

Public Health and Safety Committee Meeting

Tue 18 October 2022, 09:00 - 11:00

Agenda

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

Mike Jones

1.1. Apologies for Absence

1.2. Declarations of Interest

1.3. Minutes of the Committee Meeting held on 19 July 2022

 1.3 Draft HS Minutes - 19.7.22MD.NF.pdf (9 pages)

1.4. Action Log following the Meeting held on 19 July 2022

 1.4 Action Log - October.NF.pdf (2 pages)

1.5. Chair’s Action taken since last meeting

09:10 - 10:15 2. Items for Review and Assurance
65 min

2.1. Health & Safety Overview (Verbal) including:

Rachel Gidman Robert Warren

2.1.1. RACI Document

2.1.2. Calibration Cylinder Investigation Update

2.1.3. Lone Worker Report

2.2. Fire Safety and Enforcement Report

Rachel Gidman Robert Warren

 2.2 Fire Safety and Enforcement Report.pdf (4 pages)

2.3. Environmental Health Food Hygiene Report



Catherine Phillips Geoff Walsh

 2.3 EHO Food Hygiene Inspections June to October 2022.pdf (20 pages)

2.4. Regulatory and Review Body Tracking Report



Rachel Gidman Rachael Daniel

Mohamed Sarah
10/10/2022 12:01:35

-  2.4 Regulatory Review and Tracking Report.pdf (2 pages)
-  2.4a Regulatory and Review Body Tracking Report.pdf (3 pages)

2.5. Risk Register for Health and Safety

Rachel Gidman Robert Warren

-  2.5 Risk Register Paper.pdf (2 pages)
-  2.5a H&S Risk Register.pdf (5 pages)

2.6. Fire Safety Compliance Report

Rachel Gidman Robert Warren

-  2.6 Fire Safety Compliance Report.pdf (6 pages)

10:15 - 10:20 3. Items for Approval/Ratification

5 min

No items.

10:20 - 10:25 4. Items for Noting and Information

5 min

Sub Committee Minutes

4.1. Operational Health and Safety Group – 6.6.2022

Rachel Gidman Robert Warren

-  4.1 OHSG Meeting Minutes.pdf (6 pages)

10:25 - 10:25 5. Any other Business

0 min

10:25 - 10:30 6. Items to bring to the attention of the Board/Committee

5 min

Mike Jones

10:30 - 10:30 7. Review of the meeting

0 min

Mike Jones

10:30 - 10:30 8. Date and time of next meeting

0 min

17 January 2023 at 09:00am

Mohamed Sarah
10/10/2022 12:01:35

**Unconfirmed Minutes of the Health & Safety Committee
Held On 19th July 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
In attendance:		
Nicola Foreman	NF	Director of Corporate Governance
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
Stephen Gardiner	SG	Head of Estates and Facilities
Daniel Crossland	DC	Director of Operations - Mental Health Clinical Board
Geoff Walsh	GW	Director of Estates, Capital and Facilities
Observers:		
Urvisha Perez	UP	Audit Wales
Marcia Donovan	MD	Head of Corporate Governance
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Akmal Hanuk	AH	Independent Member – Local Community
Michael Imperato	MI	Independent Member – Legal
Charles Janczewski	CJ	UHB Chair
Catherine Phillips	CP	Executive Director of Finance

Item No	Agenda Item	Action
HS 19/07/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
HS 19/07/002	Apologies for Absence Apologies for absences were noted.	
HS 19/07/003	Declarations of Interest No Declarations of Interest were noted.	
HS 19/07/004	Minutes of the Meeting Held on 19 April 2022 The minutes of the Committee Meeting held on 19 April 2022 were received.	

	<p>The Health & Safety Committee resolved that:</p> <p>a) The minutes of the meeting held on 19 April 2022 were approved as a true and accurate record.</p>	
HS 19/07/005	<p>Action Log – Following Meeting Held on 19 April 2022</p> <p>The Action Log was received.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The Action Log was noted.</p>	
HS 19/07/006	<p>Chair’s Action taken since last meeting</p> <p>No Chair’s Actions were noted.</p>	
	Items for Review and Assurance	
HS 19/07/007	<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>NWSSP Audit</p> <ul style="list-style-type: none"> • An audit was undertaken to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to Health and Safety (H&S) in response to an external review undertaken in 2021. • Many of the actions have been incorporated into the three-year H&S Culture Plan. • Substantial assurance was provided. • However, it required a ‘buy in’ from all Clinical/Service Boards to maintain that assurance. <p>Review recommendations not implemented</p> <ul style="list-style-type: none"> • Recommendation 06 <ul style="list-style-type: none"> – The Estates H&S team would support Capital, Estates and Facilities (CEF). – For the avoidance of confusion H&S would be removed from titles and replaced with “compliance”. – The ownership of key H&S policies would be moved to H&S. – That would ensure H&S independence which was important. • Recommendation 09 <ul style="list-style-type: none"> - A H&S Charter which provided a clear demonstration of the commitment of the Executive Board, Clinical 	

<p>Mohamed Sarah 10/10/2022 12:01:35</p>	<p>Board and Department towards the H&S statement and the safety and wellbeing of those employed by the Health Board.</p> <ul style="list-style-type: none"> - The requirement to write and embed a H&S policy statement of intent. - It would “water down” the importance of the H&S policy which was a legal requirement. - That would potentially be revisited in the future. <ul style="list-style-type: none"> • It was suggested that the name of the occupational H&S team to be changed as part of a rebranding. <ul style="list-style-type: none"> - The rationale behind that was to remove any negative perception of the H&S team. That could only really be achieved by hard work, openness, transparency - The name of the department would not be changed to include wellbeing. - There would not be an additional band 7 H&S advisor. That had been considered but due to individuals leaving there was an opportunity to reconfigure the department with no additional head count. <ul style="list-style-type: none"> • Current work <ul style="list-style-type: none"> - The Operational H&S Group’s Terms of Reference had been updated, to include a new exception report. - The Training Team had undergone an external verification on their competence to deliver manual handling training. - The Training Team would also be undergoing PAMOVA external certification training in August. The course would be updated to include positive behaviour management. That was also being done in the Mental Health department. - A wall had been removed in the UHL training room to increase class sizes. - A new intuitive H&S Share Point site was also being built. - The RACI document was currently being worked on. - All work was based on the H&S management system. That would include different topics, such as waste management, and would allow everyone to know what they were responsible for in relation to H&S. It would be brought back to the Committee for sign off and approval. - A new H&S Share Point site was also available and included topics such as manual handling and fire safety management. <p>The Committee Chair (CC) queried who would be able to access the Share Point.</p>	<p>HHS</p>
----------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

<p>Mohamed Sarah 10/10/2022 12:01:35</p>	<p>The HHS responded that it would be sent to all Clinical Boards and Directorates.</p> <p>The EDPC queried whether it was one H&S management system and whether CEF could put in their details and take ownership of it.</p> <p>The HHS responded that it was on a single system.</p> <ul style="list-style-type: none"> • Lone worker - The current contract ended yesterday. The new contract was agreed in principle and would be signed immediately. - Local administrators in Child Health/Maternity and CRT had been trained and were granted access to the provider portal. <p>It was noted that a calibration cylinder was put in a waste bin in UHW. An investigation was being undertaken. The HHS emphasised that these items should not be put in general waste.</p> <p>The CC queried the consequences of that type of action.</p> <p>The HHS responded that the Health Board could be liable.</p> <p>The CC requested that an update on the investigation was provided at the next Committee meeting.</p> <p>It was also noted that a staff member had left their unlocked bike outside the office door in UHW. When the staff member was spoken to they thought it was safe to do that. The HHS confirmed that he would be speaking to their manager. However, the mindset/culture regarding that sort of behaviour needed to change.</p> <p>It was also noted that someone had thrown food outside the food bank and that could attract pigeons and vermin.</p> <p>The CC queried if the CEO could put a piece in her staff bulletin to highlight those types of behaviour (or example, bikes and food waste) should not be taking place.</p> <p>The EDPC responded that she would speak to the CEO about this.</p> <p>The UHB Vice Chair commented that a message to staff should be conveyed in relation to people's behaviour at work should reflect how they behave at home.</p>	<p>HHS</p> <p>EDPC</p>
----------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

	<p>The CC thanked the HHS and his team for the work they were doing in the department.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The Health and Safety Overview, which included the Lone Worker Device update, was noted.</p>	
HS 19/07/008	<p>Health and Safety Culture Plan Update</p> <p>The EDPC advised the Committee that the draft H&S Culture Plan had already been presented to the Strategy and Delivery Committee, and was due to be presented to the Board in July for approval.</p> <p>The EDPC added that there was a People and Culture plan and a Health and Safety Plan which related to keeping people safe through HR procedures and H&S.</p> <p>The HHS highlighted that the document set the scene for the next 3 years and had superseded the H&S Priority Improvement Plan.</p> <p>The HHS added that the Plan was made up of 6 themes that covered 111 actions.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The Health and Safety Culture Plan Update was noted.</p>	
HS 19/07/009	<p>Fire Safety Report</p> <p>The Fire Safety Report was received.</p> <p>The HHS advised the Committee on the following:</p> <ul style="list-style-type: none"> • There were no new fire issues to report. • The Letter under Caution remained open. The team was also working closely with the Mental Health team. • A paper had been submitted for additional head count within the fire resource department. That would help the team going forward. • The Enforcement Notice against A4 was still open. A4 had been closed recently to allow work to take place. <p>The DCG queried if there was a timeline and how long the caution would be open.</p> <p>The HHS responded there was no timeline provided. In the meeting with the CEO, EDPC and the South Wales Fire</p>	

	<p>Service (SWFS), no timeframe was discussed. The SWFS was looking for a clear period in which no events had occurred.</p> <p>The EDPC commented that there was a good relationship with SWFS. It was noted that the H&S team had started an action log and were logging actions.</p> <p>The EDPC also added that the A4 work had demonstrated good collaboration with the Capital and Estates Team. They had upgraded A4 a year earlier than it was expected.</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 and noted.</p>	
<p>HS 19/07/010</p> <p>Mohamed Sarah 10/10/2022 12:01:35</p>	<p>Environmental Health Inspector Report</p> <p>The Environmental Health Inspector Report was received.</p> <p>The Director of Estates, Capital and Facilities (DECF) advised the Committee that Barry Hospital had received a rating of 5.</p> <p>The DECF queried whether the central processing unit issue had been brought to the Committee yet.</p> <p>The DECF advised that 12 months ago the central processing unit had been shut because of problems with the freezers. Environmental Health had picked up on some issues. The Health Board had replaced a lot of the drainage and had repaired the freezers.</p> <p>The DECF added that the Environmental Health officers returned and picked up on an issue with the floor drainage, and they gave a score of 2 because of the work required.</p> <p>The DECF advised that his team were in the process of rectifying the floor drainage and replacing the floor.</p> <p>The CC queried how long it would take to complete the work.</p> <p>The DECF responded that it would take several months.</p> <p>The DCG confirmed that it had not been reported to the Committee before. However, it would be tracked on the Regulatory Compliance Tracker in the Audit Committee.</p> <p>The Health & Safety Committee resolved that:</p>	<p>DCG</p>

	<p>a) The achievement of the food business in maintaining its food hygiene rating of 5 and the associated action plan were noted.</p>	
HS 19/07/011	<p>Enforcement Agencies Report</p> <p>The Enforcement Agencies Report was received.</p> <p>The HHS advised the Committee on the following:</p> <ul style="list-style-type: none"> • The Environmental Health Officer saw leaks at UHL. They passed concerns to HSE and asked for further information. The HHS suggested to get the work done. • The HHS went down to see the food production. The DECF's team had done a lot of good work. • A concern from HSE arrived a week late. The HHS sent a holding email and gave a more detailed response. That query had now been closed. • Two further requests for information from January and March still remained open. <p>The Health & Safety Committee resolved that:</p> <p>a) The contents of the report were noted.</p>	
HS 19/07/012	<p>Waste Management Compliance Report</p> <p>The Waste Management Compliance Report was received.</p> <p>It was noted that the Health Board had received a recent positive audit. There were some actions listed on the action plan. The Health Board generated a significant amount of waste.</p> <p>The UHB VC queried the disposal of unwanted chairs and tables. He commented that there were many companies that would take them.</p> <p>The DECF responded that they were often reused by the organisation due to additional staff.</p> <p>The EDPC stated that when the Dragon Heart Hospital (DHH) was established, at that time staff had thought about the DHH beds replacing community beds and the intention was to recycle some of the furniture.</p> <p>The Health & Safety Committee resolved that:</p>	

	<p>a) The current position of the attached Waste Management Audit Action Plan and the need to ensure progress was being made in line with the agreed target dates set, was noted; and</p> <p>b) The ongoing segregation of waste through the Clinical Boards, and the correct Procedure for Waste Disposal was adhered to when disposing of waste within areas was supported.</p>	
HS 19/07/013	<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 on the following:</p> <ul style="list-style-type: none"> - The full Risk Register was brought to the April meeting. - The highest risk score was 16. - The H&S Culture Plan superseded the PIP Priority Improvement Plan (PIP). <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 19/07/014	<p>Committee Self Effectiveness Survey</p> <p>The Committee Self Effectiveness Survey was received.</p> <p>The DCG stated that the results had fed into the Health Board's Annual Report. Overall the results were fair.</p> <p>The DCG added that she would look at a different approach next year because the Survey Monkey platform did not allow for results to be analysed properly.</p> <p>The CC queried the two responses for question 11. One was adequate and the other was non-adequate. The CC queried whether there were any comments.</p> <p>The DCG responded that she would will look at the results and if comments were made they could be picked up.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Health and Safety Committee were noted.</p>	DCG
	Items for Approval/Ratification	

HS 19/07/015	Health and Safety Annual Report The Health and Safety Annual Report was received. The Health & Safety Committee resolved that: a) The contents of the Report were noted.	
	Items for Noting and Information	
HS 19/07/016	Sub Committee Minutes: i. Operational Health and Safety Group - 01/03/22	
HS 19/07/017	Items to bring to the attention of the Board/Committee The DCG advised that a Chair's Report would go to the Board meeting. The EDPC queried discussions about chemicals. The DCG responded that it would come to H&S first. The recommendations would then be tracked through the Audit Committee. The Health & Safety Committee resolved that: a) Items to bring to the attention of the Board/Committee were discussed and noted.	
	Review of the meeting	
	Date and time of next meeting Tuesday 18 th October 2022 at 09:00am MS Teams	

Mohamed Sarah
10/10/2022 12:01:35

ACTION LOG
FOLLOWING HEALTH AND SAFETY COMMITTEE MEETING
19 July 2022
(Updated for the meeting 19 October 2022)

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
HS 19/07/010	Environmental Health Inspector Report	It would be tracked on the Regulatory Compliance Tracker in the Audit Committee	N Foreman	August 22	Completed AF confirmed that it was added to the tracker in August.
Actions Completed					
Actions in Progress					
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	Update by 18 October 2022 On October agenda – item 7.1
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	Update by 18 October 2022 On October agenda – item 7.1
HS 19/07/007	CEO Bulletin	The EDPC would speak to the CEO about putting bike safety and food waste information into the staff bulletin.	R Gidman	18.10.22	Update by 18 October 2022
HS 19/07/014	Committee Self Effectiveness Survey	The DCG would will look at the results and pick up any comments.	M Donovan	18.10.22	Update by (18 October 2022 Verbal update to be provided at the meeting in October.
Actions referred to other Committees/Board					
HS 19/04/018	Fire enforcement report	To be discussed at Board.	R Warren	28.07.22	Completed Presented at Board in July.

HS 19/04/018	H&S Culture Plan	To be discussed at Board.	R Warren	28.07.22	Completed To be presented at Board in July.
--------------	------------------	---------------------------	----------	----------	-------------------------------------------------------

Mohamed Sarah
10/10/2022 12:01:35

Report Title:	Enforcement Agencies				Agenda Item no.	2.2
Meeting:	H&S Committee	Public	x	Meeting Date:	18/10/2022	
		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, currently awaiting a reply.

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)

Whitchurch Hospital Water Main

Concern raised by SWFRS on behalf of the Whitchurch and Tongwynlais community PACT group that the hospital fire hydrant system had been isolated.

Response sent to SWFRS confirming that the existing site water main was isolated as part of the decommissioning of Whitchurch however, a new main was installed to the North of the site along with two hydrants. This was discussed with SWFRS on 28th January 2020 in order for the Operational Tactical Plan to be revised. Relevant drawings were also supplied and the matter closed.

HYC Smoking Incident

Fire alarm sounded in HYC, on closer inspection of the zone, a patient was found to be smoking in their room. Despite a detailed search, an ignition source wasn't found hence, it is likely that the cigarette was lit in the garden using the Ozzy lighters and brought into the building.

On site meeting held with SWFRS that included the Head of H&S, Director of Operations for Mental Health and the UHB Fire Safety Advisor for MH. Reassurance provided and no further enforcement notices issued, the event has been recorded as a case note on the UHB file.

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.

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

A4 North has been brought forward on the CEF ward improvement programme and is currently out for refurbishment. Once completed, A4 South will be completed.

Outstanding work to complete

1.1 The standard of fire separation provided is not adequate.

1.1.1 The fire dampers in the HVAC system that pass-through compartment/sub-compartment walls are actuated by thermal link. These should be upgraded to fire dampers that are actuated by the automatic fire detection system in accordance with the HTM 05-02 Table 7.

All wards carry a similar known risk

Mitigation includes;

- Whilst not the latest technology, protection is afforded by fire dampers that operate using a fusible thermal link
- Properly maintained fire-fighting equipment
- Competent trained personnel in their use

1.2 Fire and smoke resisting doors.

1.2.1 The doors to the riser cupboards containing electrical services are not fire resisting and should be replaced with doors providing 30 minutes of fire and smoke resistance.

- The scope of this work goes beyond 'Normal Maintenance'
- In completing this work there is a high probability of disturbing asbestos
- Tied in with ward refurbishment plan

Mitigation:

- Electrical equipment regularly serviced and correctly maintained by competent third party
- Accredited service company
- Proactive maintenance regime in place
 - Thermography inspection
 - Insulation resistant testing
- No previous history of electrical ward failures
-

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	
------------	---	-----------	---	-------------	--	---------------	---	-------------	--

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	18/10/2022

Mohamed Sarah
10/10/2022 12:01:35

Report Title:	Environmental Health Food Hygiene Inspection Reports		Agenda Item no.	2.3
Meeting:	Health & Safety Committee	Public Private	Meeting Date:	18 th October 2022
Status (please tick one only):	Assurance	<input checked="" type="checkbox"/> Approval	Information	
Lead Executive:	Executive Director of Finance			
Report Author (Title):	Director of Capital, Estates & Facilities			

Main Report

Background and current situation:

It is a legal requirement that all food businesses / premises are registered as a food business with the Local Authority and are therefore subject to regular inspections by Environmental Health / Food Safety Officers.

The following units have recently been inspected: 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). All units received a food hygiene score of 5. Details are outlined below:

Unit	Inspection Date	Previous Rating	New Rating	Description of Rating
Hafan Y Coed Unit	28 th June 2022	5	5	Very Good
Teddy Bear Nursery - UHW	12 th July 2022	5	5	Very Good
UHL Main Kitchen, Wards & Restaurant	14 th September 2022	4	5	Very Good
Aroma Unit, UHL	14 th September 2022	5	5	Very Good

On receipt of the respective Reports from the inspecting officer, action plans were developed to address any issues raised. The action plans are attached to this Report as Appendices 1 - 4.

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

The acknowledgement of the achievement of the food businesses in obtaining food hygiene ratings of 5 and the supporting action plans.

The works that have been instigated in a short period of time to implement the required close out of the action plans that address those issues / recommendations raised in each Report.

Recommendation:

To NOTE:

- The achievement of those food businesses with a 5 food hygiene rating and the associated action plans.

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	
------------	---	-----------	--	-------------	--	---------------	--	-------------	--

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:

Mohamed Sarah
19/10/2022 12:01:35

Mohamed Sarah
10/10/2022 12:01:35

**Action Plan from Food Safety Inspection for Hafan Y Coed, UHL.
Undertaken on 28th June 2022 (Report dated 4th July 2022).**

Schedule A – Legal Requirements

Food Hygiene and Safety Procedures <i>High standard of compliance with statutory obligations and industry codes of recommended practice; conforms to accepted good practices in the trade.</i>	Response / Action	Time Scale	Lead Responsibility	Update
There were no contraventions found during the inspection	No action required	N/A	N/A	N/A

Mohamed Sarah
10/10/2022 12:01:35

Structural / Cleaning Issues <i>High standard of compliance with statutory obligations, and industry codes of recommended practice, with only minor contraventions.</i>	Response / Action	Time Scale	Lead Responsibility	Update
<p>1. It was noted the brown handled knife blade in the kitchen was warped. You must ensure the knife is repaired/replaced and maintained in good repair and condition. Regulation (EC) No 852/2004 Annex II, Chapter V, Para 1 (a)</p>	<p>Disposed and replaced immediately.</p>	<p>Immediate</p>	<p>Catering Supervisors</p>	<p>Completed</p>
<p>2. It was noted the ceiling in the kitchen storeroom had evidence of water damage. You must ensure the watermarked area of the ceiling is repaired and maintained in good repair and condition. Regulation (EC) No 852/2004 Annex II, Chapter V, Para 1</p>	<p>MR submitted to Estates Maintenance to repair and repaint.</p>	<p>28th August 2022</p>	<p>Catering Supervisors</p>	<p>In progress</p>
<p>3. The inside drawer storing utensils contained debris. You must ensure the drawer is thoroughly cleaned and maintained in a clean condition Regulation (EC) No 852/2004 Annex II, Chapter V, Para 1</p>	<p>Cleaning thoroughly. Supervisors to monitor cleaning schedules more closely.</p>	<p>Immediate</p>	<p>Catering Supervisors</p>	<p>Completed</p>
<p>4. There was debris under the large freezer in the kitchen that is no longer in use. Ensure the floor under the freezer is thoroughly cleaned and maintained in a clean condition. Regulation (EC) No 852/2004 Annex II, Chapter V, Para 1</p>	<p>Clean immediately. Arrangements have been made to store this freezer away from the kitchen area.</p> <p>Supervisors have been instructed to monitor the cleaning schedule.</p>	<p>12th Aug 2022</p>	<p>Catering Supervisors</p>	<p>In progress</p>

Mohamed Sarah
10/10/2022 12:01:35

<p>Confidence in Management / Control Procedures <i>Good record of compliance. Food safety advice available in-house or access to, and use of, technical advice from a Primary or Home Authority, trade associations and/or from Guides to Good Practice or assurance scheme commensurate with type of business. Effective management control of Hazards. Having effective self-checks with satisfactory documented food safety management procedures commensurate with type of business. Audit by Food Authority confirms general compliance with procedures with minor non-conformities not identified as critical to food safety</i></p>	<p>Response / Action</p>	<p>Time Scale</p>	<p>Lead Responsibility</p>	<p>Update</p>
<p>1. At the time of the inspection, I reviewed the Hafan y Coed Food Safety Management documentation and associated monitoring records. The following were noted in the Document.</p> <p>a. On some occasions, entries in the Daily Cleaning Schedule were missed.</p> <p>b. Some of the dates were missing from the ward's daily temperature check sheets.</p> <p>c. On several of the weekly "Food Simulator Block Temperature Forms" in use at the wards, I noted the temperature checks had been completed for dates that had not yet lapsed, (i.e the Wednesday and Friday check had been completed although it was only Tuesday). You must ensure staff do not pre-fill temperature monitoring form sheets.</p> <p>Regulation (EC) 852/2004 Chapter II, Article 5, Para 1</p>	<p>Supervisors to check off schedules daily (visual) so issues can be dealt with in timely manner.</p> <p>Supervisors to check off sheets daily (visual) so issues can be dealt with in timely manner.</p> <p>Supervisors to check that sheets are not pre-filled and staff informed not to undertake</p>	<p>Immediate</p> <p>Immediate</p> <p>Immediate</p>	<p>Catering Supervisor</p> <p>Catering Supervisor</p> <p>Catering Supervisor</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>

Schedule B – Recommendations and Advice

Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
1, During the inspection I was advised only a selected number of dishes that are more high risk are temperature checked once cooked. As the Apetito meals provided at or different weights, sizes and consistencies, I recommend every dish that is cooked in the regeneration ovens are temperature checked prior to service	Ward based caterers to temperature check all high risk foods. Supervisors to monitor to ensure compliance.	Immediate	Catering Supervisors	Completed

Additional Visits by Local Authority Officer with Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
No recommendations at this time.				

Mohamed Sarah
10/10/2022 12:01:35

**Action Plan from Food Safety Inspection for Teddy Bear Nursery, UHW
Undertaken on 12th July 2022 (Report dated 14th July 2022)**

Schedule A – Legal Requirements

Food Hygiene and Safety Procedures <i>High standard of compliance with statutory obligations and industry codes of recommended practice; conforms to accepted good practices in the trade.</i>	Response / Action	Time Scale	Lead Responsibility	Update
<p>1. The pouch of the D10 concentrate in the dispenser in the kitchen had no expiry date. To ensure that all surfaces are suitably cleans and disinfected you must ensure that sanitiser or disinfectants are used before the expiry date, if the date is likely to be rubbed off then you need to record the use by date else where in ensure it isn't used beyond its shelf life.</p> <p>It was noted that the spare pouch in the cupboard had an expiry in 2023 and that both had been received at the same time.</p> <p>Regulation (EC) No. 852/2004, Annex II, Chapter V, Para 1(a)</p> <p>Mohamed Sarah 10/10/2022 12:01:35</p>	<p>Sticky Label on pouch once opened including expiry date.</p>	<p>19/07/22</p>	<p>Nursery Manager / Deputy Nursery Manager</p>	<p>Completed</p>

Structural / Cleaning Issues <i>High standard of compliance with statutory obligations, and industry codes of recommended practice, with only minor contraventions.</i>	Response / Action	Time Scale	Lead Responsibility	Update
<p>2. There was a build-up of lime scale on the wash hand basin taps and the taps to the sink in the kitchen. Thorough cleaning of taps and maintain in a clean condition was recommended.</p> <p>Regulation (EC) No 852/2004 Annex II Chapter I Para 1</p> <p>3. There is a small amount of food debris at floor/wall junction and behind and below equipment in the kitchen. Thoroughly clean the kitchen and maintain in a clean condition.</p> <p>Regulation (EC) No 852/2004 Annex II Chapter I Para 1</p> <p>Mohamed Sarah 10/10/2022 12:01:35</p>	<p>MR request to have new taps in place</p> <p>Ongoing daily routine</p>	<p>Immediate</p> <p>Immediate & on-going</p>	<p>Deputy Nursery Manager</p> <p>Deputy Nursery Manager</p>	<p>Completed</p> <p>Ongoing</p>

Confidence in Management / Control Procedures <i>Good record of compliance. Food safety advice available in-house or access to, and use of, technical advice from a Primary or Home Authority, trade associations and/or from Guides to Good Practice or assurance scheme commensurate with type of business. Effective management control of Hazards. Having effective self-checks with satisfactory documented food safety management procedures commensurate with type of business. Audit by Food Authority confirms general compliance with procedures with minor non-conformities not identified as critical to food safety</i>	Response / Action	Time Scale	Lead Responsibility	Update
<p>4. Audit of food safety policy document and monitoring records identified:</p> <ul style="list-style-type: none"> The HACCP states that visual and temperature checks are to be undertaken on all deliveries and reputable suppliers are to be used. As the deliveries come via CPU staff at the nursery were only checking temperatures. Of sandwiches on delivery. The Frozen foils were not being temperature checked, along with other chilled items. Ensure that staff are carrying out the required controls. <p>Regulation (EC) No 852/2004 Article 5</p>	<p>All frozen foods and chilled foods are checked on delivery. Temperature records are maintained.</p>	<p>20/07/22</p>	<p>Nursery Manager / Deputy Nursery Manager</p>	<p>Completed</p>

Mohamed Serah
10/10/2022 12:01:35

Schedule B – Recommendations and Advice

Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
No recommendations at this time.				

Additional Visits by Local Authority Officer with Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
No recommendations at this time.				

Mohamed Sarah
10/10/2022 12:01:35

**Action Plan from Food Safety Inspection for UHL Main Kitchen Restaurant & Ward Based Catering UHL.
Undertaken on 14th September 2022 (Report dated 23rd September 2022)**

Schedule A – Legal Requirements

Food Hygiene and Safety Procedures <i>High standard of compliance with statutory obligations and industry codes of recommended practice; conforms to accepted good practices in the trade.</i>	Response / Action	Time Scale	Lead Responsibility	Update
There were some cups stacked while still wet in the ward East 1 kitchen. Water trapped between the cups can become stagnant and support microbiological growth. You must ensure plastic cups are thoroughly dried before they are stacked.	Supervisors to check cups are thoroughly dried after cleaning.	Immediate & on-going	Catering Supervisors/All	Completed

Mohamed Sarah
10/10/2022 12:01:35

Cleaning / Structural Issues <i>High standard of compliance with statutory obligations, and industry codes of recommended practice, with only minor contraventions.</i>	Response / Action	Time Scale	Lead Responsibility	Update
It was noted the tip of the blades of the brown and green handled knives in the pot washroom were chipped. You must ensure kitchen knives are closely monitored and when they become damaged, they are repaired or safely disposed.	Knives discarded detailed checks of utensils to be increased	Immediate	Catering Supervisors	Completed
Main kitchen: <ul style="list-style-type: none"> - The handle to the boiler unit was dirty. - There were cobwebs around the blue external access door. - There was some white marks and white residue under the feet of some oven units. Click and Deliver kitchen: <ul style="list-style-type: none"> - There was debris under the large double fridge. 	Thoroughly cleaned. The equipment is awaiting to be removed Cleaned Cleaned Cleaned	ASAP Immediate Immediate Immediate	MR 157991 Estates Catering Supervisors via cleaning schedules Catering Supervisors via cleaning schedules Catering Supervisors via cleaning schedules	Completed Completed Completed Completed

Mohamed Sarah
10/10/2022 12:01:35

<p>Pot Wash:</p> <ul style="list-style-type: none"> - There was mold around the extraction unit to the middle window of the room. - Many of the ceiling tiles were beginning to show damp/mold growth. - Extra ventilation may be required in this room. <p>Chemical storeroom:</p> <ul style="list-style-type: none"> - In some areas the walls were peeling paint and the window was moldy <p>Restaurant:</p> <ul style="list-style-type: none"> - There was debris under the large metal cabinet in the serving area. <p>Ward East 1:</p> <ul style="list-style-type: none"> - The sink and plug were stained/dirty. <p>Ward West 5:</p> <ul style="list-style-type: none"> - There was debris under the fridge in the kitchen. 	MR Submitted to replace window surround	ASAP	MR 157861 Estates	Awaiting
	MR Submitted to replace extraction as not powerful enough	ASAP	MR 157864/157862	Awaiting
	MR Submitted	ASAP	MR 157847	Awaiting
	Cleaned	Immediate	Catering Supervisors via cleaning schedules	Completed
	Cleaned	Immediate	Catering Supervisors via cleaning schedules	Completed
	Cleaned	Immediate	Catering Supervisors via cleaning schedules	Completed

Confidence in Management / Control Procedures <i>Good record of compliance. Food safety advice available in-house or access to, and use of, technical advice from a Primary or Home Authority, trade associations and/or from Guides to Good Practice or assurance scheme commensurate with type of business. Effective management control of Hazards. Having effective self-checks with satisfactory documented food safety management procedures commensurate with type of business. Audit by Food Authority confirms general compliance with procedures with minor non-conformities not identified as critical to food safety</i>	Response / Action	Time Scale	Lead Responsibility	Update
<p>During the inspection one of the ward staff was asked about what core temperature regenerated food should be cooked to, and I was advised this was 75oC. As per the HACCP document you must ensure staff are aware the core temperature of regenerated food is 80oC for 6 seconds.</p> <p>Upon review of the HACCP and supporting documentation some issues were noted. You must ensure the HACCP is reviewed and updated accordingly.</p> <p>The critical limits stated on the HACCP flow diagram were different from those found on the HACCP chart and monitoring forms for receipt of deliveries. Please ensure that critical limits are consistent across all the documents of your HACCP.</p> <p>The blast chiller was being used for Aroma sandwiches and porridge. Monitoring was being completed, but there did not appear to be a section on cooling and the use of the blast chiller in your HACCP system. Ensure that cooling operations are covered in your food safety management system.</p>	Staff are having refresher training with HACCP and food safety	End of December 2022	Team Manager / Catering Supervisors	Ongoing
	Review HACCP	End November 2022	Team Managers / Catering Supervisors	Ongoing
	Correct on HACCP Review	End November 2022	Team Managers / Catering Supervisors	Ongoing
	Amendment to cooling monitoring form	Immediate	Team Managers / Catering Supervisors	Completed

Schedule B – Recommendations and Advice

RECOMMENDATIONS	Response / Action	Time Scale	Lead Responsibility	Update
It was noted the wards fridges are checked twice daily using the digital dial and 3 times a week using the simulation block on a Monday (am), Wednesday (pm) and Friday (am). To ensure a more accurate daily fridge temperature is documented, I recommend daily checks are undertaken using the simulation block	Liaised with CAVUHB Food Safety Assurance Manager who advises current method for monitoring temperatures is adequate and therefore no further action required in this respect.	N/A	Food Safety Assurance Manager	No action required
Additional Visits by Local Authority Officer with Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
No recommendations at this time.				

Mohamed Sarah
10/10/2022 12:01:35

Action Plan from Food Safety Inspection for UHL Aroma Plaza

Appendix 4

Undertaken on 14th September 2022 (Report dated 23rd September 2022)

Schedule A – Legal Requirements

Food Hygiene and Safety Procedures <i>High standard of compliance with statutory obligations and industry codes of recommended practice; conforms to accepted good practices in the trade.</i>	Response / Action	Time Scale	Lead Responsibility	Update
During the revisit I noted the tong being used to pick up salad from the container was left in the salad container with the handle in contact with the food. You must ensure the tong is stored either outside the food container when not in use or in a manner that prevents the tong handle from coming into contact with the food.	Staff awareness not to leave tongs in salad	Immediate	Catering Supervisors/All	Completed

Mohamed Sarah
10/10/2022 12:01:35

Structural / Cleaning Issues <i>High standard of compliance with statutory obligations, and industry codes of recommended practice, with only minor contraventions.</i>	Response / Action	Time Scale	Lead Responsibility	Update
<ul style="list-style-type: none"> - The handle to the large fridge was dirty. You must ensure the handle to the large fridge is cleaned and maintained in a clean condition. - There was debris under the large double fridge. You must ensure the floor under the large fridge is cleaned and maintained in a clean condition. - There was debris to the floor under the two metal wheeled units behind the serving counter. You must ensure the floor under these units is thoroughly cleaned and maintained in a clean condition. - It was noted that the door frame between the servery and small side room was damaged and worn in places. You must ensure the door frame is repaired and maintained in a clean condition. 	<p>Cleaned</p> <p>Cleaned</p> <p>Cleaned</p> <p>MR Submitted</p>	<p>Immediate</p> <p>Immediate</p> <p>Immediate</p> <p>ASAP</p>	<p>Catering Supervisors via cleaning schedules</p> <p>Catering Supervisors via cleaning schedules</p> <p>Catering Supervisors via cleaning schedules</p> <p>MR number 158777 Estates</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Awaiting</p>

Mohamed Sarah
10/10/2022 12:01:35

Confidence in Management / Control Procedures <i>Good record of compliance. Food safety advice available in-house or access to, and use of, technical advice from a Primary or Home Authority, trade associations and/or from Guides to Good Practice or assurance scheme commensurate with type of business. Effective management control of Hazards. Having effective self-checks with satisfactory documented food safety management procedures commensurate with type of business. Audit by Food Authority confirms general compliance with procedures with minor non-conformities not identified as critical to food safety</i>	Response / Action	Time Scale	Lead Responsibility	Update
<p>Upon review of the HACCP and supporting documentation it was noted the sandwiches being produced for Aroma were routinely being recorded at approximately 5°C after blast chilling. The blast chilling monitoring sheet requires food to be cooled to 3°C or less. Ensure that your documentation for cooling and the process reflect each other and good practice guidance.</p>	Monitoring form to be adjusted to 5°C	Immediate	Team Manager / Catering Supervisors	Completed

SCHEDULE C – FOOD STANDARDS INSPECTION REPORT				
	Response / Action	Time Scale	Lead Responsibility	Update
<p>It was noted the allergen information for the Rustic Ham Baguette was not correct (i.e. was missing soya from the allergen table). Ensure the allergen table/matrix is reviewed and updated. Allergen information provided to customers and patients must be accurate and up to date.</p>	Check thoroughly with procurement / suppliers when notified of change of product may not always be like for like	As Necessary	Team Managers / Catering Supervisors	On going

Schedule B – Recommendations and Advice

Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
No recommendations at this time.				

Additional Visits by Local Authority Officer with Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
No recommendations at this time.				

Mohamed Sarah
10/10/2022 12:01:35

Report Title:	Regulatory Review and Tracking Report – 1 st April 2022 – 31 st March 2023			Agenda Item no.	2.4
Meeting:	Health and Safety Committee	Public	X	Meeting Date:	18 th October 2022
Status (please tick one only):	Assurance	x	Approval	Information	X
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Head of Health and Safety				
Main Report					
Background and current situation:					
<p>This report is presented to the Committee to track that relevant Board Committees are receiving reports and information regarding inspections undertaken by various inspection/review bodies as a key source of assurance. The report provides information for the period 1st April 2022 – 31st March 2023 and includes:</p> <p>(a) new inspections undertaken during the period as recorded in the post log or notified by Clinical/Service Boards;</p> <p>(b) formal reports received during the period. Some reports are received a number of months after the actual inspection.</p> <p>The statutory obligations of the University Health Board (UHB) are wide ranging and complex; the UHB must comply with general law as well as NHS specific legislation. The majority of regulatory visits monitored by the Health and Safety Committee fall into the following categories:</p> <ul style="list-style-type: none"> • Inspections/audits undertaken by the Health and Safety Executive; • Fire Safety inspections undertaken by South Wales Fire and Rescue Service; • Food hygiene inspections undertaken by the Local Authorities. 					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The attached report provides evidence that each category of review is assigned to the Health and Safety Committee. There have been two new inspections, regulatory visits or correspondence during the period and there are four outstanding from the previous financial year, two are on-going with SWFRS and are being continuously monitored with regular dialogue with SWFRS. In respect of the two HSE issues all requested information has been provided to the HSE and we are awaiting their response.</p>					
Recommendation:					
<p>The Health and Safety Committee are requested to:</p> <ul style="list-style-type: none"> • 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	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	X	Involvement	X
------------	---	-----------	---	-------------	--	---------------	---	-------------	---

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:

Health and Safety Committee

18th October 2022

	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Regulatory and Review Bodies Tracking Report - Reports Received and Inspections/Visits Undertaken - 1st April 2022 - 31st March 2023															
2	Date of Report	Date of Visit/Review	Site/Location	Clinical Board/Directorate/ Specialty	Brief Description of reason for visit/Review	Summary of Findings/Recommendations	Management Response	Executive/Operational Lead	Due Date	Position as at 30 September 2022 (unless indicated otherwise by reference to receipt by Committees)	Status (Ongoing/Complete)	Assurance Committee & Chair	If reported to another group state here	Date Reported to Assurance Committee	Date Next Scheduled Visit/Renewal of Licence/ Accreditation (if applicable)	Contained within CE Important Documents Log
3	Health and Safety Executive									Health and Care Standards Overarching Theme: Governance, Leadership and Accountability Theme 2: Safe Care Standard 2.1 Managing Risk and Promoting Health and Safety Theme 3: Effective Care Standard 3.5 Record Keeping						
4	27th January 2022	27th January 2022	T2 (Animal House), UHW	Capital, Estates and Facilities	Request for information in relation to local exhaust an extract ventilation systems.	Details of maintenance and agreements in place between UHB and Cardiff University.	Information forwarded to HSE, awaiting reply.	Director of Capital, Estates and Facilities	N/A	On-going - awaiting response from HSE	On-going	Health and Safety Committee - Mike Jones	N/A	25th January 2022 - October 2022	N/A	
5	21st March 2022	21st March 2022	Theatres, UHW	Surgery Clinical Board	Request to review Theatres to look at manual handling systems.	Concerns on non-essential visits relayed to HSE, visit postponed. Information and documentation sent.	Information forwarded to HSE, awaiting reply.	Director of Nursing, Surgery Clinical Board	N/A	On-going - awaiting response from HSE	On-going	Health and Safety Committee - Mike Jones	N/A	25th January 2022 - October 2022	N/A	
6	South Wales Fire and Rescue									Health and Care Standards Overarching Theme: Governance, Leadership and Accountability Theme 2: Safe Care Standard 2.1 Managing Risk and Promoting Health and Safety						
7	21 April 2021	14 April 2021	Hafan y Coed	Mental Health Clinical Board	Scheduled inspections for high risk premises	Failure to comply with the Regulatory Reform (Fire Safety) 2005 1 x Management - Failed to comply with smoking policy	Meeting with SWFRS on 18th October 2022 to discuss further	Executive Director of People and Culture	Enforcement Notice EN3/21 - Due to be completed by 19th May 2021	Report dated 27 December following visit on the 14th April 2021 Enforcement outstanding	On-going	Health and Safety Committee - Mike Jones		October 2021 - October 2022	19-May-21	Yes
8	8th October 2021	8th October 2021	Ward A4 - UHW	Specialist Services Clinical Board	Scheduled inspections for high risk premises	Failure in physical fire controls such as fire dampers, fire and smoke resisting doors and staff training requirements.	Action plan in place to address. Met with SWFRS on 8th February 2022 to discuss non-conformances and way forward.	Executive Director of People and Culture	Enforcement Notice EN59/21	On-going	On-going	Health and Safety Committee - Mike Jones		January 2022 - October 2022		

Mohamed Sarah
10/10/2022 12:01:35

Ongoing
Complete

Mohamed Sarah
10/10/2022 12:01:35

Fiscal year - Date of visit

In order of date of visit

IN01 - failed to comply

IN02 - not complied fully

Management - Fire Safety Training Outstanding until Health Board reached 85% compliance, Smoking,

Compliance - Fire Dampners completed with refurb, fire detection, Isolation valves

Estates - Maintenance for fire resisting doors

CEO post log: Caroline Evans

Progress - Mal Perrett

Mohamed Sarah
10/10/2022 12:01:35

Report Title:	Health and Safety Risk Register			Agenda Item no.	2.5
Meeting:	Health and Safety Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	18/10/2022
Status (please tick one only):	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Executive Director People and Culture				
Report Author (Title):	Head of Health and Safety				
Main Report					
Background and current situation:					
<p>Background</p> <p>In line with section 3.5 of the Risk Management and Board Assurance Framework Strategy 2019-22 the Health and Safety department are required to compile and review a risk register which covers the management of identified strategic and operational risks that have the potential to impact upon the delivery of strategic objectives.</p> <p>Situation</p> <p>The Health and Safety risk register underwent a comprehensive review in March 2022 by a team consisting of the Head and two Assistant Heads of Health and Safety. It confirmed some previously unidentified risks however, none of which are in the intolerable range of 20 or above. The highest current risk ratings are 16, two of which are covered by the Health and Safety Culture plan and discussions are currently taking place to determine ownership of the third which relates to the management of bariatric patients. The Head of H&S has proposed that this last point be taken forward with an All Wales approach.</p> <p>The register was updated 26/08/2022 to reflect the competency assurance of the training team in meeting the target risk rating. Risk reference 2.2.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The risk register was reviewed by the senior leadership team within the Health and Safety department. Assurance is provided by demonstrating progress through the 2022 Health and Safety Culture Plan which will be monitored at the Operational Health and Safety Group meeting and progress reported at each Health and Safety Committee meeting.</p>					
Recommendation:					
<p>The Committee is requested to:</p> <p>a) Note the findings of the new identified risks and the actions in place to reduce the risk rating.</p>					
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		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	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

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:
Health and Safety Committee	18/10/2022

Mohamed Sarah
10/10/2022 12:01:35

Date	Reason for Review	Team Members
29/03/2022	Full review of H&S Risk Register to incorporate external H&S review.	R Warren, R Daniel, R Sykes
26/08/2022	Ref: 2.2. Update certification of the training team in manual handling and V&A. Target risk rating has been met.	R Warren, R Daniel, R Sykes

Mohamed Sarah
10/10/2022 12:01:35

RISK REGISTER TEMPLATE: Health & Safety Department
CLINICAL BOARD:
DIRECTORATE:

Risk Ref.	Strategic Objective	Date risk added	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review	Assurance Committee
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total		
1.1		29/03/2022	Failure of Management of H&S to ensure comprehensive range of Policies covering legislation.	Director of People & Culture	3	5	15	A competently staffed health and safety department. Access to legislation. Network of All Wales policies library. Project lead identified within the Health and Safety team to complete gap analysis of policies and procedures against UHB H&S management system in line with ISO 45001. Development of a register of safety legislation to provide gap analysis and ensure any changes or new legislation incorporated into policies and procedures.	Suite of policies approved and monitored by the H&S Committee. Key policies and procedures exist.	3	3	9	Management system is in its infancy. Gap analysis has identified some shortfalls. Time bound action in line with H&S culture plan to complete.	Gaps identified, some additional procedures required.	H&S department to maintain a register of policies and procedures. Status of register to be submitted at least annually to H&S Committee.	Dir of People and Culture	01-Apr-23	3	1	3		
1.2		29/03/2022	Failure to communicate relevant health and safety policies, procedures and information to all staff.	Director of People & Culture	4	5	20	All health and safety policies shared on the intranet. Policies are written by key, competent personnel and circulated for comment prior to approval. Managers health and safety course is offered. Mandatory training for key risks such as fire, manual handling and personal safety.	Compliance to training monitored at Operational Group level. H&S Dashboard published and circulated on a monthly basis which includes training compliance. All current health and safety policies and procedures are on health and safety web page.	4	2	8	Line managers failing to implement policies and bring to knowledge of staff at risk. No robust mechanism currently exists to cascade new and updated policies to employees.	Potential for employees not to have an understanding of the latest policies and procedures.	Introduce a new and updated policies dashboard for roll out alongside or in the current dashboard.	Head of Health and Safety	01-Apr-23	4	1	4		
1.3		29/03/2022	Failure of manager to maintain suitable and sufficient Risk Assessments .	Director of People & Culture	4	5	20	Risk management policy and risk assessment training. Risk quantification and escalation criteria established. Risk management and control is a key agenda item discussed in both Local and Operational H&S Groups. Risk management is part of the managers H&S training course.	Comprehensive Risk Assessment and Risk Register Procedure.	4	3	12	Lack of formal audit approach.	Unable to verify that suitable and sufficient risk assessments exist for all relevant processes.	Provide formal audit procedure and schedule managed by H&S department / advisers.	Head of Health and Safety		4	1	4		
1.4		29/03/2022	Managers failure to undertake their health and safety role.	Director of People & Culture	4	3	12	Local H&S Groups. Staff group inspection, H&S adviser link to each CB. Managers health and safety course is offered and following this course delegates are given the opportunity for one of the health & safety team to visit their area, undertake a gap analysis and provide on-going support.	Processes exist for the training of managers in their H&S responsibilities	4	2	8	Improved monitoring and support of health and safety management arrangements post Managers H&S training.	Managers health and safety training is not mandatory.	Promotion of Health and Safety managerial responsibilities through the H&S Culture plan	Head of Health and Safety		4	1	4		

Mohamed Sarah
10/10/2022 12:01:35

1.5		29/03/2022	H&S Staff not meeting their mandatory training requirement.	Director of People & Culture	3	3	9	Mandatory training offered both e-learning and tutor led. Mandatory May & Nov.	Compliance monitored through line management and VBA's.	3	2	6	No recognised, specific KPI's in VBA's		Individual KPI's to be developed and discussed during staff VBA's	Head of Health and Safety	31/12/2023	3	1	3		
1.6		29/03/2022	Failure of clinical/service boards to consider H&S aspects in regular meeting format at local level.	Director of People & Culture	3	3	9	H&S advisers are aligned to each of the clinical and service boards and attend the board H&S meetings. All Clinical and Service Boards have established health and safety meetings that meet at least 4 times a year.	A competently staffed health and safety department provide advice and support. Evidence exists of some meetings containing a specific H&S line item, e.g. clinical shift safety briefings.	3	2	6	No current recognised guidance in place for clinical/service board meeting templates.	Uncertainty of current practices, meeting ToR's across the wider UHB	Establish a means of communication, e.g. via managing safely course/dashbaord/clinical service board meetings to ensure H&S is entered as a line item for all relevant meetings.	Head of Health and Safety	31/12/2023	3	1	3		
1.7		29/03/2022	Failure to implement a H&S management system 4.1.7. This is a UHB wide risk	Director of People & Culture	4	4	16	Competent H&S staff. Currently no commonly aligned system in place for the management of H&S	A process is currently in place for managing high level policies and procedures.	4	4	16	There is no systematic method or process in place to align all clinical/service boards with H&S	Unable to verify that all processes are suitable or sufficient	Establish a health board wide H&S management system	Head of Health and Safety	30/06/2022	4	1	4		
1.8		29/03/2022	Unclear understanding of roles, responsibilities and accountabilities with regards to H&S across the UHB. RLB Review 4.1.2, 4.1.5, 4.1.6, 4.2.2	Director of People & Culture	4	4	16	Current policies and procedures are in place and provide some guidance	Current policies and procedures provide some guidance around roles and responsibilities	4	3	12	No definitive RACI Matrix in place	Unable to verify that all roles understand their responsibilities	Establish a Health Board wide H&S RACI matrix, update policy and roll out to the wider organisation.	Head of Health and Safety	31/12/2023	4	1	4		
1.9		29/03/2022	Lack of demonstratable independency between H&S and Operational maintenance	Chief Executive	4	5	20	Current policies and procedures provide some guidance	Change of structure and policy ownership. H&S roles within CEF have been changed to compliance. Key Health and safety policies such as contractor control and PTW being moved to H&S ownership.	4	2	8	Some policies are yet to be brought across. This will be identified and completed with the RACI (Line 16)	Both CEF and H&S management are working closely to eliminate any perceived lack of independency.	Complete RACI and formally transfer policy ownership.	Head of H&S and Heads of Compliance and Estates and Facilities	31/12/2022	4	1	4		
2		29/03/2022	Failure of a proactive approach to H&S. RLB Review 4.2.2. This is a UHB wide risk	Director of People & Culture	4	4	16	Some proactive initiatives are in place such as some audits and work inspections	Reviews conducted of the audits and inspections undertaken and improvements implemented as a result	4	3	12	The UHB lacks a SMART approach towards H&S	Lack of evidence of detailed specific audits in health and safety.	Implement and maintain a H&S strategy with clear objectives and KPI's. This is a specific action in the 2022 Health and Safety Culture Plan.	Head of Health and Safety	31/12/2022	4	1	4		

Mohamed Sarah
10/10/2022 12:01:35

2.1		29/03/2022	Failure of H&S department to provide an adequate system to protect lone workers.	Director of People & Culture	4	4	16	Local management assisted by Personal Safety specialists to establish appropriate risk assessment for justification of allocating devices. Circumstances may permit device sharing. Procedures to monitor lone-working are promoted including - periodically visiting and observing people working alone, determining which jobs and locations require working in pairs and pre-agreed intervals of regular contact.	Regular lone worker device user compliance reports submitted to Health and Safety Committee. Devices are monitored for consistent use which is highlighted on the monthly H&S dashboard. Low number of recorded lone worker incidents.	4	2	8	Neccesity to renew contract ~3 yearly has the potential to leave gaps in lone worker device usage.	Programme managed by case management team. Contract renewal commences six months from the end of previous contract. Potential for gaps in local procedures for assessing the allocation of lone worker devices.	Continued review of device usage to identify gaps in clinical board management.	Case Manager Personal Safety Advisor	01/08/2022	4	2	8	Jul-22	
2.2		29/03/2022	Failure to maintain and demonstrate competence of H&S trainers.	Director of People & Culture	3	3	9	Staff have previously attended train the trainer courses along with external accreditation for the course provided.	All training team are experienced training professionals and internal verification is conducted by training manager.	3	3	9	No external acreditation currently valid.	Unable to demonstrate trainers competence to an external organisaiton or regulator	Trainers to attend externally accredited courses for all courses currently offered.	Head of Health and Safety	01/10/2022	3	2	6	The H&S Trainers have been externally certified in both manual handling and V&A. 26/08/2022	Target risk rating has been met.
2.3			Failure to have adequate systems in place to safely handle bariatric patients.		4	4	16	Bariatric equipment is available for use.	Manual Handling Adviser worked with Medicine Clinical Board to assess best practice.	4	4	16	Work on this had commenced prior to COVID and was being led by medecine. Ownership of this process is currently unclear. Further work	Ownership of this process is unclear. Further work	Determine ownership of the bariatric patient pathway and provide support as appropriate	Head of Health and Safety	31/12/2022	4	1	4		
2.4		29/03/2022	Failure to ensure DSEAR compliance to regulations which requires areas of potential explosives to be assessed and appropriate control measures are put in place.		4	4	16	Specific DSEAR compliance and risk assessment training was undertaken by H&S adviser. A DSEAR guidance document and 2-part risk assessment has been compiled and circulated. Key areas have been identified and some DSEAR risk assessments carried out.		4	3	12	Identification of further areas requiring DSEAR assessments needs to be extracted from the fire risk assessment information.	Unable to fully verify through current audit programme	Establish a multi disciplined approach with H&S and Fire Safety jointly taking the lead to support area/process owners.	Head of Health and Safety	31/12/2024	4	1	4		
2.5		29/03/2022	H&S department risk of incorrect use of DSE and/or poorly designed workstations or work environments leading to musculoskeletal disorders.	Director of People & Culture	3	3	9	Display Screen Equipment (DSE) and Eye Test Procedure. DSE risk assessment form and guidance documentation. The completion of the risk assessment is a management responsibility with DSE users required to assist with the assessment. E-learning training package through ESR. DSE is part of the managers H&S training course.	Identification process implemented for DSE users and specialist advice available.	3	2	6	No robust process in place to ensure compliance with standard in ensuring assessments are completed.	Potential gaps exist for home working.	Add requirement to conduct assessments to VBA's	Head of Health and Safety	31/06/2022	3	1	3		
2.6		29/03/2022	Failure to establish mechanism for delivery of training and refresher training in the use of evacuation chairs and mats.	Director of People & Culture	4	4	16	ALBAC Mat training provided to Heli-pad porters in 2021 and response agreement in place.	ALBAC Mat training provided to Heli-pad porters in 2021 and response agreement in place.	4	3	12	Gaps currently exist for the training in the use of EVAC chairs	No agreement currently in place	Review the training provision and benchmark across Wales.	Head of Health and Safety	31/12/2023	4	1	4		

Mohamed Sarah
10/10/2022 12:01:35

2.7		29/03/2022	Failure to implement a system for the control of high risk maintenance work outside of CEF.	Director of People & Culture	4	4	16	All work of this nature is performed by contractors outside of CEF. Permit system in place for contractor work of specified high risk areas. Permit system communicated through contractor control policy, procedures and induction process. Contractor monitoring system is in place.	Low number of recorded incidents.	4	2	8	No system in place to audit clinical boards on contractor and permit to work aspect of management system.	Unable to verify clinical board compliance with standard.	Implement a structured departmental audit programme in line with the H&S management system		30/06/2023	4	1	4		
2.8		29/03/2022	Failure to ensure contractor control within the remit of non estates has effective mechanisms for monitoring and reacting to safety breaches.	Director of People & Culture	4	4	16	Contractors are pre-vetted for health and safety competence and a supervising officer is allocated. All contractors are required to provide Risk Assessments and Method Statements (RAMS) and attend a site induction. High risk work is identified beforehand and a Job Registration Form (JRF) completed. Relevant safety information is exchanged and the contractors performance is monitored. H&S exeptions, breaches and/or incidents are recorded and investigated appropriately. Contractor monitoring process has been intensified and the Contractor Control Working Group established.	Key UHB procedures documentation and the Control of Contractors Policy have been further developed. A dedicated H&S Adviser has been allocated to assist with non-estates contractor control throughout the UHB. Contractor control is an element of the managers H&S training course. Contractor management requirements are decimated through the various clinical boards H&S meetings.	4	3	12	Enhance non-estates to same standard as estates contractor control. Contractors are still brought in by individuals/parties who may not be familiar with the requirements of the UHB Control of Contractors Policy. Contractor H&S vetting needs to be fully established as part of the procurement process.	Unable to verify all risks are identified	Implement a structured departmental audit programme in line with the H&S management system	Head of Health and Safety	30/06/2023	4	1	4		
2.9		29/03/2022	Failure to implement a change management process	Director of People & Culture	4	4	16	Some policies and procedures in place that would be pertinent for assessing potential risks for any planned changes.	No change management issues have been identified as failings with regards to incident investigations	4	4	16	No recognised change management system in place however, all key H&S policies exist to cover work activities.	Unable to verify all risks are identified when implementing change	Determine the requirements and necessity of implementing a structured change management process	Head of Health and Safety	31/03/2025	4	1	4		

Mohamed Sarah
10/10/2022 12:01:35

Report Title:	Fire Safety Compliance Report				Agenda Item no.	2.6
Meeting:	Health & Safety Committee		Public	✓	Meeting Date:	18/10/2022
			Private			
Status <i>(please tick one only):</i>	Assurance	✓	Approval		Information	
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 Zahrah
10/10/2022 12:01:35

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	✓
------------	---	-----------	---	-------------	--	---------------	--	-------------	---

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 have to 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	18/10/2022

APPENDIX 1

Supporting Documentation

1.0 Significant Incidents

Table 1

Fire incidents, **reported and recorded**, between 01/07/2022 and 30/09/2022

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

Fire Incidents 01/07/2022 to 30/09/2022	Fire Incidents
Llanrumney Clinic, Llanrumney Avenue	1
University Hospital of Wales, Heath Park	1

Llanrumney Clinic

Llanrumney Clinic experienced 2 external fires on the 5th of August 2022, amounting to 1 incident if intentional fire setting by person or persons unknown. This involved a small pile of waste material brought onto site, and then a small area of grass. This has been recorded as a deliberate fire set by person or persons unknown.

UHW

University Hospital Wales, Ambulatory Care in the Emergency Unit experienced a fire in the female toilets on the 29th of July 2022, amounting to 1 incident of intentional fire setting by known persons. This has been recorded as a deliberate fire set by known persons.

Mohamed Safah
10/10/2022 12:01:35

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 110 UWFS in total across the UHB estate, this is an increase of 39% over the previous 3 month period. 17 activations were not attended by the fire service due to the speed of attendance and reaction by fire response personnel (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 01/07/2022 and 30/09/2022

Hospital	UwFS only	Actuation devices	Grade
5 - 11 Park Road, 5 - 11 Park Road	1	*	+
Barry Hospital	0	562	++
Cardiff Royal Infirmary	2	2000	Performance level 1
Hafan Y Coed	10	1274	Performance level 1
Llandough Hospital	12	6500	Performance level 1
Rookwood Hospital	1	425	Performance level 1
St David's Hospital (Cardiff)	0	600	++
University Hospital of Wales	68	20000	Performance level 3
Whitchurch Hospital	0	2059	++
Total	93	33420	

* The system does not list actuation devices in small community sites

+ The system does not grade small community sites

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

Mohamed Sarah
10/10/2022 12:01:35

Table 3

False Fire Alarm Activations (FFAA's) **not attended by the fire service** between 01/07/2022 and 30/09/2022

Hospital	False alarms	Actuation devices	Grade
Barry Hospital	0	562	no incidents
Cardiff Royal Infirmary	0	2000	no incidents
Hafan Y Coed	2	1274	A - performance should be maintained
Llandough Hospital	6	6500	A - performance should be maintained
Rookwood Hospital	0	425	no incidents
St David's Hospital (Cardiff)	0	600	no incidents
University Hospital of Wales	9	20000	A - performance should be maintained
Whitchurch Hospital	0	2059	no incidents
Total	17	33420	

Table 4 below shows there have been 196 activations year to date. This has put us on an average of 32.6 per month which is an increase from 28 per month for the first 3 months of the financial year.

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.

Table 4

Unwanted Fire Signals (UwFS's) and False Fire Alarm Activations (FFAA's) YTD (01/04/2022 to 30/09/2022)

Hospital	False alarms including UwFS	Actuation devices	Grade
Barry Hospital	1	562	A - performance should be maintained
Cardiff Royal Infirmary	2	2000	A - performance should be maintained
Hafan Y Coed	17	1274	B - 10% reduction in UwFS
Llandough Hospital	39	6500	A - performance should be maintained
Rookwood Hospital	5	425	B - 10% reduction in UwFS
St David's Hospital (Cardiff)	0	600	no incidents
University Hospital of Wales	131	20000	A - performance should be maintained
Whitchurch Hospital	1	2059	A - performance should be maintained
Total	196	32420	
Total UwFS's	158		
Attended by SWFRS			
Not attended by FRS	38		

Mohamed Sarah
10/10/2022 12:01:35

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 450 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 97.5% compliant with the ongoing risk assessment programme. Of the 11 overdue, the longest is 20 days

There are currently 63 open high-risk actions scoring 16, this has reduced by 20% 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.

4.0 Fire Safety Training

Table 5

Org L4	Fire Safety Compliance April - Start of financial Year	Fire Safety Compliance July - Start of reporting quarter	Fire Safety Compliance September - current	Compliance change from financial year start.
001 All Wales Genomics Service	83.39%	76.63%	77.89%	-5.50%
001 Capital, Estates & Facilities	70.49%	65.87%	71.55%	1.06%
001 Central & Reserves	100.00%	77.78%	88.89%	-11.11%
001 Children & Women Clinical Board	66.73%	69.70%	68.15%	1.42%
001 Clinical Diagnostics & Therapeutics Clinical Board	73.97%	75.57%	72.00%	-1.97%
001 Corporate Executives	64.14%	66.09%	67.39%	3.25%
001 Medicine Clinical Board	53.13%	54.63%	56.44%	3.31%
001 Mental Health Clinical Board	65.96%	65.24%	61.19%	-4.77%
001 Primary, Community Intermediate Care Clinical Board	70.36%	69.78%	71.94%	1.57%
001 Specialist Services Clinical Board	61.21%	62.18%	62.92%	1.72%
001 Surge Hospitals	40.00%	40.00%	77.78%	37.78%
001 Surgical Services Clinical Board	58.46%	57.17%	59.66%	1.20%
001 Trust	66.67%	50.00%	42.86%	-23.81%
Average compliance change				0.32%

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.

Fire safety week is due to run from 17th October 2022 through to 21st October 2022. These will offer mass, drop in sessions for staff to receive face to face training.

Mohamed, Sarah
10/10/2022 12:01:35

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

Attendance

Present:

Robert Warren	Head of Health and Safety (Chair)
Rachael Sykes	Assistant Head of Health and Safety
Rachael Daniel	Assistant Head of Health and Safety
Stephen Gardiner	Head of Estates and Facilities
Rachel Thomas	Assistant Director of Operations – Planning and Delivery – PCIC Clinical Board
Carolyn Alport	Quality and Safety Clinical Nurse Lead – Surgery Clinical Board
Janice Aspinall	Lead Staff Safety Representative (left at 10.20am)
Jonathan Strachan-Taylor	Staff Safety Representative
Daniel Crossland	Head of Operations – Mental Health Clinical Board (from 10.00am)
Rhodri John	Directorate Manager – Obstetrics (from 10.00am)
Matthew Howells	Deputy Directorate Manager - All Wales Medical Genetics Service
Jonathan Davies	Health and Safety Adviser
Claire Main	Interim Director of Nursing – Specialist Services Clinical Board

Apologies:

Rachel Gidman	Director of People and Culture
Philip Mackie	Interim Head of Assurance, Safety and Compliance – CEF Service Board
Sue Bailey	Clinical Board Director for Quality, Safety & Patient Experience - CD&T Clinical Board
Rowena Griffiths	Governance & Quality Lead Manager Dental Hospital
Melanie Wilson	Senior Lecturer and Honorary Consultant in Oral Microbiology – Dental Hospital
Jon McGarrigle	Head of Energy and Performance
Mal Perrett	Senior Fire Safety Adviser
Kirsty Hook	Risk, Governance & Patient Experience Facilitator - Children and Women Clinical Board
Clare Wade	Director of Nursing – Surgery Clinical Board

In Attendance:

Thomas Bott	PA to Head of Health and Safety
-------------	---------------------------------

Mohamed Sarah
10/10/2022 12:01:35

OHSG/06/ 06/22/001	<p>Welcome and Introductions</p> <p>The Head of Health and Safety welcomed all to the meeting and apologies for absence were received and noted.</p>
OHSG/06/ 06/22/002	<p>Minutes from Previous Meeting</p> <p>The minutes of the meeting held on the 1st of March 2022 were received and accepted as a true record.</p>
OHSG/06/ 06/22/003	<p>Action Log</p> <p>The action log was received and noted by the group.</p>
OHSG/06/ 06/22/004	<p>Health and Safety 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 Culture Plan was being presented to Management Executive this month and Board in July.</p> <p>He advised the NWSSP Audit of the health and safety department had taken place and predominately focused on the external review undertaken last year. It was noted NWSSP had concluded substantial assurance had been provided.</p> <p>Mr Warren reminded Clinical Boards to ensure they have sufficient incident managers trained for their areas. It was noted there is currently no dedicated field to record staff absence and requested if staff are absent following an incident to inform the health and safety department directly.</p> <p>Mr Warren informed the group the lone worker device contract was due for renewal and Emma Foley, Case Management Officer had been communicating with users in respect of requirements going forward, if anyone had not responded he requested they do so urgently to ensure the new contract reflected numbers required.</p> <p>Mr Warren advised the Departmental Risk Register had been updated, with the highest risk rating being 16.</p> <p>Mr Warren provided a detailed explanation of the health and safety management system (IMS) and requested Clinical/Service Boards adopted the same approach with full support being provided by their health and safety adviser.</p>
OHSG/06/ 06/22/005	<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>

Mohamed, Sarah
10/10/2022 12:01:35

OHSG/06/06/22/006	<p>Clinical Boards Health and Safety Group Feedback</p> <p>The Head of Health and Safety acknowledged that the request for information from the Clinical/Service Board was short notice and gave assurances going forward that the meeting would be more structured and that a template for reports would be provided. He also advised the Terms of Reference for the group were also being reviewed and these would then feed into the Clinical/Service Board agendas.</p> <p>It was noted a very detailed report had been received from the CD&T Clinical Board.</p> <p>Mr Warren then requested feedback from the Clinical/Service Boards:</p> <p>The Assistant Director of Operations – Planning and Delivery – PCIC Clinical Board advised their health and safety group met on 12th May, and there were continuing issues in relation to estates, CCTV and carparking, however she was currently working with the Director of Estates and Facilities to resolve these issues.</p> <p>Mrs Thomas wanted it noted that during the recent electrical fire at Whitchurch Hospital site there were issues with the internal telephone extension for declaring a fire. Mr Gardiner requested the information so that he could address this.</p> <p><u>Action – Mrs R Thomas/Mr S Gardiner</u></p> <p>The Quality and Safety Clinical Nurse Lead – Surgery Clinical Board advised there was no report for this meeting due to annual leave, this was also the case for Specialist Services Clinical Board.</p>
OHSG/06/06/22/007	<p>RIDDOR Incidents</p> <p>The following feedback was received from the Clinical/Service Boards.</p> <p>The Director of Estates and Facilities - CEF Service Board advised several investigations had not been completed and these were being actively pursued.</p> <p>The Assistant Head of Health and Safety (RS) advised the investigations for the Children and Women and Mental Health Clinical Boards had been completed.</p> <p>The Head of Health and Safety advised the CD&T incidents had been addressed within their report.</p> <p>The Assistant Director of Operations – Planning and Delivery – PCIC Clinical Board advised the incident had been investigated and lessons learnt in relation to manual handling issues in patient homes and training subsequently updated.</p>

Mohamed Sarah
10/10/2022 12:01:35

	<p>The Interim Director of Nursing - Specialist Services Clinical Board advised the outstanding investigations were being actively pursued.</p> <p>The Quality and Safety Clinical Nurse Lead – Surgery Clinical Board advised they were liaising with the Manual Handling Adviser in respect of patient proning.</p> <p>There was no representative present from Medicine Clinical Board to provide an update.</p>
OHSG/06/06/22/008	<p>Staff Side Issues</p> <p>The Lead Staff Safety Representative enquired as to whether there was any update in respect of paediatric violence and aggression training. The Assistant Head of Health and Safety (RS) advised a meeting had taken place with the relevant parties and was being progressed.</p> <p>Mrs Aspinall requested if there was any update in respect of the automatic door in the mutli storey car park raised in the last meeting, the Head of Estates and Facilities stated the automatic door system was on order and would follow up on the order status.</p> <p><u>Action - Mr S Gardiner</u></p>
OHSG/06/06/22/009	<p>Health Issues</p> <p>No issues to report at this time.</p>
OHSG/06/06/22/010	<p>Enforcement Agency Report</p> <p>The Assistant Head of Health and Safety (RD) informed the group no feedback had been received to date from the Health and Safety Executive (HSE) in respect of the two previously reported issues in relation to the T2 Animal House and manual handling within Theatres. All requested information had been provided to the HSE.</p>
OHSG/06/06/22/011	<p>Fire Safety Report</p> <p>The Head of Health and Safety updated the group in relation to the on-going fire enforcement notices. In respect of Ward A4 South Wales Fire and Rescue Service (SWFRS) agreed to the requested extension for compliance to the notice.</p> <p>In relation to the notice for Hafan y Coed a letter under caution has been issued to the Health Board, but no prosecution decision had yet been made. Mental Health Clinical Board now have a designated Fire Safety Officer who was working closely with the senior management team, and good work was being undertaken by the team with the aim of closing out the enforcement notice.</p>

Mohamed, Sarah
10/10/2022 12:01:35

OHSG/06/ 06/22/012	<p>Health and Safety Training Update</p> <p>The Assistant Head of Health and Safety (RS) advised the training team would be attending courses to revalidate their accreditation.</p> <p>It was noted that LED were still updating competencies on ESR to reflect the 3 yearly refresher period as opposed to the previous 2 yearly.</p> <p>Mrs Sykes reported the Manual Handling Workplace Competency Assessor programme had been well evaluated to date and continues to run. Currently 49 colleagues had been trained and 119 assessments completed.</p> <p>Fire safety training can now also be booked via ESR, whilst risk assessment, first aid at work and fit testing training can still be accessed via the health and safety training email address..</p>
OHSG/06/ 06/22/013	<p>PPE Cell Update</p> <p>The Health and Safety Adviser (JD) informed the group there were no user and/or supply issues and the health and safety team were continuing to fit test 2 days a week.</p>
OHSG/06/ 06/22/014	<p>Staff Covid Cases and Issues</p> <p>The Head of Health and Safety queried if anyone had any updates on staff covid cases, and advised any queries in relation to new welsh government guidance should be addressed to IP&C with the health and safety department supporting.</p> <p>The Interim Director of Nursing – Specialist Services Clinical Board stated they were looking for guidance in relation to high risk staff who were in protected green areas and also maternity group staff. Mr Warren agreed to approach IP&C and request guidance be sent out in relation to individual risk assessment requirements.</p> <p><u>Action – Mr Warren</u></p> <p>Mrs Main added the existing flow charts would require updating.</p>
OHSG/06/ 06/22/015	<p>Policy and Procedure – Approvals and Reviews</p> <p>The Head of Health and Safety advised the Latex Policy had been approved by the Health and Safety Committee on 19th April 2022.</p>
OHSG/06/ 06/23/016	<p>Any Other Business</p> <p>The Deputy Directorate Manager - All Wales Medical Genetics Service queried if there would be an MHWCA object handling course, it was confirmed there would be and further information was available by contacting the generic e-mail address which Mr Bott would share after the meeting.</p>

Mohamed, Sarah
10/10/2022 12:01:35

	<p><u>Action – Mr T Bott</u></p> <p>The Interim Director of Nursing – Specialist Services Clinical Board informed the group of a complex violence and aggression situation ongoing within the transplant service involving a specific patient. Additional training will support staff with managing behaviours and some staff are undergoing PTSD treatment. A complex management plan is in place, and the transplant team will keep colleagues updated as the situation changes. The team was very grateful for the support received from case management, security and external agencies.</p>
<p>OHSG/06/06/22/017</p>	<p>Date and Time of Next Meeting</p> <p>The next meeting will be held at 9.00am on Tuesday 6th of September 2022 via Teams.</p>

Mohamed, Sarah
10/10/2022 12:01:35