

Health and Safety Committee

Tue 17 January 2023, 09:00 - 11:00

Agenda

09:00 - 09:10 1. Welcome & Introductions

10 min

Mike Jones

09:10 - 09:10 2. Apologies for Absence

0 min

09:10 - 09:10 3. Declarations of Interest

0 min

09:10 - 09:10 4. Minutes of the Committee Meeting held on 18 October 2022

0 min

 1.3 Draft HS Minutes - 18.10.22MD.NF.pdf (11 pages)

09:10 - 09:10 5. Action Log following the Meeting held on 18 October 2022

0 min

 1.4 HS Action Log - JanuaryMD.NF.pdf (2 pages)

09:10 - 09:10 6. Chair's Action taken since last meeting

0 min

09:10 - 10:45 7. Items for Review and Assurance

95 min

7.1. Corporate Manslaughter

Nicola Foreman Nigel Fryer

7.2. Health & Safety Overview (Verbal) including

Rachel Gidman Robert Warren

7.2.1. RACI Document

7.2.2. Staff Smoking Update

7.3. Fire Safety Update

Rachel Gidman Robert Warren

 7.3 Fire Safety Report.pdf (6 pages)

7.4. Enforcement Agencies Report

Mohamed Sarah
09/01/2023 16:03:11

Rachel Gidman Robert Warren

 7.4 Enforcement Agencies Report.pdf (3 pages)

7.5. Waste Management Compliance Report

Catherine Phillips Geoff Walsh

 7.5 Waste Compliance H&S Committee Jan 2023.pdf (5 pages)

7.6. Staff Health and Wellbeing Update


Rachel Gidman

7.7. BREAK - 10 Mins

7.8. Ventilation Annual Report 2022

Catherine Phillips Geoff Walsh

The full report is in the Supporting Documents

 7.8 Ventilation Report Jan 2023.pdf (5 pages)

7.9. Medical Gas Pipeline Systems (MGPS) AE Report 2021

Catherine Phillips Geoff Walsh

The full report is in the Supporting Documents

 7.9 Medical Gas Pipeline Systems (MGPS) Jan 2023.pdf (5 pages)

7.10. Triennial Inspection Annual Report – low Voltage Installation 2022

Catherine Phillips Geoff Walsh

The full report is in the Supporting Documents

 7.10 Low Voltage Systems Jan 2023.pdf (5 pages)

10:45 - 11:00
15 min

8. Items for Approval/Ratification

8.1. Policies for ratification:

Rachel Gidman Rob Warren

8.1.1. Sharps Management Policy and Procedure (UHB 269)

 8.1 Sharps Management Policy Cover Report.pdf (2 pages)


 8.1a Sharps Management Policy and EHIA 2022.pdf (19 pages)

 8.1b Sharps Management Procedure 2022.pdf (10 pages)

8.2. Committee Annual Work Plan 2023/24 and Terms of Reference

Nicola Foreman

 8.2 Health and Safety ToR and Workplan covering report 23.24.pdf (3 pages)

 8.2a Appendix 1.Terms of Reference - January 2023.pdf (7 pages)

 8.2b Appendix 2.Health and Safety Committee Work Plan 23.24.pdf (1 pages)

Mohamed Sarah
09/01/2023 16:32:11

8.3. Health and Safety Committee Annual Report

Nicola Foreman

- 📄 8.3 Health and Safety Committee Annual Report Cover.pdf (2 pages)
 - 📄 8.3a Draft Health and Safety Committee Annual Report(1)MD2.pdf (9 pages)
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11:00 - 11:00 9. Items for Noting and Information 0 min

9.1. Sub Committee Minutes:

9.1.1. Operational Health and Safety Group – 6.9.22

Rachel Gidman Robert Warren

- 📄 9.1 OHSG Meeting Minutes 6.9.22.pdf (6 pages)

9.2. Fire Prosecution Update (Verbal)

Rachel Gidman Robert Warren

11:00 - 11:00 10. Any other Business 0 min

11:00 - 11:00 11. Items to bring to the attention of the Board/Committee 0 min

Mike Jones

11:00 - 11:00 12. Review of the meeting 0 min

Mike Jones

11:00 - 11:00 13. Date and time of next meeting 0 min

18 April 2023 at 09:00am MS Teams

Mohamed Sarah
09/01/2023 16:23:11

**Unconfirmed Minutes of the Health & Safety Committee
Held On 18th October 2022 at 09:00 am
Via MS Teams**

Chair:		
Mike Jones	MJ	Independent Member – Trade Union / Committee Chair
Present:		
Ceri Phillips	CP	UHB Vice Chair
Michael Imperato	MI	Independent Member – Legal
Akmal Hanuk	AH	Independent Member – Local Community
In attendance:		
Rachel Gidman	RG	Executive Director of People & Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Robert Warren	RW	Head of Health and Safety
Janice Aspinall	JA	Safety Representative RCN
Rachael Daniel	RD	Assistant Head of Health and Safety
Jonathan Strachan-Taylor	JS	Safety Representative GMB
Geoff Walsh	GW	Director of Estates, Capital and Facilities
Marcia Donovan	MD	Head of Corporate Governance
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	UHB Chair
Catherine Phillips	CP	Executive Director of Finance
Fiona Jenkins	FJ	Executive Director of Therapies
Nicola Foreman	NF	Director of Corporate Governance
Rachel Sykes	RS	Assistant Head of Health and Safety

Item No	Agenda Item	Action
HS 18/10/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
HS 18/10/002	Apologies for Absence Apologies for absence were noted.	
HS 18/10/003	Declarations of Interest No Declarations of Interest were noted.	
HS 18/10/004	Minutes of the Meeting Held on 19 July 2022	

	<p>The Minutes of the Committee Meeting held on 19 July 2022 were received.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The minutes of the meeting held on 19 July 2022 were approved as a true and accurate record.</p>	
HS 18/10/005	<p>Action Log – Following Meeting Held on 19 July 2022</p> <p>The Action Log was received.</p> <p>HS 19/07/007 - The Executive Director of People & Culture (EDPC) confirmed that she would speak with the Chief Executive (CEO) about including the increase in smoking and fire incidents in the Staff bulletin/newsletter.</p> <p>HS 19/07/014 - The Head of Corporate Governance (HCG) advised that she had looked back at the results of the Committee self-effectiveness survey. There was only one item that was flagged as inadequate. That was in relation to agenda setting and feedback had been provided to the Committee at that time.</p> <p>The HCG added that the comments in the survey results were also not picked up by Survey Monkey. It was likely that another tool would be used for all of the Board Committees self-effectiveness surveys next year and that this was being looked into. The HCG would update the Committee in due course.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The Action Log was noted.</p>	<p>EDPC</p> <p>HCG</p>
HS 18/10/006	<p>Chair’s Action taken since last meeting</p> <p>No Chair’s Actions were noted.</p>	
	Items for Review and Assurance	
HS 18/10/007	<p>Health & Safety Overview (Verbal)</p> <p>The Head of Health & Safety (HHS) presented the Health and Safety (H&S) Overview and highlighted the following:</p> <p><u>Manual handling</u></p> <ul style="list-style-type: none"> • There had been a lot of good work carried out behind the scenes. 	

- The Health and Safety team was working with various Directorates and external manufacturers to trial equipment used for management and rehabilitation of bariatric Patients.
- His team was also looking for a supplier for proning patients.
- A lot of the work had been carried out in a collaborative way with Clinical staff.
- Further sessions were planned for wider Clinical staff, including Nursing staff

Lone worker

- A new contract had been negotiated and signed.

Training

- A training needs assessment was being conducted for Manual Handling and Violence and Aggression for roles across the Health Board.
- Staff who had not completed that training yet had been identified.
- The training team had completed an external verification on their competence to deliver Violence and Aggression training. That followed on from Manual Handling which was completed in June.

UHB Classroom Training Compliance

- The figures were low at 16.57 % in October 2021. In September 2022 it had increased to 46.3%. It was still in the red category but had slightly increased.

Health and Safety Culture Plan Update

- His team was progressing the Health and Safety Culture Plan. By the next meeting the team should have a few more themes closed out.
- The actions were quite considerable and required a lot of work and detail.

The EDPC advised the Committee that there was a lot of “noise” regarding the demand for Manual Handling and Aggression training because staff would not be able get a pay progression unless they had gone through the

mandatory training. The EPDC was working through this with the educational team.

The Independent Member – Local Community (IMLC) queried if there were any good practices that could be adopted to increase training.

The HHS responded that training people who did not need to be trained was one area that was being considered.

The Director of Estates, Capital and Facilities (DECF) commented that that there was constant positive reminder that staff were not going through paygrades and increments unless they had completed mandatory training. One issue regarded managers finding time to release staff to undertake the mandatory training.

The EDPC stated that it was about reinforcing safety of the staff. It had also been noted, from looking at individual staff records, that many people were duplicating training by attending face to face and online training. More should be done to streamline the training on ESR.

Gas Cylinder Incident

- There were difficulties in tracing the original users of the cylinder.
- The investigation turned to Oracle. It was seen that three purchases had been made.
- An assumption was made, on the balance of probability, that the single use purchaser did not know the correct disposal route.
- Further investigation found that the department did have the correct disposal processes in place. However the cylinder had rolled off the storage shelf and into the bin below it

UHB RACI

- 1- 22 elements would be rolled out by the Clinical Boards.
- It included all types of responsibilities and arrangements.
- It would provide unambiguous ownership of responsibilities in relation to health and safety.

Mohamed Sarah
09/01/2023 16:23:11

<p style="transform: rotate(-45deg); transform-origin: left bottom; font-size: small; margin: 0;">Mohamed Sarah 09/01/2023 16:23:11</p>	<p>The EDPC stated that it would be good to show the RACI document to the Senior Leadership Board so that Clinical Boards could take ownership within their domains.</p> <p>The Executive Director of Public Health (EDPH) commented that it made it clear who had responsibility for the different areas. The EDPH queried where the IPC team was included?</p> <p>It was agreed that the HHS would take it away and consider where the IPC team would go.</p> <p><u>Staff smoking</u></p> <ul style="list-style-type: none"> • The Health Board was under significant pressure from South Wales Fire & Rescue Service (SWFRS). • Staff smoking or vaping on the Health Board sites or inside a building was unsafe. • It was a deliberate violation and should be treated through the consequence management route. • The Health Board’s No Smoking Policy which, was underpinned by Welsh Government law, needed to be enforced. • Communication needed to be circulated stating that the Health Board was taking a zero-tolerance approach in relation to any staff found to be smoking on the Health Board's premises. <p>The Independent Member – Trade Union (IMTU) stated that he was worried about the 96 unnecessary fire service calls and that something should be done about enforcing the No Smoking Policy urgently.</p> <p>The EDPC stated that there were pockets of areas where staff were smoking. There should be stronger communication.</p> <p>The EDPH stated that there should be a zero-tolerance policy to smoking. The Health Board had the most progressive policies in Wales. When there was a regular Enforcement Officer at the site, data could be collected.</p> <p>The EDPH added that she was a strong advocate of enforcement. Communications on the issue to Staff had been tried for a long time.</p>	<p>HHS/EDPC</p>
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	<p>The Independent Member – Legal (IML) advised that it would be useful to talk about corporate manslaughter.</p> <p>The IMTU requested that the topic of corporate manslaughter should be put on the next Committee’s agenda.</p> <p>The EDPH advised that it would be useful to take the smoking item to Management Executive and the Senior Leadership Board (SLB) to emphasise the seriousness of the situation.</p> <p>The EDPH stated that the HHS was due to attend the Senior Leadership Board on 3rd November and that this matter could be raised then.</p> <p>The UHB Vice-Chair queried whether communication reached locums and staff. It might not reach agency staff who work nights.</p> <p>He added that smoking on site also had major cost implications and that point should also be made to SLB.</p> <p>The IMLA queried whether more security cameras could be placed at sites.</p> <p>The DCEF responded that there were many security cameras on site but smokers were likely to find another place on site to smoke.</p> <p>The IMTU advised that he would like to meet with the EDPC, EDPH, and HHS as soon as possible to consider this issue further and to discuss the next steps.</p> <p>The EDPH advised that there needed to be a pan organisation approach and that the matter should be tied in with the Health and Safety Culture Plan.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The Health and Safety Overview was noted.</p>	<p>DCG/IML</p> <p>DCG/HHS</p> <p>DCG</p>
<p>HS 18/10/008</p>	<p>Fire Safety and Enforcement Report</p>	

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The HHS presented the Fire Safety and Enforcement Report and highlighted the following:

- Mal Perrett, the UHB Senior Fire Safety Advisor, had sadly passed away.
- The HHS was currently advertising for two Fire Safety Advisors, one of these was for the Senior Fire Safety Advisor role.
- That would increase the team by one.
- His team had secured the services of the retired Fire Safety Advisor from Aneurin Bevan University Health Board (ABUHB) for 3 days a week for 3 months.
- Fire Safety Week was taking place between 17th October and 21st October.
- There was a meeting with the Assistant Chief Fire Officer today to discuss the Letter under Caution.

Fire Enforcement

- The A4 North handover meeting was the next day.
- A4 South would then be removed from operation.

Whitchurch Hospital Water Main

- There had been two fire events. Firstly, there was a fire in Llanrumney which was extinguished by the Fire Service team.
- Another fire was started by a Mental Health Patient in the Emergency Unit toilets.

HYC Smoking Incident

- A fire alarm was sounded in Hafan Y Coed. A Patient was found smoking in their room.
- Despite a detailed search, an ignition source was not found. It was likely that the cigarette was lit in the garden using the Ozzy lighters and brought into the building.
- The SWFRS was called and following an onsite meeting, reassurance was provided and no further enforcement notices were issued. The event was recorded as a case note on the Health Board file.

Unwanted fire signals

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	<ul style="list-style-type: none"> • There had been a total of 196 unwanted fire signals to date. • SWFRS have attended the Health Board site 158 times. • This represented a 30% increase in the last 3 months. • Those were largely avoidable events attributed to behaviours. <p><u>Permit to work</u></p> <ul style="list-style-type: none"> • All relevant permit documentation was in place for the work being conducted. • The current hot work permit was generally very good. Suggestions were made to improve hazard identification and documentation governance. • The Director of Estates, Capital and Facilities (DCEF) will specifically review the feedback loop from the work party to the person responsible for removing relevant isolations. • This was likely to involve a phone call and signature. <p>The Health & Safety Committee resolved that:</p> <p>a) The report was noted.</p>	
<p>HS 18/10/009</p>	<p>Environmental Health Food Hygiene Report</p> <p>The Environmental Health Food Hygiene Report was received.</p> <p>The DECF advised the Committee that the following units were recently inspected:</p> <ul style="list-style-type: none"> - Hafan Y Coed Unit at University Hospital Llandough (June 2022); - the Teddy Bear Nursery at the University Hospital of Wales (July 2022); - University Hospital Llandough main kitchen, wards and restaurant (September 2022) and - Aroma Unit, University Hospital Llandough (September 2022). <p>All of those units had received a food hygiene score of 5.</p>	

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	<p>The EDPH congratulated the team on their focus and leadership in gaining that score.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The achievement of those food businesses with a food hygiene rating of 5 and the associated action plans, were noted.</p>	
<p>HS 18/10/010</p>	<p>Regulatory and Review Body Tracking Report</p> <p>The Regulatory and Review Body Tracking Report was received.</p> <p>The Assistant Head of Health and Safety (AHHS) stated that the Report was received by the Committee twice a year.</p> <p>The Report tracked that relevant Board Committees were receiving reports and information regarding inspections undertaken by the various inspection/review bodies as a key source of assurance.</p> <p>Although the Report looked at inspections for the new financial year, it also included those from previous financial years so they did not lose track of them.</p> <p>The AHHS advised that she would add EHO to the tracking report too.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The content of the report was noted.</p>	<p>AHHS</p>
<p>HS 18/10/011</p>	<p>Risk Register for Health and Safety</p> <p>The Risk Register for Health and Safety was received.</p> <p>The HHS updated the Committee that the highest current risk ratings were 16, of which two were covered by the Health and Safety Culture Plan. Discussions were currently taking place to determine ownership of the third risk which related to the management of bariatric Patients.</p> <p>The HHS had proposed that this last point be taken</p>	

Mohamed Sarah
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	<p>forward with an All Wales approach.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The findings of the new identified risks and the actions in place to reduce the risk rating, were noted.</p>	
HS 18/10/012	<p>Fire Safety Compliance Report</p> <p>The Fire Safety Compliance Report was received.</p> <p>The IMLA queried whether the Fire Safety training figures had increased.</p> <p>The HHS responded that the Fire Safety training was being held that week. Last year they had trained 3,000 people in under a week.</p> <p>The HHS added that they would not be training the same numbers this year because the venues were not as large enough.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The on-going efforts to meet the requirements of enforcement action and C&V UHB's statutory and mandatory fire safety obligations were considered.</p>	
	Items for Approval/Ratification	
HS 18/10/013	No items were noted.	
	Items for Noting and Information	
HS 18/10/014	<p>Sub Committee Minutes:</p> <p>i. Operational Health and Safety Group – 06/06/22</p>	
HS 18/10/015	<p>Any Oher Business</p> <p>The Safety Representative RCN (SR) informed the Committee that there were housekeeping staff who tidied up Health Board areas in their own time.</p> <p>The SR requested clarification as to whether they were covered under the voluntary aspect of their employment contract.</p>	

Mohamed Sarah
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	<p>The CC responded that it was very good work by the team and congratulated them. It was his understanding that if their management knew they were doing this, then it was covered under the insurance policy.</p> <p>The EDPH advised that this query should be checked with the EDPC.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) Any Other Business was noted.</p>	EDPC
HS 18/10/016	<p>Items to bring to the attention of the Board/Committee</p> <p>It was noted that the following should be highlighted to the Board:</p> <ul style="list-style-type: none"> - Training rates - Unwanted fire signals - RACI document - Staff smoking <p>The HCG advised that she would include these items in the Chairs report.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) Items to bring to the attention of the Board/Committee were discussed and noted.</p>	DCG/HCG
	Review of the meeting	
	<p>Date and time of next meeting</p> <p>17th January 2023 at 09:00am MS Teams</p>	

Mohamed Sarah
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ACTION LOG
FOLLOWING HEALTH AND SAFETY COMMITTEE MEETING
19 October 2022
(Updated for the meeting 17 January 2023)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Actions Completed					
HS 19/07/007	RACI document	A new RACI document was being developed and will be brought to the October meeting.	R Warren	18.10.22	Completed Discussed at October meeting.
HS 19/07/007	Calibration cylinder investigation	An investigation was being done into the calibration cylinder that was put in a waste bin in UHW. Updates would be provided to the Committee.	R Warren	18.10.22	Completed Discussed at October meeting.
Actions in Progress					
HS 18/10/007	Corporate manslaughter	The Independent Member – Legal requested that corporate manslaughter be put on the next committee’s agenda.	N Foreman	17.01.23	Update on 17 January 2023 Agenda item – 7.1
HS 18/10/007	RACI Document	The HHS to confirm where the IPC sat within the RACI Document	R Warren	17.01.23	Update on 17 January 2023
HS 18/10/007	Staff smoking on Health Board sites	The Committee Chair asked to meet with the EDPC, EDPH and HHS as soon as possible to discuss next steps.	N Foreman	17.01.23	Update on 17 January 2023 <i>A meeting took place on 9 November 2023)</i>
HS 18/10/015	Staff working voluntarily	The EDPC agreed to check that staff working in Health Board areas during their own time were covered by the appropriate insurance.	R Gidman	17.01.23	Update on 17 January 2023 The EDPC confirmed that volunteers are covered through patient experience and other staff employed are covered through honorary contracts etc.
HS 19/07/007	CEO Bulletin	The EDPC would speak to the CEO about putting the increase in smoking and fire incidents into the staff bulletin.	R Gidman	17.01.23	Update on 17 January 2023

Mohamed Sarah
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					Both PH and H&S have worked with the Communications team and a video has been created with a message from the Chief Executive regarding non-smoking.
HS 18/10/010	Regulatory and Review Body Tracking Report	EHO food inspection to be added to the tracking report.	R Daniel	17.01.23	Update on 17 January 2023
HS 19/07/014	Committee Self Effectiveness Survey	The DCG would will look at the results and pick up any comments.	M Donovan	April 2023	Update in April 2023 Discussed at October meeting. The Corporate Governance Department were considering how to improve the Board Committees' self-effectiveness survey process and would update the Committee on their findings.
Actions referred to other Committees/Board					
HS 18/10/007	RACI Document	The RACI document is to be presented to SLB to allow clinical boards to take ownership.	R Warren	01.12.22	Completed Discussed at SLB on 1 December 2022.
HS 18/10/007	Staff smoking	The HHS to discuss the increase in staff smoking on Health Board sites at SLB.	R Warren	03.11.22	Completed Discussed at SLB on 3 November 2022.
HS 18/10/016	Items to bring of the attention of the Board	The Committee agreed to highlight the following to the Board:- Training rates, unwanted fire signals, RACI document and staff smoking	M Donovan	24.11.22	Completed Those matters were raised in the Chair's Report which went to the Board in November 2022.

Mohamed Sarah
09/01/2023 16:23:11

Report Title:	Fire Safety Compliance Report		Agenda Item no.	7.3
Meeting:	Health & Safety Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
Lead Executive:	Executive Director of People and Culture			
Report Author (Title):	Head of H&S			

Main Report

Background and current situation:

The UHB has a statutory responsibility to protect all persons that could be affected by its operations from the risk of injury or death due to fire. The enforcing authority of current fire safety legislation for Cardiff and the Vale is South Wales Fire and Rescue Authority (SWFRA) and they are lawfully empowered to monitor and enforce compliance of all fire safety matters under the Regulatory Reform (Fire Safety) Order 2005.

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 C&V UHB has failed to comply with current fire safety legislation i.e. the Regulatory Reform (Fire Safety) Order 2005.

Written notices can be:

- FSA04 - An official notice that confirms the standard of fire safety at the time of audit appears to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005, therefore no further action is required by the Local Fire and Rescue Authority at that time.
- IN02 – An alternative informal notice issued for advisory fire safety deficiencies - not time bound
- IN01- A time bound Informal Notice issued for fire safety contraventions and/or deficiencies that are deemed not to warrant enforcement action
- Enforcement Notice - Identifies serious fire safety contraventions and/or deficiencies
- Prohibition Notice - This notice prohibits the use of an area or premises and is effective immediately

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

This paper provides an update on four key fire safety compliance and management obligations:

1. Significant Incidents
2. Unwanted Fire Signals (UwFS's) and False Fire Alarm Activations
3. Fire Risk Assessment
4. Fire Safety Training

(See Appendix 1 Supporting Documentation)

Recommendation:

Mohamed Alfarah
09/01/2023 16:23:11

The Health and Safety Committee is requested to:

- Consider on-going efforts to meet the requirements of enforcement action and C&V UHB's statutory and mandatory fire safety obligations.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	✓	Long term	✓	Integration		Collaboration		Involvement	✓
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Risk of further enforcement action if current standards are not improved and/or maintained

Safety: Yes/No

Safety of staff will be compromised if training figures are not improved and maintained

Financial: Yes/No

Potential negative financial implications of not maintaining statutory and mandatory fire obligations.

Workforce: Yes/No

Potential negative safety work force implications of not maintaining statutory and mandatory fire obligations

Legal: Yes/No

Potential reputational damage is a real possibility if fire safety statutory and mandatory obligations are not met by C&V UHB

Reputational: Yes/No

Potential reputational damage is a real possibility if fire safety statutory and mandatory obligations are not met by C&V UHB

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

Appointed architects and designers for all new major capital projects must consider this matter. In order to reduce our carbon footprint and comply with this regulation they are already proposing to move away from using traditional fire-resisting/non-combustible structural elements such as steel, brick and concrete to using combustible structural elements such as timber and laminates. The use of these construction materials will have a direct impact on the standard of fire resistance of building and consequently impact on the safety of all building occupants therefore the installation of life safety and property protection suppression systems will become an essential element of all new buildings.

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
Health and Safety Committee	23/01/2023

APPENDIX 1

Supporting Documentation

1.0 Significant Incidents

Table 1

Fire incidents, **reported and recorded**, between 01/10/2022 and 29/12/2022

There have been two fire incidents recorded during this reporting period.

Fire Incidents 01/10/2022 to 29/12/2022	Fire Incidents
Hafan Y Coed, Llandough Hospital, Penlan Road, LLANDOUGH	1
University Hospital of Wales, Heath Park, CARDIFF	1

Hafan Y Coed 20-10-2022

A fire incident occurred at Hafan Y Coed on the 20th October 2022, at approximately 07:45 in a single bedroom. The fire was the result of malicious ignition set by a known patient. The patient informed staff they had set fire to their clothing. The patient did not sustain any injury and no staff or other patients were affected. Fire detection did not activate due to the small amount of smoke and the fire had self-extinguished by the time the patient had reported it. SWFRS did not attend.

UHW 02-12-2022

University Hospital Wales, Ward A1 South experienced a fire incident on the 2nd of December 2022 at approximately 01:20 in the corridor exterior to the ward toilet. Staff witnessed a small flame at the toilet door, clinical staff attended and witnessed a patient had used a lighter to ignite signage on the outside of the toilet door. This was extinguished by nursing staff on the ward using a fire blanket and no alarm was raised. SWFRS did not attend. Security were informed who attended the ward and confiscated the lighter from the patient. Site managers spoke with the patient regarding the risks of this behavior. This incident was reported to police via 101. The head of health and safety has reported this incident to the Healthcare Fire Team with SWFRS and the importance of following correct UHB protocol reaffirmed with ward staff.

Monev Medgale
09/01/2023 11:11

2.0 UHB Unwanted Fire Signals (UwFS's) and False Fire Alarm Activations (FFAA'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 104 UWFS in total across the UHB estate, this is a 6% decrease over the previous 3 month period. 22 activations were not attended by the fire service due to the speed of attendance and reaction by fire response personnel and other colleagues (See Table 2 and 3 below).

In response to this the fire team are in the process of reviewing several key documents which will firm up the fire strategy and response to a fire signal, the output will be fed into local emergency plans.

The documents are in scope for the 3 year Health and Safety Culture Plan however, they have been brought forward on the timescale.

- Fire Safety Policy Statement of Intent
- Fire Safety Policy
- Fire Safety Management Arrangements
- Fire Strategy Template for Community Sites
- Control of Ignition Sources in HYC

Table 2

Unwanted Fire Signals (UwFS's) **attended by the fire service** between 01/10/2022 and 29/12/2022

Hospital	UwFS only	Actuation devices	Grade
Barry Hospital	0	562	++
Cardiff Royal Infirmary	4	2000	Performance level 1
Hafan Y Coed	3	1274	Performance level 1
Llandough Hospital	13	6500	Performance level 1
Rookwood Hospital	3	425	Performance level 1
St David's Hospital (Cardiff)	0	600	++
University Hospital of Wales	59	20000	Performance level 3
Whitchurch Hospital	0	2059	++
Total	82	33420	

++ Locations with zero UwFS do not have a performance listed.

Mohamed Sarah
09/01/2023 16:23:11

Table 3

False Fire Alarm Activations (FFAA's) not attended by the fire service between 01/10/2022 and 29/12/2022

Hospital	False alarms	Actuation devices	Grade
Barry Hospital	0	562	no incidents
Cardiff Royal Infirmary	1	2000	A - performance should be maintained
Hafan Y Coed	4	1274	A - performance should be maintained
Llandough Hospital	2	6500	A - performance should be maintained
Rookwood Hospital	1	425	A - performance should be maintained
St David's Hospital (Cardiff)	0	600	no incidents
University Hospital of Wales	14	20000	A - performance should be maintained
Whitchurch Hospital	0	2059	no incidents
Total	22	33420	

Table 4

Unwanted Fire Signals (UwFS's) and False Fire Alarm Activations (FFAA's) YTD (01/04/2022 to 29/12/2022)

The table shows there have been 308 activations year to date. This has put us on an average of 34 per month which is an increase on the previous 3 months of 32.6.

Whilst this figure reflects the size and age of our fire alarm detection system and the complexity of our largest sites, as detailed above, the approach adopted by the UHB in relation to UWFS is being reviewed by the fire team.

Hospital	False alarms including UwFS	Actuation devices	Grade
Barry Hospital	1	562	A - performance should be maintained
Cardiff Royal Infirmary	7	2000	A - performance should be maintained
Hafan Y Coed	24	1274	B - 10% reduction in UwFS
Llandough Hospital	61	6500	A - performance should be maintained
Rookwood Hospital	9	425	C - 25% reduction in UwFS
St David's Hospital (Cardiff)	0	600	no incidents
University Hospital of Wales	205	20000	A - performance should be maintained
Whitchurch Hospital	1	2059	A - performance should be maintained
Total	308	32420	
Total UwFS's	246		
Attended by SWFRS			
Not attended by FRS	62		

3.0 Fire Risk Assessment

The principle fire safety legislation applicable to all UHB 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 425 risk assessment reports that are being regularly assessed and reviewed by members of the fire safety team either annually, bi or tri-annually or if there is a significant change to the assessable area.

The UHB are currently 98.7% compliant with the ongoing risk assessment programme. Of the 6 overdue, the longest is 27 days

There are currently 53 high-risk actions scoring 16+, this has reduced by 16% over the previous period. This is a new metric being brought to committee and it will be incorporated into the monthly H&S dashboard going forward which will bring it under more scrutiny.

The Health and Safety team is currently looking at ways of tracking the actioning and closing of these actions by stake holders around the health board.

4.0 Fire Safety Training

Table 5

Org L4	Fire Safety Compliance April - Start of financial Year	Fire Safety Compliance October - Start of reporting quarter	Fire Safety Compliance December - current	Compliance change from financial year start.
001 All Wales Genomics Service	83.39%	73.36%	83.44%	0.05%
001 Capital, Estates & Facilities	70.49%	65.37%	74.98%	4.49%
001 Central & Reserves	100.00%	88.89%	90.00%	-10.00%
001 Children & Women Clinical Board	66.73%	59.11%	67.20%	0.47%
001 Clinical Diagnostics & Therapeutics Clinical Board	73.97%	58.91%	74.05%	0.08%
001 Corporate Executives	64.14%	61.44%	72.24%	7.90%
001 Medicine Clinical Board	53.13%	52.48%	61.22%	8.09%
001 Mental Health Clinical Board	65.96%	55.90%	60.56%	-5.40%
001 Primary, Community Intermediate Care Clinical Board	70.36%	70.67%	73.79%	3.43%
001 Specialist Services Clinical Board	61.21%	58.07%	62.79%	1.58%
001 Surge Hospitals	40.00%	42.86%	100.00%	60.00%
001 Surgical Services Clinical Board	58.46%	57.64%	59.85%	1.39%
001 Trust *	66.67%	not in existence on this date	0.00%	-66.67%
001 UHB Healthboard Total	65.04%	59.3%	67.06%	2.02%

* 001 Trust clinical board group is used during recruitment, special situations, and specialised temporary, or adjusted staff. It contains an extremely small percentage of overall staff, sometimes zero.

The compliance figures outlined in Table 4 relates to the start of the financial year, commencement of the quarterly reporting period and end of the reporting quarter. The percentage change is from the start of the year to end of reporting period.

The large positive increases are largely attributable to the drop in sessions conducted through Fire Safety Week which ran from 17th to 21st October. During this week 1859 colleagues were trained.

Mohamed Sarah
09/01/2023 16:23:11

Report Title:	Enforcement Agencies		Agenda Item no.	7.4
Meeting:	H&S Committee	Public	x	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information
Lead Executive:	Executive Director of People and Culture			
Report Author (Title):	Head of Health and Safety			

Main Report

Background and current situation:

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 HSE, SWFRS and other enforcement agencies that fall within the remit of the H&S Department.

Health and Safety Executive (HSE)

No new concerns raised.

T2 UHW Animal House Ventilation

Request for information from the HSE regarding maintenance and agreements between CAVUHB and Cardiff University in relation to the different types of local exhaust and extract ventilation systems associated with T2 animal house. Information forwarded to the HSE on February 11th 2022. HSE inspector requested a visit to obtain a voluntary statement from the Head of Estates and Facilities. At the time of writing this meeting was to be held on 5th January 2023.

UHW Theatre Trolleys

The Health Board received a short notice request (3 Days) from the HSE to visit theatres at UHW to review the manual handling systems employed by this work group. Concerns of non-essential visits from the Director of Nursing for the Surgery Clinical Board was relayed back to the HSE and as a result the visit has been postponed however, information and documents have been forwarded to the HSE Inspector for review (22nd March 2022). Currently awaiting a reply.

South Wales Fire and Rescue Service (SWFRS)

During the period there were no new enforcement notices issued whilst two remain open.

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 the South Wales Fire and Rescue Service (SWFRS) compliance team. SWFRS have now issued a letter under caution, a response to which was sent on 21st January 2022.

A meeting has been arranged for 18th October with SWFRS to discuss this.

SWFRS are prosecuting CAVUHB in relation to the above enforcement notice. A magistrates hearing took place on 13th December 2022 where the Health Board entered 'No Plea'. At the time of writing the next hearing is to be at Cardiff Crown Court on 10th December 2023.

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. The

compliance date for the outstanding actions from this notice has been extended from 6th April 2022 to 31st March 2023

The necessary improvements to satisfy the terms of the enforcement notice is now largely complete apart from some small remedial issues. Current plan is to invite SWFRS back at the end of January, beginning of February 2023.

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

The UHB have reassured SWFRS that all reasonably practicable steps have and are being taken in resolving the identified non-conformances. Assurance is provided by the current mitigation in place on A4. CAVUHB are working closely with SWFRS on all other issues.

Recommendation:

The Health and Safety Committee is asked to:

- a) Note the content of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration		Collaboration	X	Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

No

Safety: Yes/No

No

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No	
No	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
H&S Committee	23/01/2023

Mohamed Sarah
09/01/2023 16:23:11

Report Title:	Waste Management Compliance Report		Agenda Item no.	7.5
Meeting:	H&S Committee	Public	x	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information
Lead Executive:	Director of Finance			
Report Author (Title):	Waste & Compliance Manager			

Main Report

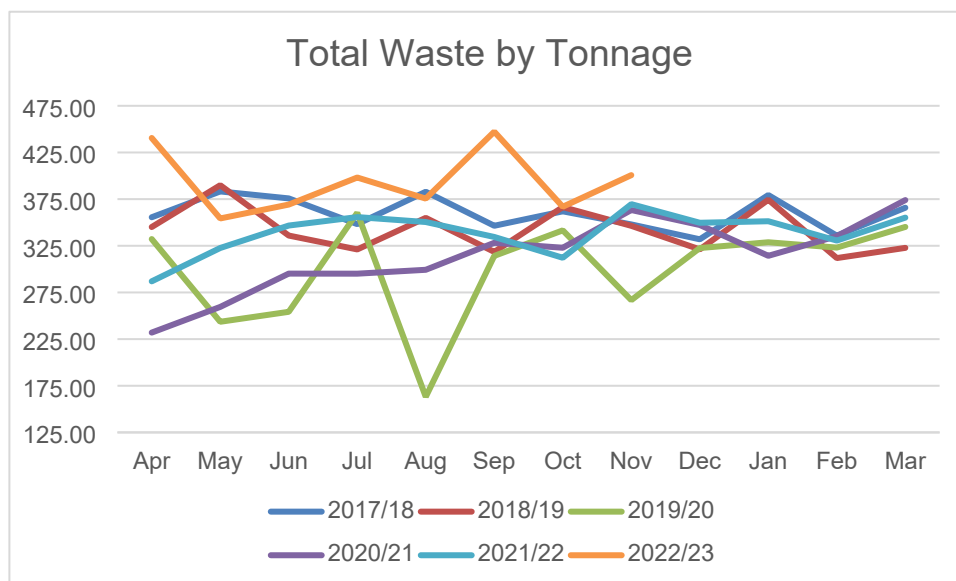
Background and current situation:

The purpose of this paper is to provide assurance to the Health & Safety Committee, that waste services managed by the Capital, Estates and Facilities Service Board are operated in line with the relevant legislative and mandatory standards applicable in Wales.

The current University Health Board Wide Waste Department continues to process higher volumes of waste than would normally be expected, with the continuing disposal of additional Personal Protective Equipment (PPE) and the impact of The Healthcare Environment Standards (HES).

The move to de-clutter areas to ensure wards and clinical areas can be cleaned more effectively to comply with the HES is resulting in a significant increase in larger items of equipment for disposal. Chairs, tables, office furniture and racking, no longer required or damaged and considered an Infection Control risk are being scrapped, adding to the overall waste increase.

The graphs below indicate the overall amount and cost of waste over the last 6 years. It is noticeable that whilst the tonnage in general had some degree of movement, the costs over this financial year have increased significantly. There are number of factors that impact on this, the type of waste where clinical waste is more costly, to dispose of than general waste, increase in suppliers' costs for fuel and energy etc.



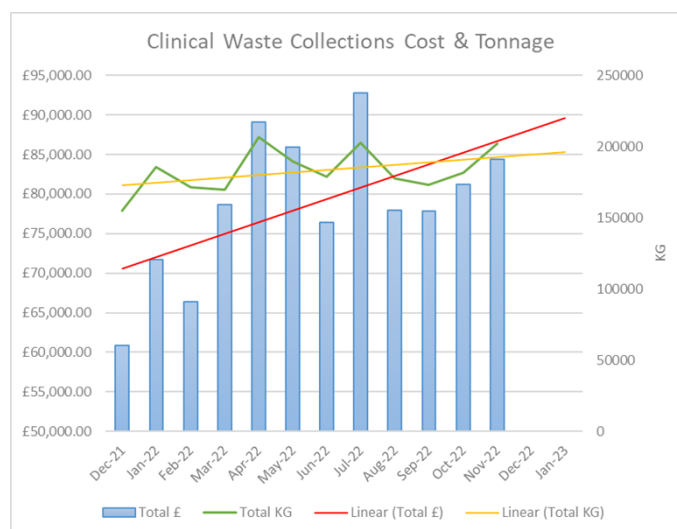
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Clinical Waste:

Clinical Waste volumes remain high at 182 tonne per month (on average, Dec 21 - Nov 22), compared to 166 tonne per month (on average, Dec 20 – Dec 21), the costs of treatment and disposal at nearly £80k/month, compared to the previous year of £54k/month.

Fuel surcharges were implemented from July increasing costs, however these seem to have fallen in line with falling fuel costs.



An audit of the High Temperature (HT) Disposal Waste (orange bags) was undertaken by the contractor in October 2022, where bags from a number of wards at UHW were examined. Major non-conformities were identified, where pharmaceutical, food and liquid waste had been mixed with clinical waste. The amounts identified were above the acceptable tolerance levels.

Consequently, the contractor has advised that, for a period of 3 months commencing 19th December 2022, all orange bags will be incinerated to ensure all waste contaminated or otherwise does not pose any risk. Within this period the UHB have an opportunity to engage with staff and where necessary retrain to ensure that segregation on the ward and in clinical areas is undertaken in line with the guidance provided. Incineration of waste is considerably more costly than heat treatment and the UHB and in particular the Capital, Estates and Facilities (CEF) budget will incur an additional £50k/month as a result of the non-conformities.

Discussions with the Clinical Boards and in particular the Directors of Nursing with the Waste Management lead will be arranged to agree the most appropriate way to engage with the relevant parties to ensure that waste is managed appropriately at all levels. One option that should be considered is the appointment of 'Green Champions' at Clinical Board or Directorate level to focus on reducing waste, improving re-cycling and promoting the importance of segregation. The designated person would report into the environmental steering group chaired by the Director of Capital, Estates & Facilities which meet on a quarterly basis as part of the requirement to maintain ISO 14001 Environmental Management accreditation.

At the end of the 3 month period, the contractor will undertake a further audit to ensure the UHB are adhering to the requirements. CEF will request that the contractor undertake the audit at Ward level so that we are able to identify any specific areas of non-compliance.

The All Wales waste contract, is procured and managed by NWSSP, and is due to end in May 2025. However, the Clinical Waste Consortium which represents all Health Boards within the contract have undertaken an option appraisal to determine whether to re-tender at this stage or enact the extension allowable under the existing agreement. The outcome of the appraisal is to agree the extension until May 2027.

General, Recycling & Food Waste:

Cardiff City Council provide the service for general, food and re-cycling directly to the UHB with the current contract due to expire in February 2023, and have expressed their intention not to offer the UHB the option to extend the contract.

We are currently in the process of working with our procurement colleagues, to award a commission to a new service provider for this contract.

Tenders have been returned and are currently being evaluated, to identify the preferred supplier, following which the relevant approvals will be sought to enable the awarding of the contract at a value of circa £560k per annum.

Health & Safety:

The Waste Management team are continually looking to improve the level of service provided and in particular with the Health and Safety standards operating across the service. The department have recently introduced a formal Health & Safety group which meets on a regular basis and includes representatives for the waste operatives, who are best placed to highlight the daily risk encountered.

Unfortunately, in early December 2022 there was an incident in the Waste Yard at the University Hospital of Wales, in which one of the Waste team was injured and taken to the Emergency Unit for treatment. A waste bin appeared to have fallen off the back of the Contractors vehicle (SRCL) which hit the member of staff on the head/shoulder area rendering him unconscious. The gentleman injured was released following examination in EU and is recovering at home. The incident was reported as a RIDDOR event to the HSE

The incident is being investigated by the Corporate Health & Safety Team, with support from the CEF assurance team. Following the completion of the investigation and on receipt of the report CEF will in discussion with H&S colleagues review any recommendations and implement accordingly.

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

- It is expected that cost increases will continue to be seen across all waste collection services, including the move from public to private sector collections for general, recycling and food waste disposal, with potential further increase from increase in fuel prices.

- An incident which occurred in the waste yard in December 2022 is being investigated by the UHB Corporate H&S team with any recommendations to be reviewed and implemented as appropriate

Recommendation:

The Health and Safety Committee are requested to:

- a) **NOTE** the content of the report recognising the increased waste being managed and the increased costs associated with the increased demand and fuel costs;
- b) **SUPPORT** the proposal for discussions with the Clinical Board Directors of Nursing to ensure that waste is separated appropriately at Ward/department level and that the correct procedures for waste disposal is adhered to when disposing of waste within areas. Staff should also be advised of the cost implications of non-compliance;
- c) **SUPPORT** the appointment of 'Green Champions' from the Clinical Boards/Directorates to raise the awareness of waste and its impact on the environment, with aim of reducing waste, increasing re-cycling and ensuring safe and appropriate disposal; and
- d) **NOTE** the RIDDOR reportable incident and the ongoing investigation by the Corporate H&S team.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

(1) Reportable incident under investigation (2) separation of waste at ward level

Safety: Yes

Inappropriate waste separation can put staff at harm from sharps or contaminated waste

Financial: Yes

Increased waste and non-compliant separation have financial implications

Workforce: Yes/No

Legal: Yes	
Statutory compliance	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: Yes	
Incineration of wastes causes increased carbon	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Mohamed Sarah
09/01/2023 16:23:11

Report Title:	Ventilation Annual Report			Agenda Item no.	7.8
Meeting:	H&S Committee	Public	X	Meeting Date:	17/01/2023
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	
Lead Executive:	Director of Finance				
Report Author (Title):	Head of Estates.				

Main Report

Background and current situation:

Background

The purpose of the Report is to provide the H&S Committee with assurance that the ventilation systems at Cardiff & Vale UHB are maintained and inspected, in accordance with the guidance Welsh Health Technical Memorandum (WHTM) 03-01 parts A and B. As part of the requirement the UHB have appointed an Authorised Engineer (AE) for ventilation to provide support and guidance to the UHB Approved Persons, one of which has recently been appointed with another progressing through the training and assessment process. It is also planned for a further 2 staff to be trained during 2023 to enhance the team further. The AE also provides advice periodically on the suitability of systems as well as undertaking the annual audits.

It is important to note that where a ventilation plant identified as critical air plant, under the WHTM, and independent verification of this system is required and is undertaken by a specialist company who act independently of both the UHB and the AE.

Current situation

The AE undertook an audit in May 2022, the outcome of which was 4 recommendations for consideration/action. Capital Estates and Facilities (CEF) have produced an action Plan (appendix 1) which indicates the management response/action, current status etc.

CEF have also re-established the Ventilation Safety Group to oversee all aspects of ventilation across the UHB estate. In addition to Clinical Board representation, Infection, Prevention and Control (IP&C) are a key member to the group. IP&C work closely with Estates and Capital colleagues to manage ventilation systems.

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

Re-establishment of the Ventilation Safety Group

The CEF assurance & Compliance team have contracts in place for the maintenance of all air plant, including filter changes

Critical air plant identified in conjunction with the Service Boards is verified on an annual basis as required under the WHTM.

The ventilation policy is in draft form for approval at next ventilation safety group then ratification in 2nd quarter 2023

Recommendation:

The Committee is requested to:

- a) **NOTE** the content of the report and the progress made in response of the recommendations;
- b) **NOTE** the re-establishment of the Ventilation Safety Group; and
- c) **NOTE** that critical air plant as identified in the WHTM have annual independent verification checks undertake to ensure compliance

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	<input checked="" type="checkbox"/>	Long term	<input checked="" type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: Yes/No NO

Equality and Health: Yes/No NO

Decarbonisation: Yes/No NO

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Appendix 1 ventilation action plan

The key findings

No of Recs	Recommendation Narrative/inspection outcome	Operational Lead	Please confirm if completed (c), partially completed (pc), no action taken (na)	Management Response / Executive Update	Target date for completion
1 of 4	VENTILATION ANNUAL REPORT: The health boards ventilation policy needs to be completed and submitted to the board for approval.	Director of Capital Estates and Facilities	partially	The ventilation Policy is in draft format and is being tabled at the next ventilation safety group for passing. In the 2 nd quarter 2023 it will be presented for ratification subject to any alterations.	June 2023
2 of 4	VENTILATION ANNUAL REPORT: At least one additional AP(V)' should be appointed at each hospital to provide some resilience.	Director of Capital Estates and Facilities	partially	1 AP formally appointed for health board UHB wide. 1 AP currently going through process and familiarity, with 2 further planned for training in early 2023. 1 new employee planned to undertake training and assessment	Completed June 2023 December 2023
3 of 4	VENTILATION ANNUAL REPORT: To comply with the new version of HTM 03-01 Parts A & B (2021), the list of critical ventilation systems at C&VUHB hospitals needs to be reviewed and updated to include for all critical ventilation systems, including imaging facilities, dental	Director of Capital Estates and Facilities	partially	List of critical plant has been circulated to ventilation group for inclusion in the maintenance regime in line with ventilation policy and is agenda item at meetings. Local extract ventilation list to be completed at next ventilation safety group and discussed with the authorising Engineer.	March 2023

Mohammed Y. Alkhatib
09/01/2023 11:23:11

	treatment rooms and local extract ventilation (LEV) systems				
4 of 4	<p>VENTILATION ANNUAL REPORT: The attendance and frequency of meetings of the Ventilation Safety Group (VSG) needs to improve during 2022. VSG meetings should be at least quarterly and all relevant stake holders should be encouraged to attend the meetings regularly. This includes senior representatives from IP&C, microbiology, theatre managers, clinical / nursing, health and safety, estates</p>	Director of Capital Estates and Facilities	partially	<p>Meetings diarized and list of attendees sent invites, minutes and papers.</p> <p>As per recommendation, representation from across the Clinical Boards are requested to attend. Chair and Vice chair in place from Capital Estates & Facilities</p>	<p>Completed</p> <p>March 2023</p>

Mohamed Sarah
09/01/2023 16:23:11

Report Title:	Medical Gas pipeline systems			Agenda Item no.	7.9
Meeting:	H&S Committee	Public	X	Meeting Date:	17/01/2023
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	
Lead Executive:	Director of Finance				
Report Author (Title):	Head of Estates				

Main Report

Background and current situation:

Background

The purpose of the Report is to provide the H&S Committee with assurance that the Medical Gas Pipeline systems (MGPS) at Cardiff & Vale UHB maintained and inspected in accordance with Welsh Health Technical Memorandum (WHTM) 02-01 parts A and B. As a requirement of the WHTM, the UHB have appointed an independent Authorising Engineer (AE) to oversee the training, appointment of Approved Persons (AP) and system audits. The AE is commissioned from National Wales Shared Services Partnership, Specialist Estate Services (SES) and provides support and guidance on the compliance with HTM guidance.

Current situation

The AE undertook an annual audit of the Medical Gas Pipeline Systems across the UHB 2021(the report does not indicate an exact date), with 13 recommendations identified. Capital, Estates & Facilities Service Board have developed an action plan (Appendix 1) which provides the management response/actions, together with the current progress against each recommendation.

CEF have experienced difficulty in recruiting trade staff over recent years which has impacted their ability to train suitably competent AP's, although in recent months 3 members of staff have been assessed and appointed by the AE. The UHB also benefit from the appointment of a senior member of the estates team to the role of coordinating AP.

The pharmacy department have a key role in the management of the medical gas services including oversight of medical gas procurement and the testing of new or altered pipework systems.

The UHB has re-established its medical gas committee to oversee all aspect of the installation and purchase of medical gas across organization.

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

- The difficulties in the recruitment of suitable trade qualified staff to provide the key role of AP across the sites
- The progress made to train staff who have successfully completed their assessment to become AP's across the UHB Sites

Recommendation:

The Committee is requested to:

- NOTE** the content of the report and the progress made against each of the recommendations resulting from the audit; and

b) NOTE the re-establishment of the Medical Gas Committee to oversee the safe management of the Medical Gas systems

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	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	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration	x	Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec Date:

Appendix 1 ventilation action plan

The key findings

No of Recs	Recommendation Narrative / Inspection outcome	Please confirm if completed (c), partially completed (pc), no action taken (na)	Management Response / Executive Update	Target date for completion
1 of 13	MEDICAL GAS PIPELINE SYSTEM: Nominate for assessment and appoint coordinating / senior MGPS APs' and additional MGPS APs' to provide suitable cover, once suitable training and site familiarity is achieved	partially	Head of Estates appointed as Coordinating AP for UHB. 2 APs appointed for UHL 1 AP appointed UHW. 4 Further APs in progress and due for assessment January/February 2023 with Others completed the course and are gaining site familiarity before consideration of assessment later in year.	completed completed completed 31 st May 2023 1 st October 2023
3 of 13	MEDICAL GAS PIPELINE SYSTEM: Ensure suitable AP support, management and governance arrangements are put in place	completed	Formalisation and mentoring by coordinating AP overseeing all MGPSs works across the UHB and supported by Estates compliance and project manager.	completed
4 of 13	MEDICAL GAS PIPELINE SYSTEM: Develop the MGPS committee and ensure relevant personnel are in attendance	completed	Medical Gas committee established and led by head of Pharmacy, meetings held regularly with cross section of representation from UHB.	completed
5 of 13	MEDICAL GAS PIPELINE SYSTEM: Ratify and implement an up-to-date MGPS Operational	Partially	Medical Gas Policy is in draft form and is a topic of MGPS committee discussion for alterations and ratification by all.	June 30 th 2023

	Policy and procedural documents.			
6 of 13	MEDICAL GAS PIPELINE SYSTEM: Emergency preparedness documents should also be developed to sit under the policy, with particular reference to oxygen alerts and pandemic responses.	Partially	Forming part of the policy via the committee for inclusion. Aps receive alerts currently from the AE and act accordingly.	June 30 th 2023
7 of 13	MEDICAL GAS PIPELINE SYSTEM: Determine St David's PFI operating procedures	Partially	Lines of responsibility have been determined, St David's has its own Authorising Engineer and uses A 3 RD party contractor for its AP coverage of the Site. St David's procedures to be included in policy.	Completed 30 th June 2023
8 of 13	MEDICAL GAS PIPELINE SYSTEM: Asset tagging of all items of MGPS plant and equipment is recommended, with full inventories/database constructed. This methodology will help ensure all consumable items of plant are changed in line with manufacturer's guidance, and all items of plant changed in line with pressure regulations and insurance inspector's recommendations.	Partially	Working through process off adding to database, checking pressure regulations data and coordinating how to maintain supplies whilst changing valves.	September 2023
9 of 13	MEDICAL GAS PIPELINE SYSTEM: Once an asset register is completed it is recommended	Partially	List of assets already in the system and schedules in place for maintenance via a 3 rd party specialist maintenance contractor. All plant is maintained and	September 2023

	that a full PPM review is carried out for all the MGPS assets, and a full list of maintenance requirements developed for all sites to ensure correct checks, tests are programmed as per guidance tabled in HTM 02-01.		some are being upgraded in 2023. All line valves are listed in the APs key cabinets	
10 of 13	MEDICAL GAS PIPELINE SYSTEM: Ensure that written schemes of examination are in place for those relevant to the MGPS under the terms of the Pressure Systems Safety Regulations 2000 an asset data base system for each site would help in this regard.	completed	Insurance systems are in place via a portal with British Engineering, currently being managed by Estates compliance and project manager.	completed
11 of 13	MEDICAL GAS PIPELINE SYSTEM: Train and appoint sufficient Designated Nursing/Medical (DNO/DMO) officers, and Designated Porters.	Partially	Raised as an item at MGPS committee as an item for action. Porters previously had training on safe bottle handling/storage.	December 2023
12 of 13	MEDICAL GAS PIPELINE SYSTEM: Ensure there is a training program for all staff using medical gasses	partially	Raised at medical gas committee for action, discussion around how and who to deliver training.	December 2023
13 of 13	MEDICAL GAS PIPELINE SYSTEM: Health board cylinder management requires improvement	partially	Pharmacy taking initiative and are in the process of trialing at UHL a bar coding system in conjunction with BOC at UHL. This will enable cylinders to be tracked and once trial completed a recommendation/proposal will be submitted.	May 2023

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Report Title:	Low Voltage System Report		Agenda Item no.	7.10
Meeting:	H&S Committee	Public	X	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information
Lead Executive:	Director of Finance			
Report Author (Title):	Head of Estates			

Main Report

Background and current situation:

Background

The purpose of the Report is to provide the H&S committee with assurance that the low voltage systems at Cardiff & Vale UHB are maintained and inspected in accordance with the guidance document Welsh Health Technical Memorandum (WHTM) 06-02 parts A and B to ensure that the systems remain safe. In many cases the systems do not comply with BS7671 (18th Edition) Wiring Regulations and Capital Estates & Facilities (CEF) have included a number of items on their Risk Register.

In accordance with the HTM guidance Cardiff and Vale UHB have an appointed independent Authorising Engineer (AE) to provide advice and guidance to the UHB. The AE assess the Approved Persons and undertakes the system audits. The AE service is currently provided by National Wales Shared Services Partnership, Specialist Estate Services (SES).

Current situation

Following the annual audit undertaken by the AE in February 2022, there were 5 recommendations for areas of improvement. CEF have reviewed the findings of the report and produced an action plan (appendix 1), which identifies the management response and current status of the recommendations.

To review progress with the recommendations and to ensure that risks are appropriately monitored, an Electrical safety group has been established which will report to the CEF Health & Safety Group.

As part of the process to ensure that the Electrical infrastructure across the sites operates effectively in the event of a mains failure, the UHB is in the process of planning a 'Black Start' at UHW in June 2022. This exercise has not been undertaken on the UHW site for many years and to comply with the HTM should be undertaken annually with the emergency generators supplying the load for circa 4 hours.

A project team, chaired by the Director of CEF has been established with a number of sub groups leading in specific areas to ensure that risk on the actual day of the test is minimized. The project team have presented the proposals to the Operational Planning Group with further meetings planned.

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

- Difficulty in recruiting competent staff to train as AE's has been difficult in the current climate
- The age of the electrical switchgear and distribution network is of concern as parts are becoming more difficult to procure
- The UHB plan to undertake a 'Black Start' in June 2022 with significant planning required to mitigate associated risk

Recommendation:

The Board / Committee are requested to Note:

- the content of the report and the progress made in addressing the recommendations of the audit.
- the establishment of a UHB electrical safety group
- the risk associated with the age and obsolescence of the infrastructure

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration		Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: YES

Associate with age of equipment which is both non-compliant and becoming obsolete

Safety: Yes/No YES

The age of the equipment has caused issues and in relation to safe working practices and overheating potentially causing fire

Financial: YES

Parts periodically have to be manufactured specifically for the system and are more costly. To replace the system or parts thereof will be significant and disruptive to the service

Workforce: Yes

Recruitment of competent staff

Legal: No

Reputational: No

Socio Economic: NO

Equality and Health: NO

Decarbonisation: Yes/No NO

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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Appendix 1 ventilation action plan

The key findings

No of Recs	Recommendation Narrative/inspection outcome	Operational Lead	Please confirm if completed (c), partially completed (pc), no action taken (na)	Management Response / Executive Update	Target date for completion
1 of 5	Low Voltage Authorised Person: -insufficient numbers	Director of Capital Estates and Facilities	partially	4 appointed APs Training of others in process to meet the required standard.	Complete September 2023
2 of 5	Low Voltage Authorised person do follow the procedure for safety documentation for all job types as set within the WHTM06-02	Director of Capital Estates and Facilities	complete	All APs passed refresher training. Procedures in place and weekly Audits in place. Operational procedure manual now in place.	Complete Complete
3 of 5	Low Voltage Competent Person: - low numbers	Director of Capital Estates and Facilities	partially	CP training course booked for January 2023 to cover a further 12 delegates.	31 st March 2023
4 of 5	Low Voltage Switch rooms: - Secure access	Director of Capital Estates and Facilities	partially	All dedicated LV switch rooms have unique key. Shared rooms being looked at sub dividing. Roll out of Estates CLIQ key in 2023	Complete 30 th April 2023 December 2023

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5 of 5	UPS & Generator Systems: - maintenance /testing	Director of Capital Estates and Facilities	partially	Ups systems on maintenance contract. Generators tested weekly off load Plans for black start to run all generators on load 2023.	Completed June 2023
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Mohamed Sarah
09/01/2023 16:23:11

Report Title:	Sharps Management Policy			Agenda Item no.	8.1
Meeting:	Health and Safety Committee	Public	X	Meeting Date:	17 th January 2023
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	
Lead Executive:	Director of People and Culture/Director of Nursing				
Report Author (Title):	Assistant Head of Health and Safety				

Main Report

Background and current situation:

The Health Board is committed to ensuring safe practice by effective sharps management in accordance with the European Council Directive 2010/32/EU 'Prevention from sharp injuries in the hospital and healthcare sector', which has formed part of the national legislation since 11th May 2013.

The Health Board shall assess the risk of exposure to biological hazards including blood-borne viruses and risk of sharps injuries from procedures and activities.

The Health Board will substitute traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so. If a suitable safer sharp is not available to reduce the risk of injury, the Health Board will ensure that safe procedures for working and disposal of the sharps are in place.

The Health Board fully supports the introduction of devices with engineered safety mechanisms to reduce incidents of needlestick injuries. Staff are expected to use safety lancets, safety cannulas, safety hypodermic needles or other devices with engineered safety mechanisms.

Conventional needles should only be used in exceptional circumstances and a Risk Assessment for each activity/procedure where non safety sharps are used must be completed, recorded and regularly reviewed.

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

Recommendation:

The Health and Safety Committee are requested to:

- **APPROVE** the Sharps Management Policy and Procedure (UHB 269).

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	X	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

No

Safety: Yes/No

No

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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Reference Number: UHB 269
Version Number: 3

Date of Next Review:
Previous Trust/LHB Reference Number:
N/A

SHARPS MANAGEMENT POLICY

Policy Statement

The Health Board is committed to ensuring safe practice by effective sharps management in accordance with the European Council Directive 2010/32/EU 'Prevention from sharp injuries in the hospital and healthcare sector', which has formed part of the national legislation since 11th May 2013.

The Health Board shall assess the risk of exposure to biological hazards including blood-borne viruses and risk of sharps injuries from procedures and activities.

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The Health Board fully supports the introduction of devices with engineered safety mechanisms to reduce incidents of needlestick injuries. Staff are expected to use safety lancets, safety cannulas, safety hypodermic needles or other devices with engineered safety mechanisms.

Conventional needles should only be used in exceptional circumstances and a Risk Assessment for each activity/procedure where non safety sharps are used must be completed, recorded and regularly reviewed.

Policy Commitment

The 2010/32/EU directive has been introduced in order to prevent injuries and the risk of blood-borne infection to healthcare workers from sharps instruments such as needles.

The purpose of the Directive is to implement the Framework Agreement to ensure that injuries of workers by all medical sharps (including needlesticks) are prevented to protect workers at risk and to establish procedures in risk assessment, risk prevention, training, information awareness and monitoring.

It is the responsibility of all Health Board employees to be aware of and adhere to this Policy within the remit of the Health and Safety at Work Act 1974.

Supporting Procedures and Written Control Documents

This Policy and the Infection Control Standard Precautions Procedure describe the following with regard to Sharps Safety.

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- Roles and Responsibilities
- General Arrangements – Sharps Management
- Training
- Reporting of Sharps Injuries
- Monitoring and Measuring Performance

This Policy is supported by the following documents:

- Health and Safety Policy
- Infection Control Standard Precautions Procedure
- Incident, Hazard and Near Miss Reporting Policy
- Risk Assessment and Risk Register Procedure
- Waste Management Policy

Scope

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

Equality and Health Impact Assessment

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

Policy Approved by

Health and Safety Committee

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

Operational Health and Safety Group

Accountable Executive or Clinical Board Director

Director of Nursing/Director of People and Culture

Disclaimer

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

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
2	July 2017		Reviewed and updated in line with departmental and reporting structure changes

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3	January 2023		Reviewed and updated in line with departmental and reporting structure changes
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Equality & Health Impact Assessment for SHARPS MANAGEMENT POLICY

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	N/A
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The objective of the policy is to ensure safe practice by effective sharps management in accordance with the European Council Directive 2010/32/EU 'Prevention from sharp injuries in the hospital and healthcare sector', which has formed part of the national legislation since 11th May 2013.</p> <p>The Health Board shall assess the risk of exposure to biological hazards including blood-borne viruses and risk of sharps injuries from procedures and activities.</p>
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data 	Considered all staff groups that could come into contact with sharps – clinical and non clinical staff.

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	<ul style="list-style-type: none"> • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	The UHB's usual arrangement with regard to consultation was followed (ie. 28 days on the intranet).
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All UHB Staff and those with honorary contracts

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

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	There does not appear to be any impact	N/A	N/A
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	The UHB is aware from its demographic information that it employs staff who have disabilities as defined within the Act. As such, the policy would be made accessible to staff and service users in alternative formats on	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
medical conditions such as diabetes	request or via usual good management practice.		
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	There appears not to be any impact on staff or service users regarding gender.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.4 People who are married or who have a civil partner.	There appears not to be any impact		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There appears not to be any impact.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers,	There appears not to be any impact on staff regarding race, nationality, colour, culture or ethnic origin.	Whilst there doesn't appear to be any impact, if a member of staff or service user was known to have difficulties with the	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
gypsies/travellers, migrant workers		written word, good management would dictate that alternative arrangements be made, such as individual meetings. Translators would be used where necessary to communicate with service users.	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	There appears not to be any impact.		
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); 	There appears not to be any impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<ul style="list-style-type: none"> • the same sex (lesbian or gay); • both sexes (bisexual) 			
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>			
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless,</p>	There appears not to be any impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
people who are unable to work due to ill-health			
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There appears not to be any impact		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	There are no other groups or risk factors to take into account with regard to this Policy.		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	N/A	N/A	
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or</p>	N/A	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels,</p>	N/A	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
job security, working conditions Well-being Goal – A prosperous Wales			
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality	N/A	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	N/A	N/A	

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

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Overall, there appears to be very limited impact on the protected characteristics and health inequalities, however, it is suggested that implementation of the policy will have a positive impact on the safety and wellbeing of UHB staff, Patients and Visitors.
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Approved By: Health and Safety Committee		

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No Actions			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	N/A			

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

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Reference Number: UHB 269 Version Number: 2	Date of Next Review: Previous Trust/LHB Reference Number: N/A
Sharps Management Procedure	
Introduction and Aim The aim of this Procedure is to support the Sharps Management Policy to provide effective safe management of sharps. In particular the need to assess the risks, provide appropriate information and training in consultation with Health Board staff, patients and any other users of Health Board premises/services.	
Objectives The Objectives of the procedure are to:- <ul style="list-style-type: none"> • Comply with the legal duties in relation to protection against sharps injuries placed on the UHB by the following:- <p style="margin-left: 40px;">Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999 Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Control of Substances Hazardous to Health Regulations 2002 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.</p> • To ensure there are adequate first aid facilities and competent response for staff that maybe injured at work within the UHB. • Effectively manage Safer Sharps provision through the risk assessment process and appropriate control measures 	
Scope This procedure applies to all of our staff in all locations including those with honorary contracts.	
Equality Health Impact Assessment	<i>An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.</i>
Documents to read alongside this Procedure	Sharps Management Policy Health and Safety Policy Infection Control Standard Precautions Procedure Incident, Hazard and Near Miss Reporting Policy Risk Assessment and Risk Register Procedure Waste Management Policy
Approved by	Operational Health and Safety Group/Health and Safety Committee

Approved by Sarah
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Approved By: Health and Safety Committee		

Accountable Executive or Clinical Board Director	Director of Nursing/Director of People and Culture
Author(s)	Assistant Head of Health and Safety
<p><u>Disclaimer</u> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	<i>Health and Safety Committee July 2017</i>	<i>01 September 2017</i>	<i>New UHB format of Policy and Procedure</i>
2	<i>Health and Safety Committee</i>		

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1 ROLES AND RESPONSIBILITIES

1.1 Chief Executive - the Health Board's Health and Safety Policy sets out the responsibilities for Chief Executive, Executive Directors, Managers, Employees and Working Groups for all health and safety policies, procedures and working guidelines, and has the same relevance to this procedure.

1.2 Director of Nursing has delegated responsibility for ensuring:

- This procedure is appropriately disseminated throughout the Health Board.
- The approach to the provision of safer sharps is both systematic and appropriate.

1.3 Executive Directors, Clinical Board Directors, Clinical Board Managers, Clinical Board Nurses, and Directorate Managers must ensure that this procedure is followed in all areas under their control, and ensure that adequate resources are made available to implement this procedure effectively.

1.4 Clinical Leads

The use of non-safer sharps is only permitted if a suitable safer sharp is not available, or a risk assessment demonstrates that there is a clear clinical reason why a safer sharp cannot be used.

The Clinical Leads for each Clinical Board are responsible for ensuring that where a safer sharp is not being used a risk assessment has been carried out and that these risk assessments are reviewed and updated as necessary.

1.5 Line/Departmental Managers

The Line Manager will be responsible for ensuring that a 'Safer Sharps' risk assessment is undertaken wherever clinical activity involves the use of sharps.

This should include the selection of equipment and the safe placement of sharps containers in addition to ensuring correct assembly and disposal.

Line managers shall investigate the circumstances and causes of any incidents and take action required to prevent reoccurrence, ensuring

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that a risk assessment is conducted and subsequently safe systems of work are devised and implemented within their area.

1.6 Procurement Department

The Procurement Department is responsible for ensuring:

- That appropriate safer sharps are procured.
- The withdrawal from service of non-safety sharps where appropriate alternatives have been identified.
- Those mechanisms are in place to ensure non-safety sharps are not procured, where there are agreed safer alternatives.
- The procurement department would be responsible to maintain records of usage, by department of safety and non-safety sharps and provide reports to the health and safety department on this data.

1.7 The Learning Education and Development Department shall be responsible for:

- Maintaining a record of Mandatory Training in Infection, Prevention and Control.

1.8 Health and Safety Department

The Head of Health and Safety shall be responsible for:

- Providing advice and information with regard to potential hazards in the workplace.
- Advising on methods of risk assessment.
- Monitoring and reviewing this procedure and advising on the UHB's position with regard to compliance with the Regulations and Guidance.

1.9 Occupational Health Department

The Occupational Health Department shall be responsible for:

- The provision of an appropriate vaccination programme for those staff at risk of sharps injury.
- Ensuring the provision of post exposure and any follow up treatment service.

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1.10 Infection Prevention and Control

The Infection Prevention and Control Department shall be responsible for:

- The preparation and delivery of the protocol for needlestick and similar sharps injuries.
- For the preparation and delivery of standard precautions procedure.

1.11 Employees

All employees have a responsibility to:

- Be aware of the necessary action to take in the event of a sharps injury as per the information in the Infection Control Protocol for Needlestick and Similar Sharps Injuries.
- Familiarise themselves with this procedure regarding the management of sharps and relevant procedures/protocols.
- Adhere to safe working practices in order not to harm either themselves or others.
- Inform their Line/Department Manager and First Aider/Appointed Person of any conditions that would personally affect their ability to be treated.
- Ensure all incidents of sharps injury are reported in accordance with the UHB Incident, Hazard and Near Miss Reporting Policy and reported via Datix Cymru Reporting system.
- Undertake mandatory infection prevention and control training.

2 GENERAL ARRANGEMENTS - Sharps Management

2.1 Avoidance

Line Managers should review practices to eliminate or reduce unnecessary use of sharps, this includes the use of needle free equipment such as catheter bags and not re-sheathing needles.

2.2 Use of Safer Sharps

Where it is not reasonably practical to avoid the use of medical sharps, the use of safer sharps incorporating a protection mechanism must be used where it is reasonably practical to do so, e.g. safety lancets, safety cannula, safety needles etc. The following factors should be considered:

- The device must not compromise patient care;

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- The reliability of the device;
- The care giver should be able to maintain appropriate control over the procedure;
- Other safety hazards or sources of blood exposure that use of the device may introduce;
- Ease of use;
- Is the safety mechanism design suitable for the application - i.e. if activation of the safety mechanism is straightforward, it is more likely to be used.

In some exceptional circumstances the use of safer sharps, such as in Paediatrics, may not be possible. In these circumstances only a needle and syringe or butterfly can be used and a documented risk assessment must be in place to justify this procedure.

2.3 Prevention of recapping of needles

Needles must not be recapped after use unless a risk assessment has identified that recapping is required to prevent a risk.

2.4 Place secure container and instructions for safe disposal close to work area

Provide information and training to staff

This should include:

- Risks of injuries
- Good practice in preventing injury
- Benefits and drawbacks of vaccination
- Support available if injured
- The correct use of safer sharps
- Safe use and disposal of medical sharps
- What to do in the event of a sharps injury
- Arrangements for health surveillance

2.5 Safety Precautions when Using and Disposing of Sharps

Safer sharp devices should be stored separately from any non-safety sharp devices in the area.

Staff involved in providing care should adhere to hand decontamination and use standard precautions to include the use of gloves and aprons in conjunction with the safe use and disposal of sharps. For some procedures i.e mass vaccinations the appropriateness of wearing of gloves can be determined via risk assessment.

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Select the relevant size **and colour** of sharps container most appropriate to your needs. Refer to waste guidance if necessary.

Discard sharps directly into a sharps container **immediately after** and **at the point of use**.

Do not re-sheath a needle.

Dispose of needle and syringe as a complete unit – never detach unit by hand unless a risk assessment has been completed.

Do not pass sharps directly from hand to hand, or pass to another person, handling should be kept to a minimum. **The passing of sharps directly hand to hand to another person should be kept to a minimum, using a container such as a kidney dish whenever practicable.**

2.6 Sharps Container

All staff must ensure that:

- Containers are **correctly** and **securely** assembled (follow manufacturers' instructions).
- The label is completed fully to identify date of assembly - this also identifies source and enables an audit trail.
- When not in use (between treatment sessions) containers should be stored with the lid in the 'temporary closed' position to prevent spillage of sharps if the container is knocked over.
- Dispose of container when it is three-quarters full (shown by a "fill line" on each container), ensure secure closure and locking and ensure the label is fully completed. Sharps bins **should never** be placed in any waste bags or waste bins other than those designated for the collection of full rigid sharps containers prior to their consignment for disposal.
- Fluids of any sort are not discharged into bags or containers.
- Containers are not stored on the floor.
- Avoid prolonged use of sharps containers - maximum period of use is three months.
- Always store in a safe designated secure area i.e. in a locked area. Containers should never be placed in corridors or areas with access to the general public unless a specific risk assessment identifies the need.
- Sharps containers that are used at multiple sites and used by community teams should never be left at a patient's home.

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- A sharps container that is left at patients own home for their own use needs to be risk assessed and consideration taken for positioning and storage.
- Whenever possible when a sharps container is not in use it should be stored securely/wall mounted to prevent risk of spillages.
- Ideally the sharps container should be taken to the point of care (unless this is identified as a risk) to ensure that the sharp is disposed of immediately following use.
- Disposal of sharps containers to be completed safely in accordance with Health Board procedures.

2.7 Information

The Sharps Regulations require the Health Board to provide health and safety information to staff. The information provided must cover:

- The risks from injuries involving medical sharps
- Relevant legal duties on staff
- Good practice in preventing injury
- The benefits and drawbacks of vaccination

3 TRAINING

- Training will be given to all staff in the use of safer sharps devices in use within their work area.
- Staff will receive training on the safe disposal of medical sharps and what to do if they receive a sharps injury.
- Training will be determined upon the level of risk that has been identified by the risk assessment.
- All staff must undertake Mandatory Infection Prevention and Control training on appointment and every two years.
- Training for those responsible for undertaking assessments will be undertaken as part the UHB programme of “Risk Assessment Competent Persons” courses.

4 REPORTING

All incidents of sharps injuries or near misses must be reported on Datix Cymru Reporting system. In the event of a needlestick or similar sharps injuries they must also be reported to the Occupational Health Department.

5 COMMUNICATION

Line Managers will be responsible for ensuring that staff are informed of the arrangements made in connection with the provision of Safe

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Sharps Management on recruitment and periodically throughout their employment.

Notices of the location of first aid boxes and who the designated first aider is for the area shall be posted at prominent locations throughout the area.

The requirements of the procedure shall be cascaded down to staff through the Clinical Board's Health and Safety and Quality, Safety and Experience Groups.

6 MONITORING AND MEASURING PERFORMANCE

Senior Managers, supported by Staff Health and Safety Representatives, will carry out monitoring of this procedure at annual intervals.

Safer Sharps arrangements for each area will be monitored as part of the UHB's Workplace Joint Health and Safety Audit Inspection Schedule.

The performance outcomes will be monitored by the Operational Health and Safety Group/Infection Prevention and Control Group and measured in line with the UHB Health and Safety Policy and reviewed on a regular basis.

7 REVIEWING THE PROCEDURE

The Procedure will be reviewed within three years of implementation or as the Health Board changes and/or when legislation, codes of practice and official guidance dictate.

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Report Title:	Health and Safety Committee Terms of Reference and Work Plan for 2023-24			Agenda Item no.	8.2
Meeting:	Health and Safety Committee	Public	x	Meeting Date:	17 th January 2023
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	x	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report

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 Sub Safety Committee and associated Work Plan (Appendix 1 and Appendix 2) were last reviewed by the Committee in January 2022.

Having up to date Terms of Reference and a work plan in place helps to mitigate the risk to Health and Safety and ensures that the People and Culture Committee and the Board receive 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. It should also be noted that a key change to the Terms of Reference is that going forward the Committee will report into the People and Culture Committee and will be a Sub Committee of the Board.

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

The Health and Safety Committee was a non-statutory Committee of the Board and going forward it will be established as a Sub Committee of the People and Culture Committee in order to scrutinise and provide assurance to the Board on the Health and Safety function within Cardiff and Vale Health Board.

Recommendation:

The Health and Safety Committee are requested to:

- (a) **Ratify** the changes to the Terms of Reference 2023-24 and associated Health and Safety Sub Committee Work Plan 2023-24 for the Health and Safety Sub Committee; and
- (b) **Recommend** to the Board, for approval, that the Health and Safety Committee will become a Sub Committee of the Board reporting into the People and Culture Committee.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	

4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No

The establishment of the Health and Safety Sub Committee will help provide the People and Culture Committee and the Board with the assurance on health and safety activities within the organisation

Financial: Yes/No

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No

Health and Safety is a statutory function of the Health Board.

Reputational: Yes/No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: Yes/No

The Socio Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)

(If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No

Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.

Useful guidance on the completion of an EHIA can be found at the following link: [EHIA toolkit - Cardiff and Vale University Health Board \(nhs.wales\)](#)

(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No

If appropriate, has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made.

(If this has been addressed in the main body of the report, please confirm)

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Health and Safety Committee	17 th January 2023

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Health and Safety **Sub** Committee

Terms of Reference

Reviewed by the Health and Safety Committee:
17th January 2023

Approved by the Board:

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HEALTH AND SAFETY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

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 **sub** committee to be known as the Health and Safety **Sub** 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 **Sub** Committee (“the Committee”) is to:

Advise and assure the **People and Culture Committee**, 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.

- 2.2 Where appropriate, the Committee will advise the **People and Culture Committee**, 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 **People and Culture Committee**, 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

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- 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 **People and Culture Committee** 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 **People and Culture Committee**, 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 **People and Culture Committee**.
- 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
 - 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:

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- 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 **Sub** 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 Sub Committee but the Committee will receive copies of the minutes of the Operational Health and Safety Group, Fire Safety Group, Security and 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 Public Health
 - 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

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- 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.

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. SUB COMMITTEE MEETINGS

Quorum

5.1 At least two Independent Members one of which must be the Chair or 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.

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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 quality and safety of healthcare for its citizens. The Committee is accountable to the Board via the **People and Culture Committee** 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 **People and Culture Committee** on the **Sub** 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 **People and Culture Committee** 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.

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- 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 Sub Committee's performance and operation including that of any sub committees established.

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 **Sub** Committee with reference to the **People and Culture Committee and the Board**.

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Health and Safety Committee Work Plan 2023-24					
App. -Approval Assurance - Ass. Information - Inf.	Exec Lead	18/04/2023	18/07/2023	17/10/2023	16/01/2024
Agenda Item					
Standard Items					
Health and Safety Priority Improvement Plan	EDPC	Ass.	Ass.	Ass.	Ass.
Fire Safety and Enforcement Report	EDPC	Ass.	Ass.	Ass.	Ass.
Environmental Health Inspector Report	EDPC	Ass.	Ass.	Ass.	Ass.
Enforcement Agencies Report	EDPC	Ass.	Ass.	Ass.	Ass.
Waste Management Compliance Report	EDPC		Ass.		Ass.
Lone worker Report (Including Security Strategy)	EDPC	Ass.		Ass.	
Regulatory and Review Body Tracking Report	EDPC	Ass.		Ass.	
Risk Register for Health and Safety	EDPC	Ass.	Ass.	Ass.	Ass.
Staff Health and Wellbeing	EDPC		Ass.		Ass.
Standards for Health Services in Wales relevant to Health and Safety	EDPC	Ass.			
Strategies					
Health and Safety Strategy	EDPC	App.			
Annual Reports					
Health and Safety Annual Report	EDPC		App.		
Fire Safety Annual Report	EDPC			App.	
Policies					
Health and Safety policies (as and when required)	EDPC				
Health and Safety Overarching Policy	EDPC			App.	
Governance					
Annual Work Plan	DoCG				App.
Self assessment of effectiveness	DoCG		Ass.		
Induction Support for New Committee Members (as and when required)	DoCG				
Review Terms of Reference	DoCG				App.
Produce annual Health and Safety Committee Annual Report	DoCG				App.
Minutes of Health and Safety Committee Meeting	DoCG	Ass.	Ass.	Ass.	Ass.
Action log of Health and Safety Committee Meeting	DoCG	Ass.	Ass.	Ass.	Ass.
Minutes from Other Committees which report into H & S Committee	DoCG	Inf.	Inf.	Inf.	Inf.

Report Title:	Draft Health and Safety Annual Report 2022/23		Agenda Item no.	8.3
Meeting:	Health and Safety Committee	Public	X	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information
Lead Executive:	Director of Corporate Governance			
Report Author (Title):	Corporate Governance Officer			

Main Report

Background and current situation:

An Annual Report from the Committee is produced to demonstrate that it has undertaken the duties set out in its Terms of Reference and to provide assurance to the Board that this is the case.

The purpose of the Annual Report is to provide Members of the Health and Safety Committee with the opportunity to discuss the attached draft annual report before being submitted to the Board for approval by the end of March 2023.

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

The Committee has achieved an overall attendance rate of **75%** from the period 1 April 2022 to 31 March 2023 and has met on four occasions during the year.

The attached Annual Report 2022/23 of the Health and Safety Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

Recommendation:

The Committee is requested to:

- a) **REVIEW** the draft Annual Report 2022/23 of the Health and Safety Committee; and
- b) **RECOMMEND** the Annual Report to the Board for approval.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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		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

Prevention	<input checked="" type="checkbox"/>	Long term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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GIG
CYMRU
NHS
WALES

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

Annual Report of Health and Safety Committee 2022/23

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1.0 Introduction

In accordance with best practice and good governance, the Health and Safety Committee (the Committee) produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of three Members. In order for the meeting to be quorate two Independent Members (one of whom must be the Committee Chair or the Vice Chair) must be present. Meetings are also attended by the Executive Director of People and Culture, who has assumed responsibility as the Executive Lead for Health and Safety, the Executive Director of Public Health, the Director of Capital, Estates and Facilities, the Director of Corporate Governance, and the Head of Health and Safety. Staff Safety Representatives also attend the meeting. Other Executive Directors are required to attend on an ad hoc basis.

3.0 Meetings and Attendance

The Committee met four times during the period 1 April 2022 to 31 March 2023. The Health and Safety Committee achieved an attendance rate of X% during the period 1 April 2022 to 31 March 2023 as set out below:

Commented [SM(aVU-CG1): To be completed after January committee meeting

	19/04/2022	19/07/2022	18/10/2022	17/01/2023	Attendance
Mike Jones (Chair)	Y	Y	Y	X%	X%
Akmal Hanuk	N	N	Y	X%	X%
Michael Imperato	N	N	Y	X%	X%
Ceri Phillips	Y	Y	Y	X%	X%
Total	50%	50%	100%	X%	X%

Commented [SM(aVU-CG2): To be completed after January committee meeting

4.0 Terms of Reference

The Terms of Reference were reviewed and recommended for Board approval by the Committee on the 17 January 2023. The Terms of Reference are due to be considered by the Board for approval on 30 March 2023.

Commented [MD(aVU-CG3): To confirm following January's H&S Committee meeting.

5.0 Work Undertaken

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As set out in the Committee Terms of Reference the purpose of the Committee is to:

- a) Provide assurance to the Board and the Accountable Officer that there are effective arrangements in place to ensure organisational wide compliance of the UHB Health and Safety Policy;
- b) Approve and monitor delivery against the Annual Health and Safety Priority Improvement Plan and ensure compliance with the relevant Standards for Health Services in Wales;
- c) Review the comprehensiveness of assurances in meeting the Board and the Accountable Officer's assurance needs across the whole of the UHB's activities, both clinical and non-clinical in relation to Health and Safety;
- d) Consider and approve policies as determined by the Board;
- e) 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 are 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;
 - 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 practising organisation and corporate health standards;
 - employee health and safety competence and participation is promoted;
 - and
 - decisions are based upon valid, accurate, complete and timely data and information

There were a number of standing agenda items discussed at every Committee meeting which included:

Health and Safety Overview, Fire Safety Updates, Enforcement Agency Reports, Waste Management Compliance Reports, Risk Register for Health and Safety, Regulatory Tracking Reports, Health and Safety Related Policies, Minutes from the Operational Health and Safety Group and Environmental Health Inspection Reports.

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During the financial year the Committee reviewed, amongst other items, the following key matters at its meetings: -

Health & Safety Overview

At each meeting, the Committee received a comprehensive verbal update from the Head of Health and Safety. Some of the matters received and discussed by the Committee under this agenda item are set out below.

19 April 2022

At its meeting in April, the Committee was advised that: -

- (i) two Assistant Heads of Health and Safety had been introduced to the Health and Safety department.
- (ii) The Health Board was due to mark World Safety Day on 28th April 2022. It was an international campaign to promote safe, healthy work around the globe.
- (iii) The new Datix Cymru System was due to “go live” date on 1st March 2022.

The Committee was also provided with an update on the draft Health and Safety Culture Plan.

19 July 2022

The Committee received an update regarding an NWSSP audit which had been undertaken to evaluate the adequacy of systems and controls in place with Health and Safety in response to an external review undertaken in 2021. Many of the recommended actions had been incorporated into the Health Board's three-year Health and Safety Culture Plan. Substantial Assurance had been provided.

The Committee was also informed that a new H&S Share Point site was available to staff and included topics, such as manual handling and fire safety management.

18 October 2022

The Committee was informed that a number of incidents involving staff smoking and/or vaping on site, had taken place. The Committee discussed that the Health Board should take a “zero tolerance” approach where staff are found to be smoking in hospital settings, and that the Health Board's No Smoking Policy should be robustly enforced. Actions agreed by the Committee to combat this issue, included (i) urgently referring the matter to the Senior Leadership Board for immediate action, and (ii) convening an urgent meeting with the Committee Chair, the Executive Director of People and Culture, the Executive Director of Public Health and the Head of Health and Safety. Following those meetings, a number of actions (including better signage and increased communication campaigns) were put into place.

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The RACI (Responsible, Accountable, Consulted, Informed) matrix had been developed and was due to be rolled out to the Clinical Boards. The RACI document set out the unambiguous ownership of responsibilities in relation to Health and Safety and was due to be presented to the Senior Leadership Board.

17 January 2023

Commented [SM(aVU-CG4): To be added after January committee meeting

Fire Safety Report

During the year, the Committee was informed of, and discussed, the following fire safety matters:

Fire Enforcement Notice – At its meeting in April the Committee was advised that the Head of Health and Safety and the Head of Estates and Facilities had met with South Wales Fire and Rescue Service enforcement team on 8th February 2022 regarding an Enforcement Notice against the A4 Ward in UHW. It was noted that it was difficult work to complete as the Ward needed to be taken out of service. At its meeting in July, the Committee was informed that the A4 Ward had been closed to allow the work to take place. In October, the Committee members were advised that the compliance date for the outstanding actions has been extended to 31 March 2023. The Head of Health and Safety requested that the Ward was brought out of service in order to get the remaining actions from the Enforcement Notice completed.

Fires at Hafan Y Coed - Another fire had taken place at Hafan Y Coed on 23rd January 2022. The Head of Health and Safety, the Executive Director of People and Culture and the Chief Executive Officer met with the Chief Fire Officer of South Wales Fire and Rescue Service on 23rd March 2022 to discuss the Enforcement Notice issued last year. It was noted that no prosecution decision was made in that meeting but both parties were willing to work closely together. The attendees of that meeting had also fed back to the senior managers in the Mental Health Clinical Board on 25th March 2022 in order to reaffirm the actions that had been put in place to control ignition sources. In addition, the Committee was advised that the following actions had been implemented: -

- i. a designated Fire Safety Officer had been assigned to the Mental Health department. It was hoped that this role would be located in Hafan Y Coed. The role would also provide support to other Mental Health facilities such as Barry Hospital and Pendine. The designated Fire Safety Officer would report into Health and Safety department and would remain independent of Mental Health.
- ii. A specific Mental Health Fire Safety training course had also been developed.
- iii. The Mental Health department was also looking to implement full body scanners.

Unwanted Fire Signals – At the Committee meeting held on October, it was noted that 196 unnecessary fire service calls had been made to date and the Fire Service had attended the Health Board site on 158 occasions. That represented a 30%

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increase in the last 3 months, with many of those calls being largely avoidable and attributed to behaviour.

Fire Prosecution Update –

Commented [SM(aVU-CG5)]: To include a short paragraph following January's committee meeting.

17 January 2023

Fire Safety Compliance Report

18 October 2022

The Committee were informed that the Fire Safety Week was due to run from 17 – 21 October 2022 and mass “drop in” training sessions for staff had been arranged.

Environmental Health Food Hygiene Report

19 April 2022

The Committee noted that during February 2022 both the ward-based catering service and Aroma Coffee units at University Hospital Wales had been inspected. Both achieved a food hygiene score of 5 and 4 respectively. It was an improved score since both food businesses were last inspected, most markedly ward-based catering whose food hygiene rating score had increased from 3 (satisfactory) to 5 (very good).

19 July 2022

The Committee noted that the Environmental Health team had identified some issues with the central processing unit and that they were being addressed and were being tracked on the Regulatory Compliance Tracker.

The Barry Hospital ward-based catering service had received a five-star food hygiene score following an inspection in June 2022.

18 October 2022

The Environmental Health Inspector Report highlighted that four units (Hafan Y Coed at UHL, the Teddy Bear Nursery at UHW, UHL's main kitchen, wards and restaurant, and Aroma at UHL) had recently been inspected and all had achieved a food hygiene score of 5.

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Enforcement Agencies Report

19 April 2022

The Committee was advised that: -

- (i) There had been a request for information from the Health and Safety Executive (HSE) regarding maintenance and agreements of T2 UHW animal house ventilation. A response had been sent to the HSE.
- (ii) The Health Board had not received any further enforcement notices from the South Wales Fire and Rescue Service (SWFRS), although two had remained open. Those two notices related to (1) a failure to adequately control ignition sources at Hafan Y Coed, and (2) insufficient fire controls (such as fire dampers and fire and smoke resisting doors) at Ward A4 in UHW.

19 July 2022

The Enforcement Agencies Report received by the Committee highlighted that the actions relating to T2 UHW Animal House ventilation and UHW theatre trolleys had been addressed by the Health Board and were awaiting sign off from the Head of Health and Safety.

The two SWFRS fire enforcement notices at Hafan Y Coed and Ward A4 in UHW had remained open.

- (1) Hafan Y Coed – the Head of Health and Safety had assigned a Fire Safety Officer to be based at Hafan Y Coed.
- (2) Ward A 4 - The Head of Health and Safety had received confirmation from SWFRS that the compliance date of 6th April 2022 would be extended to 31st March 2023 to enable the outstanding actions set out in the enforcement notice to be completed. The Committee was advised that the works required to A4 had been brought forward on the Capital, Estates and Facilities Ward Improvement Programme and that the A4 Ward was due for a refit that year.

17 January 2023

Commented [SM(aVU-CG6): To be added after January's committee meeting

Waste Management Compliance Report

In July 2022, the Committee noted that Internal Audit had undertaken a Waste Management Compliance Audit to assess the Health Board's compliance with the relevant waste management legislation and guidance and to monitor the Health Board's progress towards national and local waste reduction targets. Reasonable Assurance was provided.

Regulatory and Review Body Tracking Report

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This was a standard report which came to the Committee twice a year to track the reports and information regarding inspections undertaken by various inspection/review bodies as a key source of assurance.

At its April meeting, the Committee received a report which provided information for the period 1st April 2021 – 31st March 2022 and included a summary of five Health and Safety Executive (HSE) inspections undertaken during that period.

The Committee received a further report in October 2022 which highlighted two further HSE inspections had taken place and the requested information had been sent by the Health Board to the HSE.

Risk Register for Health and Safety

In line with the Health Board's Risk Management and Board Assurance Framework Strategy, the Health and Safety Department is required to maintain and review a risk register which sets out identified strategic and operational risks that have the potential to impact upon the delivery of the Health Board's strategic objectives. At each of its Committee meetings, the Committee received and discussed the Risk Register for Health and Safety.

As at the Committee meeting in January 2023, the highest current risk rating was xxxx and related to xxxxxx.

Commented [MD(aVU-CG7): To confirm following January's meeting.

Health and Safety Culture Plan 2022-2025

In July, the Committee was provided with an update in relation to the Health and Safety Culture Plan, namely that: -

- (i) the 2022-2025 Health & Safety Culture Plan was a three-year project with specific objectives that would drive the necessary improvements in H&S across the Health Board;
- (ii) it had superseded the H&S Priority Improvement Plan; and
- (iii) it was due to be presented to July's Board for formal approval.

Standards for Health Services in Wales relevant to Health and Safety

At its meeting in April, the Head of Health and Safety advised the Committee that the Standards for Health Services in Wales which were relevant to Health and Safety had been considered by the Health and Safety team and no relevant changes were required.

Health and Safety Annual Report 2021-2022

In July, the Committee received and discussed the Health and Safety Annual Report for 2021-2022. That Annual Report provided an overview of the breadth of work undertaken by the Health and Safety team and provided assurance that areas of high priority had been identified and were being managed during a particularly challenging time for all UK Health Boards given the COVID-19 global pandemic.

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Policies

The Committee received and approved the following policies during the year, namely: -

19 April 2022 - Latex Allergy Policy and Procedure

17 January 2023 – Sharps Management Policy and Procedure

Commented [MD(aVU-CG8): To be confirmed following January's meeting.

The Committee has reported to the Board after each of the Health and Safety Committee meetings by presenting a summary report of the key discussion items at the Health and Safety Committee. The report is presented by the Chair of the Health and Safety Committee.

6.0 Opinion

The Committee is of the opinion that the draft Health and Safety Committee Report 2022/23 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Mike Jones - Chair of the Health and Safety Committee

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**MINUTES OF THE
OPERATIONAL HEALTH AND SAFETY GROUP
09:00 on the 6th September 2022 via MS TEAMS**

Attendance

Present:

Robert Warren	Head of Health and Safety
Rachael Daniel	Assistant Head of Health and Safety
Rachael Sykes	Assistant Head of Health and Safety
Jonathan Davies	Health and Safety Advisor
Matthew Howells	Deputy Directorate Manager AWMGS
Sue Bailey	Clinical Board Director for Quality, Safety & Patient Experience – CD&T Clinical Board
Stephen Gardiner	Head of Estates and Facilities – CEF Service Board
Kirsty Hook	Risk, Governance & Patient Experience Facilitator – Children and Women Clinical Board
Emma Stone	Health and Safety Lead - Dental Directorate
David Pitchforth	Lead Nurse Integrated Medicine – Medicine Clinical Board
Daniel Crossland	Head of Operations – Mental Health Clinical Board
Nicola Bevan	Head of Occupational Health
Claire Main	Interim Director of Nursing for Specialist Services
Janice Aspinall	Lead Staff Safety Representative
Jonathan Strachan-Taylor	Staff Safety Representative
Carolyn Alport	Quality and Safety Clinical Nurse Lead – Surgery Clinical Board
Theresa Blackwell	Business Manager – PCIC Clinical Board
Helen Luton	Interim Director of Nursing – Orthopaedics
Karen Lewis	Head of Personal Injury Claims
Hannah Phillips	Acting Head of Personal Injury – Legal and Risk Services NWSSP
Elliot-James Gyphion	Paralegal - Legal and Risk Services NWSSP

Apologies:

Rachel Gidman	Executive Director of People and Culture
Jon McGarrigle	Head of Energy and Performance
Rachel Thomas	Assistant Director of Operations – Planning and Delivery – PCIC Clinical Board
Caroline Murch	Health and Safety Advisor

In Attendance:

Thomas Bott	Administrative Support
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<p>OHSG/06/ 09/22/001</p>	<p>Welcome and Introductions</p> <p>The Head of Health and Safety welcomed all to the meeting and apologies were received and noted.</p>
<p>OHSG/06/ 09/22/002</p>	<p>Minutes from Previous Meeting</p> <p>The minutes of the meeting held on the 6th of June 2022 were received and accepted as a true record.</p>
<p>OHSG/06/ 09/22/003</p>	<p>Action Log</p> <p>The action log was received and noted by the group.</p>
<p>OHSG/06/ 09/22/004</p>	<p>Health and Safety and Regulatory Update</p> <p>The Head of Health and Safety provided an update to the group.</p> <p>Mr Warren informed the group the health and safety trainers had recently been re-accredited for delivering violence and aggression, manual handling and 1st aid training by external providers.</p> <p>Mr Warren advised some concerns had been raised that the lone worker devices' GPS system was being used to track staff, he stressed the GPS system was not accessible to individual managers, and was used for specific situations such as genuine alarms, police involvement or lost devices.</p> <p>It was noted there had been an increase in compliance across the health and safety training modules.</p> <p>Mr Warren advised there had been a number of notable incidents since the last meeting, these being:</p> <ol style="list-style-type: none"> (1) A calibration cylinder was inappropriately disposed of, this has now been closed out with mitigation being brought in, in relation to detailed disposal instructions. (2) The fire escape outside PETIC in UHW was being blocked on a regular basis and physical preventions were now being put into place due to behavioural controls failing. <p>Mr Warren updated the group in respect of fire safety.</p> <p>He informed the group that Mr Mal Perrett had sadly passed away and condolences had been sent to his family.</p> <ol style="list-style-type: none"> (1) A4 North was currently being refurbished with a plan to then refurbish A4 south, this was to respond to the compliance notice issued by South Wales Fire and Rescue Service.

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	<p>(2) A meeting was to take place with SWFRS in respect of the letter under caution issued by them in relation to ignition sources in Hafan-y-Coed.</p> <p>(3) Mr Warren reported that an arson incident had been started by unknown individuals at Malefa, Llanrumney which was actioned correctly by staff.</p> <p>(4) Provisional dates for fire safety training week 17th - 21st October although there were some difficulties in obtaining suitable venues, as soon as the dates were confirmed they would be widely communicated throughout the Health Board.</p> <p>In respect of HSE actions previously reported to the group responses were still awaited in respect of T2 and Theatres, UHW.</p>
<p>OHSG/06/09/22/005</p>	<p>Feedback from Health and Safety Committee</p> <p>The Head of Health and Safety informed the Group there was no specific feedback from the Committee and any relevant issues would be discussed as part of this agenda.</p>
<p>OHSG/06/09/22/006</p>	<p>Clinical Boards Health and Safety Group Feedback</p> <p>The Head of Health and Safety thanked the Clinical/Services Boards for submitting their exception reports. In general, he noted there was an increase in violence and aggression incidents and difficulties in obtaining data for lost time incidents would need to be further explored. The Clinical/Service Boards then provided their feedback:</p> <p>The Deputy Directorate Manager for AWMGS reported gas cylinders were being replaced with gas piping, once implemented this would lower the risk. Two colleagues have recently completed the NEBOSH General Certificate with a view to developing the health and safety culture within AWMGS.</p> <p>The Governance & Patient Experience Facilitator – Children & Women Clinical Board advised there were no major issues to raise, however Mrs Hook wished for it to be noted there were 2 further RIDDORs to be added to the report, this was due to late reporting, these were both as a result of slips, trips and falls.</p> <p>The Clinical Board Director for Quality, Safety & Patient Experience – CD&T reported 1 RIDDOR in the period which had not been included in the report. A particular issue for the Board was in relation to pigeons and their associated risks and expressed her thanks for the support received from CEF. With respect to incident investigations Mrs Bailey considered that following up on incidents was helpful in reinforcing shared learning.</p> <p>Mrs Bailey informed the group this was her last meeting as she was retiring and introduced Mrs Helen Luton who would be replacing her. Mr Warren thanked Mrs Bailey for her commitment and support to health and safety and wished her well in her retirement, this was echoed by the group.</p>

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The Health and Safety Lead - Dental Directorate reported fit testing was still on-going within the Dental Hospital. Miss Stone advised the directorate were experiencing some challenges in respect of verbal aggression and the de-escalation of such events. She also raised the servicing of the ferno evacuation chairs was currently out of date. Mr R Warren advised he would discuss this with the fire safety team.

Action – Mr R Warren

The Lead Nurse Integrated Medicine, Medicine Clinical Board reported health and safety meetings for the Board were being reintroduced following an absence due to covid demands.

Mr Pitchforth highlighted patient and staff safety risks in MEAU and ED due to overcrowding, he also advised being unable to access training courses was also a risk for the Board.

Mr Pitchforth raised concerns there was currently hover jack availability issues in UHW and Mr R Warren confirmed that funding had been approved to purchase a replacement hover jack.

The Head of Operations – Mental Health Clinical Board reported the main issues were smoking, fire and violence & aggression. He added the new smoking restrictions may pose some difficulties for the Clinical Board but were being appropriately addressed.

The Interim Director of Nursing for Specialist Services reported work was on-going within the Board to improve complex patient handling. Mrs Main advised they were currently dealing with a number of estate issues and thanked CEF for their response and support. She also advised there had been incidents of staff falling due to equipment being left in inappropriate places and this was being addressed through shared learning.

The Quality and Safety Clinical Nurse Lead – Surgery Clinical Board reported a number of estate issues including leaks in multiple theatres and entrance lighting for SSSU. Mrs Alport reported a capital bid had been declined for the refurbishment of theatre changing rooms due to cost related issues and was looking for some support to progress this, both Mr Warren and Mrs Aspinall advised they would be happy to provide support and would discuss outside of the meeting.

Action – Mrs C Alport/Mr R Warren/Mrs J Aspinall

The Head of Estates and Services – CEF Service Board apologised for not submitting a written report. In respect of the estate issues raised by the Clinical Boards he would follow these up with the individuals concerned.

The Business Manager for PCIC Clinical Board apologised for the late submission of the report. She advised the Clinical Board were also working with estates to address their on-going issues. Ms Blackwell reported the fire alarm sounded in CRI but not in the out of hours office which posed a risk

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	for staff working in this area, this had been brought to the attention of the fire safety team.
OHSG/06/09/22/007	RIDDOR Incidents This item was addressed through the Clinical/Service Board exception reports.
OHSG/06/09/22/008	Staff Side Issues The Lead Staff Safety Representative informed the group of the services provided by staff side safety. Mrs Aspinall had no specific issues to raise.
OHSG/06/09/22/009	Personal Injury Claims Update The Head of Personal Injury Claims introduced Ms Phillips from NWSSP and explained they would be alternating meetings so that the group could receive both local and all wales information. Ms Phillips advised she had been working on CAV cases since the beginning of the year but was working closely with a colleague who had been aligned to the Health Board for 10 years who had a vast knowledge of the cases submitted over the years. She presented the reports to the group explaining current categories and thresholds, however there were no major concerns for the Health Board.
OHSG/06/09/22/010	Health Issues The Head of Occupational Health provided a verbal update to the group and reported there had been an increase in the number of referrals which were now higher than pre-pandemic levels, and the complexity of the referrals had also increased quite significantly. Mrs Bevan advised all wales occupational health had created a number of wellbeing risk assessments which were being shared with the all wales health and safety managers. Mrs Bevan informed the group the staff flu campaign commences mid-September and strongly encouraged staff to attend their covid and flu vaccine appointments. Occupational health will also be holding sessions for staff to have these vaccines alongside the vaccination centres.
OHSG/06/09/22/011	Fire Safety Report The Head of Health and Safety advised fire safety issues had been covered in agenda item OHSG/06/09/22/004.
OHSG/06/09/22/012	Health and Safety Training Update The Assistant Head of Health and Safety (RS) reported training was being prioritised for new staff being recruited through a number of Health Board

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	<p>initiatives but gave assurances that the department was delivering training to the resources available.</p> <p>Mrs Sykes advised the MHWCA programme continued to receive positive feedback, but unfortunately following the pilot Healthcare Support Workers (HCSW) would not be accepted in this role due to scope of practice in line with the HCSW framework.</p>
OHSG/06/09/22/013	<p>PPE Cell Update</p> <p>The Health and Safety Adviser (JD) reported there were no PPE issues and the continuity of supply for RPE was being provided. Mr Davies reported the health and safety department continue to offer fit testing on Tuesdays and Wednesdays and also continue to provide fit tester training.</p>
OHSG/06/09/22/014	<p>Staff Covid Cases and Issues</p> <p>The Head of Health and Safety queried whether the group had any concerns or issues in relation to staff covid infections or any other airborne illnesses, none were raised. Mr Warren informed the group a meeting would be arranged with Infection Prevention Control to discuss airborne infections in general and how these should be assessed.</p>
OHSG/06/09/22/015	<p>Policy and Procedure – Approvals and Reviews</p> <p>The Head of Health and Safety noted there were no policies or procedures for review.</p>
OHSG/06/09/23/016	<p>Any Other Business</p> <p>The Head of Personal Injury Claims advised she found the exception reports to be very useful especially for shared learning.</p>
OHSG/06/09/22/017	<p>Date and Time of Next Meeting</p> <p>The next meeting will be held at 9.00am on Tuesday 29th of November 2022 via Teams.</p>

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