETY COMMITTEE

Tue 25 January 2022, 09:00 - 12:00

Agenda

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

0 min

Mike Jones

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

0 min

Mike Jones

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


0 min

Mike Jones

09:00 - 09:00 **4. Minutes of the Committee Meeting held on 12 October 2021**

0 min

Mike Jones

 04 Draft HS Mins 12.10.21 MD.NF.pdf (14 pages)

09:00 - 09:00 **5. Action Log following the Meeting held on 12 October 2021**

0 min

Mike Jones

 05 Action Log.pdf (1 pages)

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

0 min

Mike Jones

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

0 min

7.1. Health & Safety Overview

Robert Warren

 7.1 Lone Worker Report - H&S Cttee Jan 2022.pdf (3 pages)

7.2. Priority Improvement Plan Update (Verbal)

Robert Warren

7.3. Fire Enforcement Report

Robert Warren

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📄 7.3 Fire Enforcement Report.pdf (5 pages)

7.4. Environmental Health Inspector Report (No report during this period)

Geoff Walsh

7.5. Fire Enforcement Notices

Robert Warren

📄 7.5 Fire Enforcement Notices.pdf (2 pages)

7.6. Enforcement Agencies Report

Robert Warren

📄 7.6 Enforcement Agencies Report.pdf (2 pages)

7.7. Risk Register for Health and Safety (Verbal)

Robert Warren

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

0 min

8.1. Pedestrian Safety Strategy

📄 8.1 Pedestrian Access strategy - Mgt paper update - Jan 2022.pdf (5 pages)

8.2. Policies for Approval:

Robert Warren

8.2.1. Latex Allergy Policy

8.2.2. Closed Circuit Television Policy - (No changes to policy)

8.2.3. Safe working with Electricity Policy

8.2.4. Environmental policy - (Will not be presented at this time)

8.3. Annual Work Plan

Nicola Foreman

📄 8.3 Health and Safety ToR and Work Plan covering report.pdf (2 pages)

📄 8.3a Appendix 2.Health and Safety Committee Work Plan 22.23.pdf (1 pages)

8.4. Terms of Reference

Nicola Foreman

📄 8.4 Terms of Reference - January 2022.pdf (8 pages)

09:00 - 09:00 9. Items for Noting and Information

0 min

9.1 Sub Committee Minutes:

Regan Niki
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9.1.1. Operational Health and Safety Group

 9.1.a 2021-09 OHSG Minutes of Meeting.pdf (8 pages)

9.1.2. Fire Safety Group

09:00 - 09:00 **10. Items to bring to the attention of the Board/Committee**
0 min

09:00 - 09:00 **11. Review of the Meeting**
0 min

09:00 - 09:00 **12. Date and time of next meeting - 19 April 2022 09:00am MS Teams**
0 min

**UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE
12 OCTOBER 2021 9AM
VIA MS TEAMS**

Chair:		
Mike Jones	MJ	Independent Member – Trade Union / Committee Chair
Present:		
Akmal Hanuk	AH	Independent Member – Local Community
Michael Imperato	MI	Independent Member – Legal
In Attendance:		
Janice Aspinall	JA	Safety Representative RCN
Rachael Daniel	RD	Health and Safety Advisor
Fiona Kinghorn	FK	Executive Director of Public Health
Geoff Walsh	GW	Director of Estates, Capital and Facilities
Stuart Egan	SE	Staff Safety Representative
Nicola Foreman	NF	Director of Corporate Governance
Robert Warren	RW	Head of Health and Safety
Wendy Wright	WW	Deputy Head of Internal Audit
Observer:		
Marcia Donovan	MD	Head of Corporate Governance
Meurig Francis	MF	Graduate Trainee Manager
Secretariat		
Nathan Saunders	NS	Corporate Governance Officer
Apologies		
Rachel Gidman	RG	Executive Director of People & Culture

HS	Welcome & Introductions	Action
21/10/001	The Committee Chair (CC) welcomed everyone to the meeting	
HS 21/10/002	Apologies for Absence Apologies for absence were noted.	
HS 21/10/003	Declarations of Interest No declarations of interest were noted.	
HS 21/10/004	Minutes of the Committee Meeting held on 27 July 2021 The minutes of the Committee Meeting held on 27 July 2021 were received. The Committee resolved that:	

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	a) The minutes of the meeting held on 27 July 2021 were approved as a true and accurate record.	
HS 21/10/005	Action Log following the Meeting held on 27 July 2021 The Action Log was received and the Committee noted the actions that were on the agenda for discussion.	
HS 21/10/006	Chair's Action taken since last meeting No Chair's Actions were noted.	
HS 21/10/007	Health & Safety Overview – Verbal Update The Health and Safety (H&S) overview verbal update was received. The Head of Health & Safety (HHS) presented the Committee with the Health and Safety external review update. It was noted that the review had commenced on 29 th March 2021 and had culminated in a written report that was issued on 14 th May 2021 and which had been read by the Management Executive (ME). It was noted that 16 recommendations had been made in the report. Thirteen of those recommendations had been accepted by the ME, three of which required further assessment to ensure that the full risk and detail of implementation had been considered. <ul style="list-style-type: none"> • The Capital, Estates and Facilities (CEF) Team to be moved and report into H&S directly. It was noted that there would be a subtle alteration to the job title to change “H&S” to “Compliance” as well as the removal of any potential or perceived self-governance by changing the ownership of the key H&S policies/procedures to the HHS. It was noted that any auditing of all Clinical Boards/Directorates should be carried out by H&S/NWSSP. <ul style="list-style-type: none"> • Fire Safety It was noted that the ME had decided that Fire Safety should move to H&S which meant the following: <ul style="list-style-type: none"> - There would be no changes to Terms & Conditions or Job Descriptions. - The only change would be the reporting line. 	

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- Capital, Estates and Facilities related projects would remain in “Business as Usual” (BAU).
- Fire would be responsible by the Executive Director of People & Culture (EDPC).

- Contractor Control

It was noted that consideration would be given to revising the process applied to the management of Contractors and related activities to ensure a single unified approach.

It was noted that where contractor work involved an impact upon the building fabric or infrastructure it would be controlled by CEF and the H&S department would continue to provide assistance to the Clinical Boards/Directorates for all other contract work.

- Future Proofing

It was noted that the HHS had spoken with the Shared Services’ Audit Services team and they would audit the H&S department on the findings of the external review.

It was noted that the current workload for the H&S department included:

- H&S Management System – The HHS advised the Committee that work had started which would lead to:
 - Gap Analysis – Standards/Policies/Procedures.
 - Standards/Policy Review.
 - RACI Matrix – Defining Responsibility, Accountability, those who should be consulted and those who should be informed.
- H&S Policy
 - Policy Statement
 - Policy Document
 - EIHA
- Setting of a H&S Strategy including objectives and Key Performance Indicators (KPIs)
 - Data would be obtained through the dashboard
 - Review of the risk management activities
- Restructure of the H&S team
 - Modest increases made in line with current budget/resource.
 - Clinical Boards/Directorates to be supported.

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- New Datix system – The “go live” date would be April 2022.
- Departmental ‘Down Day’ on 20th October 2021
 - It was noted that the day would focus on the team as a whole and discussions would be had with regard to the actions from the review, consideration of the same and how to take them forward.

Health & Safety Dashboard update

It was noted that the dashboard had been running since April 2021 and had provided the Health Board with a consistent format and was quick and easy to navigate.

It was noted that the dashboard could provide important data sets and would be used to set KPIs and other targets.

It was noted that the dashboard could identify areas that struggled with compliance and performance.

The CC asked if training had started on the new Datix.

The HHS responded that a training session had taken place the month before with the main users.

It was noted that a series of training programmes would be delivered once the new system was in place.

The Independent Member – Legal (IML) asked what was meant by the “Health and Management System”.

The HHS responded that the best way to describe it would be a series of folders laid out in a structure and provided the IML with an example:

Training would be identified as “MS18” and have its own folder called “MS18”. Everybody would be aware that training sat in folder “MS18”.

It was noted that it provided a uniform structure for all procedures across the Health Board.

The HHS advised the Committee that the long-term aspiration would be to have all policies and procedures recorded in that way and noted that it would be a phased approach.

The Director of Corporate Governance (DCG) advised the Committee that support would be provided to the HHS in the

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	<p>approach being taken and noted that setting up from the start gave an opportunity to start from a blank sheet which would help roll out the process in a consistent manner.</p> <p>The Health & Safety Committee resolved:</p> <p>a) 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, were noted.</p>	
<p>HS 21/10/008</p>	<p>Priority Improvement Plan Update – Verbal Update</p> <p>The HHS advised the Committee that during the previously mentioned ‘Down Day’ being held in October, a Priority Improvement Plan (PIP) would be devised and brought to the Committee at the next meeting.</p> <p>The Health & Safety Committee resolved:</p> <p>a) The Priority Improvement Plan Update was noted.</p>	
<p>HS 21/10/009</p>	<p>Fire Enforcement Report</p> <p>The Fire Enforcement Report was received.</p> <p>The Head of Estates and Facilities (HEF) advised the Committee that he would present the report to Committee, although in future the same would be delivered by the Health and Safety team.</p> <p>It was noted that the pilot for face to face training which had been planned for several months had taken place the week before the meeting and that 2800 staff members had attended the events.</p> <p>It was noted that the Health Board already had a fire enforcement notice in place for Hafan Y Coed and a further notice had been received that week for A4 ward.</p> <p>The HHS advised the Committee that a further enforcement notice had been received for Hafan Y Coed, due to arson, which was currently being considered.</p> <p>It was noted that the enforcement notice received for A4 Ward regarded compartmentation of hardware in relation to fire control.</p> <p>The Executive Director of Public Health (EDPH) advised the Committee that it was particularly challenging to manage the enforcement notices for Hafan Y Coed. and noted that when</p>	

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the Smoking Cessation policy was in place, the fire service had met with the Health Board to build a good relationship and she asked that this be revisited.

The HEF responded that meetings were held regularly pre-Covid and noted that they would be revisited with the HHS and the EDPG.

It was noted that work would be continued with the Deputy Director of the Mental Health Clinical Board but the Committee was also advised that it was very difficult for ward staff because they could not search patients for ignition sources.

The Staff Safety Representative (SSR) advised the Committee that a complaint had been received regarding the fire training provided in the Lakeside Wing (LSW). The complaint was that the room was overcrowded.

It was noted that due to the nature of the sessions, any staff could attend the training unannounced.

The HEF responded that similar comments had been raised from staff members. He added that it was a trial method of training due to the lack of fire safety training obtained by staff and, that overall, the programme had been a success.

It was noted that that the venues would be evaluated based on the feedback forms and improvements could be then be made.

The Independent Member – Local Community (IMLC) advised the Committee that he was concerned that Hafan Y Coed had received 2 fire notices and asked what steps were being taken to ensure that patients, who were more vulnerable or at higher risk, were being checked upon arrival to the unit.

The HHS responded that the management team within Hafan Y Coed had been excellent and noted that following the arson incident, 2 investigations had been set up:

- One with regards to the patient themselves and that would be led by the Patient Safety team.
- One in relation to the environmental settings and that would be led by the HHS.

It was noted that a “root cause” analysis was due to take place the following week and a team had been assembled to involve:

- Ward staff on duty during the arson
- The Fire Team

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	<ul style="list-style-type: none"> • The Deputy Director of the Mental Health Clinical Board <p>It was noted that the incident would be investigated and reviewed and any management system failures that occurred would be identified.</p> <p>The CC thanked the HHS for the reassurance and noted that excellent work and planning had been undertaken in relation to the fire enforcement notices.</p> <p>The HEF concluded that there were some processes in place when patients were admitted to Hafan Y Coed and the implementation of a device to find ignition sources was in place, although that required a further review.</p> <p>The Health & Safety Committee resolved:</p> <p>a) The update provided in relation to Fire Enforcement Compliance and Management Report was noted.</p>	
<p>HS 21/10/010</p>	<p>Environmental Health Inspector Report</p> <p>The Environment Health Inspector Report was received.</p> <p>The Committee was advised that it was a legal requirement that each hospital / food unit should be registered as a food premises with the Local Authority and were therefore subject to an annual inspection by Local Authority Officers.</p> <p>It was noted that during the pandemic, Environmental Health Office (EHO) inspections of those facilities had ceased because the risk of spreading infection was deemed an unacceptable risk.</p> <p>It was noted that since March 2021 the process had once again commenced and the following Health Board premises had been visited and inspected since the last Health and Safety Committee meeting:</p> <ul style="list-style-type: none"> • Teddy Bear Nursery – UHW • Aroma Plaza Coffee Outlet – UHL • Food Production, Main Wards & Restaurant – UHL <p>It was noted that 2 out of the above 3 had received a “very good rating” with the other receiving a “good” rating.</p> <p>It was noted that the food production had fallen from a 5 rating to a 4 rating but that significant work was being carried out at the food production unit to address any concerns.</p>	

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	<p>The Committee was advised that new drainage had been installed because the old system had given high readings of listeria and noted that the latest figures had significantly reduced.</p> <p>The Health & Safety Committee resolved:</p> <p>a) The achievements of those facilities with a 5/4 Food Hygiene Rating and the associated action plans were noted.</p>	
<p>HS 21/10/011</p>	<p>Enforcement Agencies Report</p> <p>The Enforcement Agencies Report was received.</p> <p>The Committee was advised that the Health and Safety Executive (HSE) wrote to the Health Board in September 2021 regarding concerns that had not been reported through RIDDOR in relation to work transmitted Covid-19 cases.</p> <p>It was noted that the context around RIDDOR reporting meant that reasonable evidence must exist that any illness or death due to Covid-19 was more likely than not caused by an occupational exposure.</p> <p>It was noted that the H&S team had written back to the HSE outlining the past, present and future positions of the Health Board.</p> <p>It was noted that the HSE had responded to the Health Board on the 16th September 2021 and had concluded that having reviewed the information supplied they were satisfied that the Health Board did have a system for gathering information and assessing if there was reasonable evidence to support Covid-19 cases in workforce due to occupational exposure, via the rapid assessment form process which was reviewed by the Health and Safety Team.</p> <p>The HSE added that in the response to them, the Health Board clearly acknowledged on the balance of probability there might have been Covid-19 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.</p> <p>It was noted that the HSE were satisfied that this had been recognised and further monitoring measures had been put in place.</p> <p>It was noted that the HSE were also assured that the Health Board had captured and reviewed all 6 Covid-19 fatal cases to</p>	

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date and that they had taken the opportunity to separately and independently review two of the cases brought to their attention by the HM Coroner.

It was noted that in both of the cases they had agreed with the Health Board's determination that they were not RIDDOR reportable.

It was noted that the HSE had "closed out" the concern.

The HHS advised the Committee that there was now a daily outbreak information sheet which would be used to collate data alongside the track and trace data currently being used.

It was noted that there was an increase in forms being received from staff and that when a case of Covid-19 was identified, a form would be sent out to the relevant manager and the H&S team would follow that up.

The SSR advised the Committee that he had reported the issue to HSE as the issue had previously been raised for a number of months.

He added that he was deeply concerned that the Health Board had not been reporting any Covid-19 cases under RIDDOR and noted the lack of assurance he had around the processes.

He noted that when looking at Covid-19 workplace risk assessments, he had identified areas where they had not been completed or if they had, they had not been shared with staff.

He added added that he had been to areas recently within the Health Board where social distancing was not present.

It was noted that all of the concerns raised related to the lack of communication within the Health Board.

The SSR advised the Committee that he had seen the response provided by the HSE as he was the complainant.

He provided the Committee with an example where, in the early days of the pandemic, he had been informed of one department which had identified issues with the lack of Personal Protective Equipment (PPE). As a result, the whole department had caught Covid-19 and noted that he did not agree that these sort of cases should not be reviewed.

He added that when looking at the operational H&S groups, a number of Clinical Boards failed to attend on a regular basis

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and noted that some Clinical Boards did not have a H&S Committee.

The SSR acknowledged that the Health Board were in the process of raising the profile of H&S.

The IML asked if there was any guidance regarding the probability of catching Covid-19 in the workplace.

The HHS responded that it was difficult to determine whether some COVID cases had been due to workplace transmission and one issue presented was that the probability of catching COVID in the workplace had to be “more likely” than not and the same had never been quantified.

He added that people could catch Covid-19 on the way into work when on a bus, or a partner could pass it onto a staff member and any such cases would make it very difficult to identify as a workplace transmission.

It was noted that the HSE had been assured by the Health Board’s responses.

The IML asked if the Health Board had ever thought about getting a legal opinion on Covid-19 and asked how other Health Boards were dealing with it all.

The HHS responded that obtaining legal advice was not something he had dealt since commencing his new role with the Health Board. He added that some Health Boards were reporting absolutely everything, but that would not be feasible for the Health Board.

The IMLC advised the Committee that the Health Board should be prepared for a public inquiry and should also have regard to any legal cases that may be raised by staff members who believe they had contracted Covid-19 in the workplace.

The EDPH advised the Committee that the issue with regards to workplace transmission was difficult and noted that it was more likely that Covid-19 had been caught in the community as opposed to the hospital settings, but noted that everybody would need to be assured that the Health Board had done everything in its power to mitigate the risks.

She added that it would be prudent to revisit communications sent out to Clinical Boards.

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	<p>The HHS agreed and noted that targeted communications would be sent to Clinical Boards and Directorates.</p> <p>The DCG advised the Committee that a report would be presented to Board in November with regards to the COVID 19 Public Inquiry and noted that the Head of Risk and Regulation would liaise with the HHS.</p> <p>The SSR advised the Committee that the recommendations should reflect that the report had not just been “noted” as a number of actions had been identified.</p> <p>The Health & Safety Committee resolved:</p> <p>a) The Enforcement Agencies Report was noted and further actions were discussed which would be presented at the next H&S meeting.</p>	
<p>HS 21/10/012</p>	<p>Regulatory and Review Body Tracking Report</p> <p>The Regulatory and Review Body Tracking Report was received.</p> <p>The HHS advised the Committee that the concerns which had been raised regarding the ventilation in UHW theatres had now been dealt with satisfactorily .</p> <p>It was noted that the concern raised with the Health & Safety Executive (HSE) in relation to RIDDOR reporting of staff Covid cases was now closed.</p> <p>It was noted that all of the fire concerns raised in the report had also been closed.</p> <p>The Health and Safety Advisor (HAS) advised the Committee that the Tracking Report was provided twice a year and had recorded all of the enforcement actions in once place for the Committee to note.</p> <p>It was noted that the report was presented to the Committee to evidence that the relevant Board Committees were receiving reports and information regarding inspections undertaken by various inspection/review bodies as a key source of assurance.</p> <p>It was noted that the report provided information for the period 1st April 2021 – 24th September 2021</p> <p>The Health & Safety Committee resolved:</p>	

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	<p>a) The Regulatory and Review Body Tracking Report was noted.</p>	
<p>HS 21/10/013</p>	<p>Risk Register for Health and Safety</p> <p>A verbal update regarding the Risk Register for Health and Safety was received.</p> <p>The HHS advised the Committee that it was “business as usual” and no significant changes had occurred to the Health Board.</p> <p>It was noted that the Risk Register would be reviewed alongside the PIP and the HHS advised the Committee that no major risks had been identified.</p> <p>The CC asked for an update to be provided at the next meeting in January 2022.</p> <p>The Health & Safety Committee resolved:</p> <p>a) The Risk Register for Health & Safety update was noted</p>	
<p>HS 21/10/014</p>	<p>Lone Worker Device</p> <p>A verbal update in relation to the Lone Worker Device was received.</p> <p>The HHS advised the Committee that work had been carried out to raise the profile of the devices, following which, usage of the same had increased.</p> <p>The CC asked if staff were able to use the devices easily and comfortably.</p> <p>The HHS responded that positive feedback had been received from all staff who used the devices.</p> <p>It was noted that the contract for the devices expired in 2022 and the future commissioning of the device would need to be considered. .</p> <p>The Health & Safety Committee resolved:</p> <p>a) The Lone Worker Device Report was noted.</p>	
<p>HS 21/10/015</p>	<p>Policies for Approval:</p> <p>8.1.1 - Health & Safety Policy</p>	

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	<p>The HHS advised the Committee that the Health and Safety policy was a key document and that it was a statutory requirement to have one in the workplace.</p> <p>It was noted that the new policy statement should be widely accessible across the Health board and widely publicised to all staff.</p> <p>8.1.2 - Violence and Aggression Policy</p> <p>The HHS advised the Committee that the policy had been updated. .</p> <p>8.1.3 – Minimal Manual Handling Policy</p> <p>The HHS advised the Committee that the policy had been updated. .</p> <p>The Health & Safety Committee resolved:</p> <p>a) The Health and Safety Policy, the Violence and Aggression Policy and the Minimal Manual Handling Policy were approved.</p>	
<p>HS 21/10/016</p>	<p>Fire Safety Annual Report Annual Report</p> <p>The Fire Safety Annual Report was received.</p> <p>The HEF advised the Committee that the report is prepared annually and submitted to Shared Services and signed off by the Executive Director.</p> <p>It was noted that the annual report contained information which was often presented as part of the standard updates to the H&S Committee meetings.</p> <p>The Health & Safety Committee resolved:</p> <p>a) The Fire Safety Annual Report was noted.</p>	
<p>HS 21/10/017</p>	<p>Sub Committee Minutes:</p> <p>i. Operational Health and Safety Group.</p> <p>The Health & Safety Committee resolved:</p> <p>a) The Sub Committee minutes were noted.</p>	
<p>HS 21/10/018</p>	<p>Items to bring to the attention of the Board/Committee.</p>	

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	The DCG advised the Committee that issues related to Covid reporting would be identified in the Chair's Report to be presented at the November Board meeting.	
HS 21/10/019	11. Date and time of next Meeting 25 January 2022 – 9am MS Teams	

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ACTION LOG
FOLLOWING HEALTH AND SAFETY COMMITTEE MEETING
12 October 2021.
(Updated for the meeting 25 January 2021)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Actions Completed					
HS 21/07/007	Health & Safety Overview – Dashboard Update	To bring dashboard to the October meeting to show members what it looks like and how it works.	R Warren	12/10/21	COMPLETE On October meeting. Agenda item: 7.1.1
HS 21/07/013	Risk Register for Health and Safety	To bring completed Risk Register to October Committee meeting	R Warren	12/10/21	COMPLETE On October meeting: Agenda item; 7.7
Actions in Progress					
HS 21/10/013	Risk Register for Health and Safety	an update to be provided at the next meeting in January 2022.	R Warren	25.01.21	On agenda for January. Item 7.7
HS 21/10/008	Priority Improvement Plan (PIP)	a Priority Improvement Plan (PIP) would be devised and brought to the Committee at the next meeting.	R Warren	25.01.21	On agenda for January. Item 7.2
Actions referred to other Committees/Board					
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

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Report Title:	Lone Worker Device Report				
Meeting:	Health and Safety Committee			Meeting Date:	25/01/2022
Status:	For Discussion	For Assurance	√	For Approval	For Information
Lead Executive:	Director Of People and Culture				
Report Author (Title):	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 contract status since the last report submission in September 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.

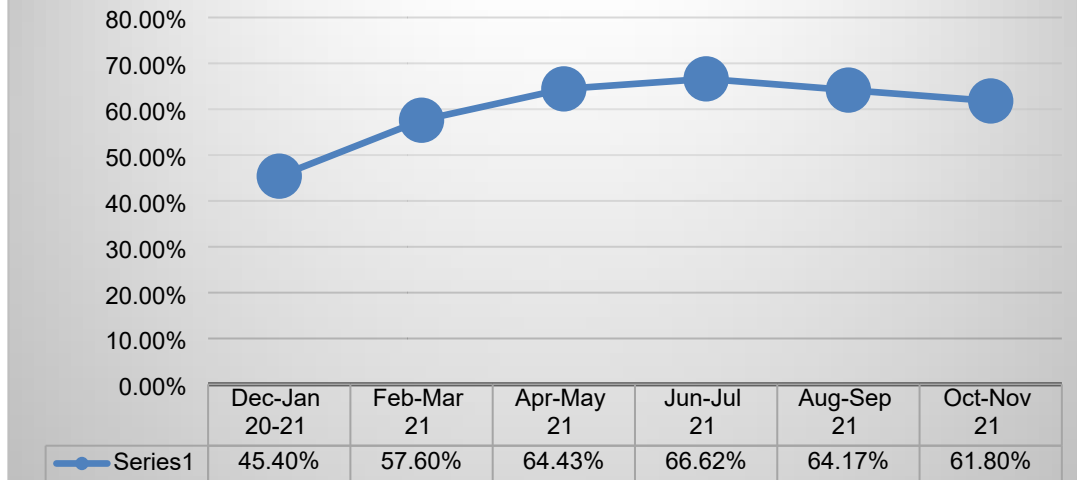
ASSESSMENT

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 compliance has gradually increased and remains consistent with an average use of 63%.

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Compliance Adjusted for Non-use



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.

The contract with the current UHB lone worker device providers 'Peoplesafe' is due to expire on 18th July 2022. Meetings are to be held over the coming months with Procurement to discuss future arrangements. There are currently 700 active devices allocated to high risk lone workers and the demand for devices remains high, it is anticipated that the number of devices required to protect high risk lone workers will increase. To provide assurance to the Committee a scoping exercise will be undertaken to identify gaps in device provision.

The Committee will be updated on contract status and usage reports will continue to be submitted into the monthly Health and Safety Dashboard Project 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	√
Equality and Health Impact Assessment Completed:	Not Applicable								

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Kind and caring
Caredig a gofudol

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

Report Title:	Item 7.3 Fire Enforcement Compliance and Management Report January 2022			
Meeting:	Health and Safety Committee			Meeting Date: 25/01/2022
Status:	For Discussion	For Assurance	<input checked="" type="checkbox"/> For Approval	For Information
Lead Executive:	Executive Director Responsible for Fire Safety			
Report Author (Title):	Senior Fire Safety Officer			

Background and current situation:

South Wales Fire and Rescue Service (SWFRS) agree 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 three key fire safety compliance and management obligations;

- 1. Fire Incidents and Unwanted Fire Signals (UwFS's)**
- 2. Fire Risk Assessments**
- 3. Fire Safety Training**

(See Appendix 1 Essential Supporting Documentation)

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Enforcing Authority Enforcement Notices are covered separately in the Fire Enforcement Report

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 possible reputational damage to as low as reasonably practicable.

RECOMMENDATION

The Committee is asked:

- To note the on-going efforts to meet the requirements of 3 key fire safety requirements

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	
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.								

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Essential Supporting Documentation

1. Fire Incidents, False Alarms and Unwanted Fire Signals (UwFS's)

1.1 Fire incidents

There has been one fire incident recorded in this reporting period.
(See Significant Incident).

1.2 False Alarms and 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 94 fire alarm activations PAN Estate. Figures for the previous rolling 12 months were 287 giving a mean average of 23.40 per month. This figure remains a reflection of the size and age of our fire alarm and detection system and the complexity of our largest sites, however we achieved a steady 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 slight 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 below and table 2 on page 4)

Table 1

False Alarms and Unwanted Fire Signals between 01/09/2021 and 30/11/2022

Hospital	False alarms including UwFS	Actuation devices	Grade
Barry Hospital	1	562	A - performance should be maintained
Cardiff Royal Infirmary	0	2000	A - performance should be maintained
Hafan Y Coed	9	1274	A - performance should be maintained
Llandough Hospital	27	6500	A - performance should be maintained
Rookwood Hospital	0	425	A - performance should be maintained
St David's Hospital (Cardiff)	0	600	no incidents
University Hospital of Wales	57	20000	A - performance should be maintained
Whitchurch Hospital	0	2059	no incidents
Totals	94	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	

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 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 if there is a significant change to the area such as when material alterations take place or a change of in-service use 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.

2.1 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.

2.2 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

2.3 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

This reporting period recorded 7 assessments overdue and 5 ward-based assessments having to be put back due to COVID 19.

3.0 Fire Training

Data supplied by Workforce Information for 1st December 2020 – 30th November 2021

Table 3

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	286	242	84.62%
All Wales Genomics Service Total		286	242	84.62%
Capital, Estates & Facilities Total		1265	818	64.66%
Children & Women Total		2323	1503	64.70%
Clinical Diagnostics & Therapeutics	Clinical Diagnostics and Therapeutics Management	8	5	62.50%
Clinical Diagnostics & Therapeutics Total		2452	1753	71.49%
Corporate Executives Total		977	624	63.87%
Medicine Total		1876	912	48.61%
Mental Health Total		1514	993	65.59%
Primary, Community Intermediate Care Total		1286	800	62.21%
Specialist Services Total		1965	1101	56.03%
Surge Hospitals	Lakeside Wing	21	12	57.14%
Surge Hospitals Total		21	12	57.14%
Surgical Services Total		2446	1391	56.87%
Grand Total		16411	10149	61.84%

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. It can be seen that 61.84% of staff received some form of fire safety training in the previous 12-month period ending 30th November 2021.

Mandatory fire training sessions at UHW & UHL conducted by members of the Fire Safety Management 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 across the 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 were instigated. To meet the perceived demand a **FIRE SAFETY TRAINING WEEK** was devised, organised and delivered from the 27th September to the 1st October 2021. Seven tutor led drop in sessions were held each day at UHW and UHL and open to all staff groups. The week was an overwhelming success with 2995 staff attending during the week. A review will be conducted to determine if this process will be repeated in 2022.

A total of 3,776 individuals received tutor led training from 1st September to 30th November 2021.

Significant Incident

On Wednesday 29th September 2021 at approximately 22:48 hrs a fire occurred in a single bedroom identified at Hafan-Y-Coed, University Hospital Llandough. This fire was malicious ignition set by a patient and is recorded by South Wales Fire and Rescue Service as a deliberate act of arson by a person known.

Appropriate action was taken and as a result no individuals suffered any long-term effects

Two clinical staff and two patients were admitted to A&E due to smoke inhalation and subsequently released after being declared fit.

Seventeen patients and eight staff were safely evacuated from the ward including the fire setter.

Regan Nikki
01/11/2022 16:52:13

Report Title:	Fire Enforcement Agency Correspondence					
Meeting:	Health and Safety Committee				Meeting Date:	25/01/22
Status:	For Discussion	For Assurance	<input checked="" type="checkbox"/>	For Approval	For Information	<input checked="" type="checkbox"/>
Lead Executive:	Director of People and Culture					
Report Author (Title):	Head of Health and Safety					

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 Fire regulator (SWFRS).

During the period there were no new notices raised, one closed and two remain outstanding.

Fire Enforcement

21st April 2021: EN03/21 issued against Hafan Y Coed in relation to failing to adequately control ignition sources. This is ongoing and has been raised to South Wales Fire and Rescue Service (SWFRS) compliance team. SWFRS have now issued a letter under caution. A response is required by 15th January 2022

6th October 2021: EN56/21 issued against Hafan Y Coed in relation to failing to adequately control ignition sources. This was as a consequence of a deliberate fire started by a patient in his room. SWFRS revisited HYC on 10th November and met with H&S, Mental Health and fire safety. Reassurance provided to SWFRS and the enforcement notice withdrawn.

8th October 2021: EN59/21 issued against ward A4 at UHW in relation to physical fire controls such as fire dampers and fire and smoke resisting doors and also staff training requirements. All key stakeholders are involved and an action plan is in place to address. Compliance is due 6th April 2022.

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

Regan Nikki
01/17/2022 16:52:13

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	
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Five Ways of Working (Sustainable Development Principles) considered

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

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



Report Title:	Enforcement Agencies Correspondence					
Meeting:	Health and Safety Committee				Meeting Date:	25/01/22
Status:	For Discussion	For Assurance	<input checked="" type="checkbox"/>	For Approval	For Information	<input checked="" type="checkbox"/>
Lead Executive:	Director of People and Culture					
Report Author (Title):	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).

HSE

Workplace Concern

A concern was raised with the HSE that a TUG onsite at Cardiff and Vale University Health Board was faulty and had been repaired using a hard hat bolted to the engine. Other concerns included vials of blood not disposed of correctly, loose wires were evident and that there was a lack of first aid kit and eye wash station in the training area. A response was required by 25th November.

The response was sent to the HSE on 25th November explaining that the tug in question was not a UHB asset but had been hired from the UHB service provider. Once the hard hat repair had been found, the tug in question was taken out of use and the service provider contacted.

Despite the vague description from the HSE it was deduced that the other concerns were in relation to the waste area. An explanation was provided regarding the tug maintenance and inspection regime, the other concerns and issues were also addressed in the response which was satisfactorily closed out by the HSE on 1st December 2021.

Coroner

A Pre-Inquest Review into two staff COVID deaths that was originally scheduled for early December was adjourned and rescheduled for March 16th 2022.

An inquest into a staff COVID death was conducted on the 6th December and the verdict concluded that it was not a work-related transmission which matched the Health Board's determination.

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

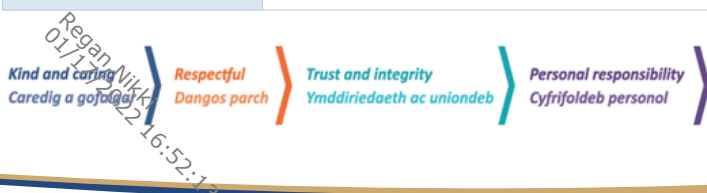
This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report

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Five Ways of Working (Sustainable Development Principles) considered

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

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



Report Title:	PEDESTRIAN ACCESS STRATEGY – Progress Update				
Meeting:	Health and Safety Committee			Meeting Date:	25/01/2022
Status:	For Discussion	For Assurance	√	For Approval	For Information
Lead Executive:	Director of Planning				
Report Author (Title):	Director of Capital Estates and Facilities (02920 743761)				

SITUATION

The Health Board is in the process of undertaking a Sustainable Travel and Transport strategy including Pedestrian Access and safety. This report highlights the progress made, impact of the Covid 19 pandemic and details the next steps and actions.

REPORT

BACKGROUND

Introduction

Cardiff and Vale University Health Board recognises its responsibility for the management of Pedestrian safety throughout its portfolio of properties.

University Hospital of Wales (UHW) has seen significant increases in Clinical activity during the last 10 years which has resulted in dramatic increases in traffic and pedestrian volumes at this site. The UHB has undertaken a number of traffic management studies at UHW to identify traffic movements and profiles and has implemented infrastructure changes to reduce traffic congestion, improve Health and Safety and reduce vehicle emissions.

The UHB is also promoting and encouraging patients, visitors and staff to adopt where appropriate sustainable and active travel methods to attend UHB premises e.g. cycling and walking etc. As UHW has significant volumes of pedestrians who need to traverse the site there is a need to develop a Sustainable Travel and Transport strategy including Pedestrian Access and safety. This latter need is also reinforced as there has been a pedestrian incident at UHW. Whilst the strategy initially focused on UHW, the program has been expanded to address the requirements of other Health Board sites.

The Covid 19 pandemic has affected the Travel arrangements of patients, visitors and staff and also impacted the progress made with respect to the Sustainable Travel and Transport strategy.

Traffic and Transport Management

UHW has observed significant increases in activity due to historic and current rationalization programs where services have transferred to this site but also associated with natural growth and changing models of Healthcare. UHW has four vehicle entrances/exits and a range of pedestrian access points and is flanked by a range of busy road networks serving Cardiff city and surrounding districts.

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A range of promotional and infrastructure measures have been implemented to encourage patients, visitors and staff to consider alternative methods to travel to the UHB, to reduce traffic congestion, improve Health and Safety and curb vehicle emissions.

Pedestrian Incident

There has been an incident at UHW whereby a pedestrian was involved in a collision with a vehicle and the pedestrian suffered a broken leg. This resulted in an HSE investigation and the UHB prepared an action plan which was accepted by the HSE. This highlighted and prioritized the need for a formalised Pedestrian Access strategy for UHW to be developed and implemented.

Pedestrian Access Strategy

A Pedestrian Access Study was undertaken to act as a foundation to develop a Pedestrian Access strategy. The study focused on UHW, as this site has a complex range of pedestrian requirements/issues and how these interrelate with other transport and traffic matters. The findings and recommendations can also be applied and replicated at other UHB sites as there are many findings which will apply to all premises.

Recommendations

The final report provided a range of recommendations to be implemented at UHW which are summarised below:

- Pedestrian strategy to be developed for the UHB, including the establishment of a Pedestrian Access Steering Group to develop and implement the strategy.
- Additional pedestrian crossing points are required at certain locations.
- Improve pedestrian continuity/condition for certain footways including widening narrow paths and ensuring paths have continuous levels. Additional footpaths are required at certain locations.
- Pathways created by pedestrian desire lines to be formalised where possible.
- Rationalise/remove parking bays adjacent to crossing points and/or areas of poor road visibility.
- Certain junctions/crossing points require modification to improve visibility and minimise conflict/collision between vehicles and pedestrians.
- Access to buildings and Heath Park to be improved and signage/road markings need to be enhanced.
- Wheel stops provided to ensure parked vehicles do not impede footpaths.
- Management measures including consistent site speed limits of 10-20 mph, deliveries to include banksmen and deliveries scheduled to avoid convoys of vehicles awaiting off loading, causing congestion/risk.

Sustainable Travel and Transport Strategy

In order to develop a program to support and encourage patients, visitors and staff to consider and adopt alternative methods of travel to the UHB, a Sustainable Travel and Transport Strategy is being developed for the UHB which will include:

- Policy Development
- Travel Planning
- Traffic Management
- Car Parking
- Pedestrian Access Strategy

An external Highways and Engineering Consultant ADL was appointed to undertake this entire package of work including the pedestrian access recommendations being blended into the strategy. These pedestrian requirements will be developed for all main UHB sites and the strategy is being managed by the Sustainable Transport and Travel Steering Group.

The project commenced in April 2019 and included the completion of Pedestrian Environment and Safety Audits at a number of sites including:

- UHW
- UHL
- Rookwood
- Barry
- St David's Hospital

The findings of the draft final audits found that there are common issues to all sites including:

- Condition/provision of footways needs to be improved including: **Widening pathways, removal of obstructions and trip hazards, installation of ramped footways etc.**
- New paths/footways: **To be provided where appropriate to follow 'desire lines' of pedestrians.**
- Crossing points to be improved including: **Relocation/additional crossing points are required and improved condition of crossing points, road markings, tactile paving, Belisha beacons and pedestrian crossing landscapes.**
- Signage and road markings to be improved including: **Repaint road markings, review requirements and content of signage and replace/renew signs.**
- Vehicle parking obscuring visibility or interfering with pedestrian access: **Install bollards/wheel stops and barriers and realign zebra crossings to improve visibility.**
- Good housekeeping/general management: **Remove waste/debris in certain areas, replace missing drain cover/grills, general maintenance etc.**

The study was scheduled for completion in 2020, however the Covid 19 pandemic has delayed the program and associated works. Furthermore, the Transport and Travel methods/patterns adopted by patients, visitors and staff have also been significantly affected by the pandemic and associated restrictions including:

- *Restricted Park and ride services.*
- *Restricted Bus services on specific routes.*
- *Car sharing and other similar practices discouraged to avoid the spread of the Covid virus.*
- *Home working altering site traffic flows and profiles.*

The study was therefore temporarily suspended during the pandemic.

ASSESSMENT

Sustainable Travel and Transport Study (including Pedestrian Access and safety)

Although the study was suspended during the pandemic, in December 2021 the study was re-commenced and discussions with ADL re-established. A revised program is being developed for the strategy including Pedestrian Access and safety but also incorporating revised objectives in line with the consequences of the pandemic, site changes, e.g. introduction of Lakeside Wing, and the NHS Wales Decarbonisation strategy issued in April 2021.

The following objectives and factors are being considered and blended into the study and strategy:

- *Revised Travel arrangements of patients' visitors and staff.*
- *Updated Travel survey/questionnaire to be developed and issued.*
- *Revised public transport arrangements/limitations.*
- *Requirements of Wales Decarbonisation strategy.*
- *Impact of Covid 19 restrictions/requirements etc.*

Discussions with ADL are in progress for the revision and completion of the study including timescales and costs. This information should be available by the end of January 2022, however preliminary indications are that the costs will be £20k - £22k + VAT and a 3-4 month timescale for project completion.

Improvements in Pedestrian Safety Features

The following actions and schemes have improved pedestrian safety:

- *Pavement condition improvements at UHW and UHL.*
- *Belisha Beacons added to certain Zebra crossings.*
- *Tactile pavement improvements adjacent to crossings and other areas.*
- *Improvements to external lighting and Car Park Lighting at certain sites.*

RECOMMENDATION

The Health and Safety Committee is asked to: **NOTE the content of the report.**

Regan, Nikki
01/17/2022 16:52:13

Shaping our Future Wellbeing Strategic Objectives

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Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	√	Long term	√	Integration		Collaboration		Involvement	√
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.								



Report Title:	Health and Safety Committee Terms of Reference and Work Plan for 2022-23				
Meeting:	Health and Safety Committee			Meeting Date:	25.01.2022
Status:	For Discussion	For Assurance	For Approval	x	For Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Background and current situation:

It is good governance and good practice for Committees of the Board to review their Terms of Reference on an annual basis. It is also important for Committees to have an appropriate plan of work in place to provide assurance to the Board that all areas detailed within the Terms of Reference are reviewed and considered.

The attached Terms of Reference for the Health and Safety Committee and associated Work Plan (Appendix 1 and Appendix 2) were last reviewed by the Committee in January 2021.

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

The Health and Safety Committee is a non-statutory Committee of the Board but has been established as a Committee of the Board in order to scrutinise and provide assurance to the Board on the Health and Safety function within the organisation.

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

Having up to date Terms of Reference and a work plan in place mitigates the risk to Health and Safety and ensures that the Board received appropriate assurance on the statutory requirements of Health and Safety within Cardiff and Vale University Health Board.

Changes to the Terms of Reference since the last review are detailed in red for ease of reference.

Recommendation:

For the Health and Safety Committee to:

- (a) **Ratify** the changes to the Terms of Reference 2022-23 and associated Health and Safety Committee Work Plan 2022-23 for the Health and Safety Committee and
- (b) **Recommend** the changes to the Board for **Approval**.

Regan Nikki
01/17/2022 16:52:13

Shaping our Future Wellbeing Strategic Objectives

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Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	x	Long term	x	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.



Health and Safety Committee Work Plan 2022-23					
App. -Approval Assurance - Ass. Information - Inf.	Exec Lead	19/04/2022	19/07/2022	18/10/2022	17/01/2023
Agenda Item					
Standard Items					
Health and Safety Priority Improvement Plan	RG	Ass.	Ass.	Ass.	Ass.
Fire Safety and Enforcement Report	RG	Ass.	Ass.	Ass.	Ass.
Environmental Health Inspector Report	RG	Ass.	Ass.	Ass.	Ass.
Enforcement Agencies Report	RG	Ass.	Ass.	Ass.	Ass.
Waste Management Compliance Report	RG		Ass.		Ass.
Lone worker Report (Including Security Strategy)	RG	Ass.		Ass.	
Regulatory and Review Body Tracking Report	RG	Ass.		Ass.	
Risk Register for Health and Safety	RG	Ass.	Ass.	Ass.	Ass.
Staff Health and Wellbeing	RG		Ass.		Ass.
Standards for Health Services in Wales relevant to Health and Safety	RG	Ass.			
Strategies					
Health and Safety Strategy	RG	App.			
Annual Reports					
Health and Safety Annual Report	RG		App.		
Fire Safety Annual Report	RG			App.	
Policies					
Health and Safety policies (as and when required)	RG				
Health and Safety Overarching Policy	RG			App.	
Governance					
Annual Work Plan	NF				App.
Self assessment of effectiveness	NF		Ass.		
Induction Support for New Committee Members (as and when required)	NF				
Review Terms of Reference	NF				App.
Produce annual Health and Safety Committee Annual Report	NF				App.
Minutes of Health and Safety Committee Meeting	NF	Ass.	Ass.	Ass.	Ass.
Action log of Health and Safety Committee Meeting	NF	Ass.	Ass.	Ass.	Ass.
Minutes from Other Committees which report into H & S Committee	NF	Inf.	Inf.	Inf.	Inf.



Health and Safety Committee

Terms of Reference

Reviewed by the Health and Safety Committee:
25th January 2022

Approved by the Board:

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Health and Safety Committee

Terms of Reference

1. INTRODUCTION

- 1.1 The Cardiff and Vale University Health Board (UHB) Standing Orders provide that: “The Board may and, where directed by the Welsh Government must, appoint Committees or sub Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.
- 1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the Health and Safety Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The organisation has a statutory obligation by virtue of the Health and Safety at Work Act 1974 to establish and maintain a Health and Safety Committee:
- “Section 2 sub section 7 : “it shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of his employees and such other functions as prescribed”.

2. PURPOSE

- 2.1 The purpose of the Health and Safety Committee (“the Committee”) is to:

Advise and assure the Board and the Accountable Officer on whether effective arrangements are in place to ensure organisational wide compliance of the UHB Health and Safety Policy, approve and monitor delivery against the Health and Safety Priority Improvement Plan and ensure compliance with the relevant Standards for Health Services in Wales.

This will be achieved by encouraging strong leadership in health and safety, championing the importance of a common sense approach to motivate focus on core aims distinguishing between real and trivial issues.

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- 2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how, its Health and Safety management may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon the adequacy of assurance arrangements and processes for the provision of an effective Health and Safety function encompassing:

- Staff Health and Safety
- Premises Health and Safety
- Violence and Aggression (inc. Lone Working and Security Strategy)
- Fire Safety
- Risk Assessment
- Manual Handling
- Health, Welfare, Hazard Substances, Safety Environment
- Patient Health and Safety – Environment Patient Falls, Patient Manual Handling
- Staff healthy lifestyle/health promotion activities
- Staff health and well-being

- 3.2 The Committee will support the Board with regard to its responsibilities for Health and Safety:

- approve and monitor implementation of the Annual Health and Safety Priority Improvement Plan;
- review the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and non clinical;
- the consideration and approval of policies as determined by the Board.

- 3.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- objectives set out in the Health and Safety Priority Improvement Plan are on target for delivery in line with agreed timescales;
- standards are set and monitored in accordance with the relevant Standards for Health Services in Wales
- proactive and reactive Health and Safety plans are in place across the UHB
- policy development and implementation is actively pursued and reviewed
- where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm

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- reports and audits from enforcing agencies and internal sources are considered and acted upon
- workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups
- employee health and wellbeing activities are in place in line with the UHB commitment to be a public health practicing organisation and corporate health standards
- employee health and safety competence and participation is promoted
- decisions are based upon valid, accurate, complete and timely data and information

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.6 The Chair of the Health and Safety Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.7 The Head of Health and Safety shall have unrestricted access to the chair of the Health and Safety Committee

Sub Committees

3.8 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

3.9 There are no formal Sub-Committees of the Health and Safety Committee but the Committee will receive copies of the minutes of the Operational Health and Safety Group, Fire Safety Group, Security and

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Personal Safety Strategy Group and the Water Safety Group as part of its assurance framework.

4. MEMBERSHIP

Members

4.1 A minimum of three (3) Members, comprising:

Chair	Independent member of the Board.
Vice Chair	Independent member of the Board.
Members	A minimum of 1 other Independent member of the Board

Attendees

4.2 The following officers to be in attendance:

- Executive Director of People and Culture (Executive Lead)
- Director of Corporate Governance
- ~~Executive Director of Workforce and Organisational Development~~
- Executive Director of Public Health
- ~~Executive Director of Therapies and Health Sciences~~
- ~~Executive Director of Strategic Planning~~
- Head of Health and Safety
- Director of Capital, Estates and Facilities
- Assistant Director of Patient Safety and Quality
- Chair of Staff Health and Safety Group plus 2 other staff Health and Safety representatives
- Director, Occupational Safety, Health and Environment Unit, Cardiff University
- Community Health Council representative

Other Directors or nominated deputies should attend from time to time as required by the Committee Chair.

4.3 By invitation:

The Committee Chair may extend invitations to appropriate persons to attend Committee meetings as required from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

Secretariat

4.4 Secretary: as determined by the Director of Corporate Governance.

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Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Assembly Government.
- 4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair.

Support to Committee Members

- 4.7 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least two Independent Members one of which must be the Chair of Vice Chair of the Committee.

Frequency of Meetings

- 5.2 Meetings shall be held no less than 4 times per year and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of Board Business.

Withdrawal of individuals in attendance

- 5.3 The Committee may require any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the

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quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
 - sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of an annual report;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the Committee's assurance role relates to a joint or shared responsibility.

- 7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

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8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- **Quorum**
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

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MEETING MINUTES
OPERATIONAL HEALTH AND SAFETY GROUP
09.30 on TUESDAY 14th September 2021 via MS TEAMS

Attendance

Present:

Robert Warren
Nicola Bevan
Daniel Crossland
Stuart Egan
Stephen Gardiner
Philip Mackie
Jon McGarrigle
Caroline Murch
Mal Perrett
Rachael Sykes
Rachel Thomas
Sue Bailey
Rowena Griffiths
Matthew Howells
Yvonne Hyde

Head of Health and Safety (Chair)
Head of Employee Health and Wellbeing
Mental Health CB Representative
Lead Staff Side Representative
Head of Estates and Facilities
Health & Safety and Asbestos Manager
Head of Energy and Performance
Health and Safety Adviser
Senior Fire Safety Adviser
Health and Safety Adviser
PCIC CB Representative
CD&T CB Representative
Governance and Quality Manager - Dental
AWMGS Representative
Senior Nurse, Infection Prevention and Control

Apologies:

Janice Aspinall
Rachel Gidman
Karen Lewis
Hayley Dixon
Matthew Price
Rachael Daniel
Jonathan Davies
Claire Main
Representative

Staff Side Representative
Executive Director of People and Culture
Claims Manager
Surgery CB Representative
Specialist Services CB Representative
Health and Safety Adviser
Health and Safety Adviser
Specialist Services Clinical Board

In Attendance:

Thomas Bott

PA to Head of Health and Safety

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<p>OHSG/21/0 9/001</p>	<p>Welcomes and introductions The Chair welcomed everyone to the meeting and thanked them for attendance.</p>
<p>OHSG/21/0 9/002</p>	<p>Apologies for Absence Apologies for absence were noted.</p>
<p>OHSG/21/0 9/003</p>	<p>Minutes from Previous Meeting The minutes of the meeting held on the 9th of June 2021 were received and accepted as a true record.</p>
<p>OHSG/21/0 9/004</p>	<p>Action Log from Previous Meeting</p> <p>The group reviewed the action log from the meeting held on the 9th of June 2021. An update of each action and newly generated actions were recorded on the 9th of June 2021 action log, and actions still open or with updated actions to carry forward moved to the 12th of September 2021 action log.</p> <p>Actions Carried Forward for Ms R Thomas Mr S Gardiner Ms S Bailey Mr R Warren Mr M Perrett Clinical Board Leads Ms C Murch Mr J McGarrigle</p>
<p>OHSG/21/0 9/005</p>	<p>Fire Safety Report</p> <p>The report was presented to the meeting and discussed. The Senior Fire Safety Adviser explained the report and highlighted key areas to the meeting including the requirement to submit the Annual Fire Audit.</p> <p>Action – Mr R Warren to raise with Mrs R Gidman</p> <p>Mr Perrett informed the Group of the number fire alerts and false alarms. Fire safety training compliance was discussed and the group were informed of the initiative to provide drop in face to face training at both UHW and UHL. Mrs Thomas queried whether drop in sessions were being planned for community-based sites. Mr Perrett explained that while community drop in could be considered going forward it would depend on the attendance numbers and facilities available. It was noted community staff were welcome to attend the UHW and UHL sessions.</p>
<p>OHSG/21/0 9/006</p>	<p>External RLB Independent Review of Health and Safety</p> <p>The Head of Health and Safety provided the Group with an update of the findings of the independent health and safety review. Mr Warren advised 13 of the 16 recommendations had been approved with the remaining 3 discussed by a separate working party, these were:</p> <ul style="list-style-type: none"> - The Capital and Estates health and safety team remaining in place with a small change to job title and duties; with key policy and procedure ownership moving into the corporate health and safety team.

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	<ul style="list-style-type: none"> - The movement of the Fire Safety Team into the health and safety team, with no changes to terms, conditions or job descriptions only a change in reporting lines. <p>It was noted that</p> <ul style="list-style-type: none"> - Mrs R Gidman was now the executive lead for health and safety. - Going forward NWSSP had agreed to audit the health and safety team on the implementation of the review actions. - Health and safety team were in the process of establishing a health and safety information management system that would be piloted by the team prior to a wider adoption across the health board. - Health and Safety policy has been drafted and was currently being reviewed. - Health and Safety strategy and KPIs will be set going forward. - Risk management activities were currently under review within the health and safety team. <p>Mr Warren then provided a general update to the Group.</p> <p>COVID risk assessments needed to be put in place for all clinical and non-clinical areas.</p> <p>The Woodland House draft COVID risk assessment was discussed. It was raised by Ms Y Hyde that it was not currently Welsh government advice to move to 1m, but new guidance was expected to be released this month. IP&C agreed to remain at 2m until guidance was updated. Mr S Egan agreed with remaining at 2m, and noted concerns about reducing to 1m. Mr R Warren explained the reasoning to reduce to 1m was to assist in improving meeting room and training capacity and compliance.</p> <p>Action – Clinical Board Leads</p> <p>Mr Warren raised there were training compliance issues, and health and safety were providing as many training courses as possible, but noted there were significant numbers of DNA's and short notice withdrawals leading to unused spaces. It was noted there were challenges releasing staff from the work place to attend training. Mrs Sykes advised numbers were reasonably consistent across all face to face training, and it was emphasised booked spaces needed to be used. A training needs analysis was going to be produced going forward.</p> <p>Mr Warren noted that his team had restarted a number of audits including environmental, ligature and workplace inspections since the last meeting. A health board wide manual handling equipment audit had been completed which assist in improving the health board's statutory compliance.</p>
<p>OHSG/21/0 9/007</p>	<p>Feedback from the Health and Safety Committee</p> <p>There was no additional feedback beyond that covered by agenda items.</p>
<p>OHSG/21/0 9/008</p>	<p>Enforcement Agencies Report</p> <p>The Head of Health and Safety presented the report to the Group. And advised the Health Board had received correspondence from the HSE in relation to staff COVID-19 reporting concerns. A reply has been sent to the HSE and the health board was awaiting a response.</p> <p>The Lead Staff Side Representative stated he had made a complaint previously regarding the reporting. He noted a report to Board members showing 370 COVID-19 infections</p>

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	<p>among staff with possible links to hospital incidents; and expressed his belief that the likelihood none of these infections were work related was low.</p> <p>Mr R Warren raised that when staff have completed rapid assessment forms they were assessed on a balance of probability. He agreed that with numbers as presented historically it seemed unlikely on balance of probability that no infections had been due to workplace exposure however, from the unfortunate 6 COVID related staff deaths to date, the HSE had investigated 2 and were satisfied with our approach and findings.</p> <p>Mr R Warren emphasised the need to report and investigate staff positive cases.</p> <p>It was emphasised that communication about appropriate reporting needed to be cascaded out.</p>
<p>OHSG/21/0 9/009</p>	<p>RIDDOR Incidents</p> <p>The Health and Safety Adviser (RS) advised the Group that 30 incidents had been reported to the HSE during the period and stressed the importance of completing investigations for these incidents.</p> <p>CD&T – Mrs S Bailey noted that communications continued to be an issue, as well as the physical environment, and lapsed training. CD&T were looking to escalate training compliance issues within their team.</p> <p>Capital, Estates and Facilities EF – Mr P Mackie noted a serious of burns within the catering department and have undertaken a trend analysis exercise which has, identified a number of issues which are being addressed. They are also raising awareness with colleagues in relation to confined working environments. They are also undertaking a root cause analysis of all RIDDOR reportable incidents with the areas involved.</p> <p>Mental Health – Mr D Crossland discussed their incidents, noting many are violence and aggression based. They are looking at their SIMA training provision, uplifting money to support training and looking at independent scrutiny of incidents.</p> <p>It was noted there were no representatives from Medicine, Specialist Services and Surgical Services Clinical Boards.</p> <p>Mr P Mackie raised that the CEF team were having discussions as to whether some incidents were reportable or not with a view to consistency across the Service Board. Mr R Warren stated that whilst guidance was available there would always be grey areas, and suggested CEF and health and safety discuss further. He added RIDDORS were an important reporting matrix for the health board and going forward health and safety were looking at having monthly sessions to discuss RIDDORS with each clinical board.</p> <p>Mr P Mackie advised CEF already have monthly meetings and Mr R Warren stated this would be good practice for all Clinical Boards.</p>
<p>OHSG/21/0 9/010</p>	<p>Health and Safety Training Update</p> <p>The Health and Safety Adviser (RS) provided the Group with an update.</p> <p>She advised self-booking was active on ESR however, manager approval had been removed. This would require staff to communicate with their manager when booking training.</p>

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	<p>The Manual Handling Workplace Competency Assessor trail was underway, with 15 staff participating and feedback was currently being assessed, with the intention that this would allow for reduced classroom attendance. The intention is that this will allow for increased workplace assessments and reduced classroom time.</p> <p>Mrs R Sykes also noted that ahead of work on training need assessments going forward managers should check their teams training needs on ESR and feedback any errors to LED. It was requested that this be fed back to clinical board meetings and departments.</p> <p>Action – Clinical Board Leads</p>
<p>OSHG/21/0 9/011</p>	<p>Personal Protective Equipment Cell Update</p> <p>The Health and Safety Adviser (Environmental) provided feedback from the recent PPE Cell meeting. It was agreed that communication would be sent to the IP&C leads that powered respirators, hoods, and reusable respirators would now be ordered through oracle by the users. A number of departments had responded positively to this direction. Mrs Murch also added that it was recommended clinical boards hold a small stock of this equipment. SOP's and Tool box talks will also be added to the health and safety web pages.</p> <p>Action 1– Mrs Murch</p> <p>It was also noted the Duraflow powered respirator and hood system had been discontinued by the manufacturer and the health board were looking at alternatives and further communication would follow shortly.</p> <p>Action 2– Mrs Murch</p>
<p>OHSG/21/0 9/012</p>	<p>Clinical Board Health and Safety Group Feedback</p> <p>CD&T - Mrs Bailey advised the workplace inspection schedule was being revitalised and staff side support was much appreciated. She raised a number of concerns: The condition of rolling library bays in Health records. The timeliness of sending contacts home after identified risk of COVID infections. The tough experiences faced by clinical board colleagues was leading to stress and feelings of exhaustion.</p> <p>Further updates provided on: The menopause risk assessment was being promoted by the Clinical Board She also advised assurances had been received from departments in relation to the reusable respirator risk assessment compliance. Mrs Bailey requested a simplified flow chat regarding health care staff in contact with a COVID 19 infection risk. FAQs from HR had become complex and occupational health were receiving daily questions related to this. Mrs Bailey also informed the group that the Mortuary was experiencing ingress of water into the body store including pooling water on the floor.</p> <p>Mr Warren queried if there were any issues the Clinical Board required support with. Mrs Bailey requested support in accelerating the flow chart for health care staff COVID infection exposure.</p> <p>Action – Mr Warren</p>

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Mrs Hyde noted the health board had raised concerns with Welsh Government in relation to the guidance. Frequently asked question documents were being completed and IP&C were also looking at flow charts. It was noted staff were provided with PPE and controls in place in work were free to travel or act otherwise outside of work, as such it was hard to attribute COVID to workplace factors, especially with entertainment and schools reopening. Admissions from COVID have increased from 1-2 a day up to 10 a day. IP&C and PPE cell are working to support where possible.

Mental Health – Mr Crossland advised reusable respirators weren't used in the Clinical Board

Ligature risk assessments had been completed with just one area to complete. Monthly fire meetings were in place and security has provided valuable input allowing for clinical conversations with patients. The team has communicated with NCCU to discuss local support from psychology.

Currently the corporate risk assessment includes an issue around the poor repair of some estate.

AWMGS – Mr Howells noted it was his first meeting and thanked the group for the welcome. It was noted AWMGS had an upcoming estate move and the support received was appreciated.

Mr M Howells queried whether fire safety training included online and face to face for all staff.

The UHB stance is all clinical staff should attend tutor led fire safety training annually and exceptionally no longer than 24 months, in doing this they are not required to do the on-line course

CEF – Mr Gardiner noted they were looking at trend analysis of incidents and accidents noting staff pressures in both clinical and operational areas, including a shortage of semi-skilled staff, and difficulty finding agency cover. A combination of factors resulted in increased staff shortages, and the team were looking to manage incidents through preventative and reactive measures.

Mr P Mackie explained that CEF were introducing the 45001-international standard, and key staff had received training. A group led by Mr Geoff Walsh was focusing on the implementation and any lessons learnt would be shared with health and safety for their management system.

Dental – Mrs Griffiths noted the team had not had a meeting as unfortunately it had been cancelled but were addressing any issues raised locally.

PCIC – Mrs Thomas noted several issues had already been raised in previous agenda items and raised two important issues, water safety and CCTV provision in community sites. Security at community sites was an ongoing theme including vandalism of staff cars, and members of the public accessing community sites after hours.

The PCIC Health and Safety meeting had been stood down but was being reformed.

Mr Gardiner added that CEF were aware of the incidents regarding security and remedial works were taking place.

OHSG/21/0
 9/013

Medicine Clinical Board – Staff Stressors

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<p>OHSG/21/0 9/014</p>	<p>No representative from Medicine Clinical Board was present.</p> <p>Health Issues</p> <p>Mrs Bevan discussed health issues being faced by the health board. An increasing number of staff queries were being received concerning COVID guidance, Occupational Health were working with Human Resources to simplify the process. Occupational Health has seen a >40% increase in referrals, including long COVID, shielding and pregnancy queries; there was also a feeling that managers were able on occasion to take a moment to review staff wellbeing and that long-term stress and the delaying of management of health conditions were also contributing to the upswing in support needs. Occupational Health are reviewing referrals and trying to arrange the best possible support, including sign posting to other services such as the Cardiff Recovery College. Mrs Bevan was more than happy to link in with colleagues around proactive wellness. The HIT team were working on engagement including running focus groups. The team were aiming to create an action plan incorporating, H&S, LED and Cardiff Recovery College with a focus on a proactive response. It was noted however that across the UHB staff are exhausted both physically and mentally.</p> <p>Mrs Bevan advised flu season was approaching and we were likely to see an increase in coughs, colds and viruses and encouraged the promotion of the flu vaccine and explained they were looking at the possibility to administering both COVID vaccine and flu vaccines in the same appointment.</p> <p>Mrs Bevan informed the Group that the requirement for more occupational health and wellbeing resources had been raised with the Executive Board and any support for that request would be appreciated.</p> <p>Mrs Bevan noted wellbeing waiting times are currently being managed and counselling was being offered in 2-3 weeks. The funding for the expanded team was unfortunately ending in February 2022.</p> <p>Mr S Egan staff side representative supported the requirement for Health and wellbeing provision.</p>
<p>OHSG/21/0 9/015</p>	<p>Staff Side Issues</p> <p>Mr Egan advised most of the staff side issues had been previously discussed, but raised a concern that whilst undertaking workplace inspections COVID many areas were unable to show risk assessments were in place, or were unsure where risk assessments were stored. It was emphasised staff should always know where risk assessments were kept and be aware of the content. He was concerned that we were unable to provide assurance that risk assessments were in place in all areas. It was noted that not all clinical boards were in attendance at this meeting, and the recent external review had demonstrated a need to improve health and safety across the organisation. Staff wellbeing issues, especially mental health issues were raised and that there was a link between lack of staff, stress levels, and disciplinary and sicknesses. The lack of staff has been recognised by the wider health board and the additional pressure the winter period would add. Mr Egan noted staff not turning up for training may be due to lack of staffing.</p> <p>Mr Egan raised a concern in relation to how much more pressure staff could sustain.</p>

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	<p>Mr Egan stated that there appears to be acceptance from staff that violence and aggression was a part of the job and this was obviously not the case, this was agreed by all present.</p> <p>Mr Warren advised his appointment had been to raise the profile of health and safety and aid the clinical boards in becoming involved with health and safety issues. It was acknowledged that clinical boards were either continuing or re-establishing their health and safety meetings and this was welcomed.</p> <p>Mr Warren addressed the violence and aggression issues raised and informed the Group of the Obligatory Response to Violence (ORV) and Welsh Circular that act as standards; also advising Mrs Gidman had become the Executive lead for violence and aggression. Violence and aggression issues would be further enhanced by health and safety going forward and would be seeking the best results from the ORV.</p> <p>The meeting acknowledged the stressors and workloads experienced across the health board.</p>
OHSG/21/0 9/016	<p>Policy Approval Process</p> <p>Mr Warren acknowledged that policies had been submitted to meeting without suitable consultation time, and that the meeting would be asked to review and consult on the policies outside the meeting. Mr T Bott was asked to collate the consultations.</p> <p>Action – Mr T Bott Action – Clinical Board Leads</p>
OHSG/21/0 9/017	<p>COVID Risk Assessments in Non-Clinical Areas</p> <p>The meeting agreed this had been raised and discussed in prior agenda items.</p>
OHSG/21/0 9/018	<p>Requirement to enter DATIX reports for staff, and complete rapid assessment forms where COVID transmission may have occurred in the workplace.</p> <p>The meeting agreed this had been raised and discussed in prior agenda items.</p>
OHSG/21/0 9/019	<p>HSE COVID Audit Actions for Clinical Boards</p> <p>The meeting agreed this had been raised and discussed in prior agenda items.</p>
OHSG/21/0 9/020	<p>Any other business</p> <p>Mr Warren thanked all for attending and requested representatives feed back to their relevant areas the discussions in relation to risk assessments and reporting. The Proactive support that can be put forward by NB. I am hoping to get out to the boards, and I hope to visit you all.</p>

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