Health & Safety Committee Meeting

Tue 19 July 2022, 09:00 - 11:00

Agenda

09:00 - 09:00
0 min

1. Welcome & Introductions

Mike Jones

09:00 - 09:00
0 min

2. Apologies for Absence

Mike Jones

09:00 - 09:00
0 min

3. Declarations of Interest

Mike Jones

09:00 - 09:00
0 min

4. Minutes of the Committee Meeting held on 19 April 2022

Mike Jones

04 Draft HS minutes - 19.4.22MD.NF.pdf (12 pages)

09:00 - 09:00
0 min

5. Action Log following the Meeting held on 19 April 2022

Mike Jones

05 Action Log - July 2022MD.NF.pdf (1 pages)

09:00 - 09:00
0 min

6. Chair’s Action taken since last meeting

Mike Jones

09:00 - 09:00
0 min

7. Items for Review and Assurance

7.1. Health & Safety Overview (Verbal)

Rachel Gidman Robert Warren

7.2. Health and Safety Culture Plan Update

Rachel Gidman Robert Warren

7.2 Health & Safety Culture Plan Update.pdf (2 pages)

7.3. Fire Safety Report

Rachel Gidman Robert Warren

7.3 Fire Safety Report.pdf (6 pages)

7.4. Environmental Health Inspector Report

Catherine Phillips Geoff Walsh

7.4 Environmental Health Inspector Report.pdf (6 pages)

7.5. Enforcement Agencies Report

Rachel Gidman Robert Warren

7.5 Enforcement Agencies Report.pdf (4 pages)

7.6. Waste Management Compliance Report

Catherine Phillips Geoff Walsh

7.6 Waste Management Compliance Report.pdf (4 pages)
7.6a Appendix 1 - NWSSP Waste Action Plan.pdf (5 pages)

7.7. Risk Register for Health and Safety

Rachel Gidman Robert Warren

7.7 Risk Register Paper.pdf (2 pages)
7.7a 2022 H&S Risk Register.pdf (1 pages)

7.8. Committee Self Effectiveness Survey

Nicola Foreman

7.8 Committee Self Effectiveness Survey H&S.pdf (3 pages)
7.8a Health & Safety Committee Self Evaluation 2021-22.pdf (21 pages)

09:00 - 09:00
0 min

8. Items for Approval/Ratification

8.1. Health and Safety Annual Report

8.1 H&S Annual Report 2021-22.pdf (21 pages)

09:00 - 09:00
0 min

9. Items for Noting and Information

9.1. Operational Health and Safety Group Minutes - 01/03/22

Rachel Gidman Robert Warren

9.1 OHSG 1st of March 2022 Minutes.pdf (8 pages)

09:00 - 09:00
0 min

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

Mike Jones

09:00 - 09:00
0 min

11. Review of the meeting

Mike Jones

09:00 - 09:00
0 min

12. Date and time of next meeting

Tuesday 18th October 2022 at 09:00am

MS Teams

Unconfirmed Minutes of the Public Health and Safety Committee Meeting
Held On 19 April 2022
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
Observers:		
Emily Howell	EH	Audit Wales
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Akmal Hanuk	AH	Independent Member – Local Community
Michael Imperato	MI	Independent Member – Legal
Geoff Walsh	GW	Director of Estates, Capital and Facilities

Item No	Agenda Item	Action
HS 19/04/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
HS 19/04/002	**Apologies for Absence** Apologies for absence were noted.	
HS 19/04/003	**Declarations of Interest** No Declarations of Interest were noted.	

HS 19/04/004	**Minutes of the Meeting held on 25 January 2022** The minutes of the Committee Meeting held on 25 January 2022 were received. **The Health & Safety Committee resolved that:** a) The minutes of the meeting held on 25 January 2022 were approved as a true and accurate record.	
HS 19/04/005	**Action Log – Following the meeting held on 25 January 2022** The Action Log was received. **The Health & Safety Committee resolved that:** a) The Action Log was noted.	
HS 19/04/006	**Chair's Action taken since last meeting** No Chair's Actions were noted.	
	Items for Review and Assurance	
HS 19/04/007	**Health & Safety Overview** The Head of Health & Safety (HHS) presented the Health and Safety (H&S) Overview and highlighted the following: H&S Department • It was noted that there was previously a flat structure within the Department. • Two Assistant Heads of Health and Safety have been introduced. • The Fire Safety Team would continue to report to the HHS. World Safety Day • It was noted that the Health Board would be marking World Safety Day on 28th April 2022. • It was an international campaign to promote safe, healthy work around the globe. • There would be a series of 'drop in' MS Teams calls throughout the day. Lone worker	

	• There had been a reduction noted in compliance. That had been attributed to Directorates not informing H&S about non-usage. • The current contract was due to end on 18th July 2022. • There was ongoing work with Procurement to secure the devices. • There were currently 700 devices allocated to high risk lone workers in the Health Board. H&S Culture Plan • It was noted that the Plan was one of the most important documents and set the scene for the next three years. • It introduced fundamental systems and processes that would embed health and safety into the operations of the Health Board and align it to best industry standards. • The expectation was that it would take the Health Board from a "lagging" organisation to a leading one. • The Culture Plan was in draft form and required more work. Current work • It was noted that a member of the H&S team was currently constructing a new intuitive SharePoint site. • The H&S team was also working with the Communication team on actions from the H&S Culture Plan. • External providers had been chosen to verify the competence of the training team and update courses accordingly. • There was a lot of work taking place to embed the new Datix Cymru System. The "go live" date was 1st March 2022. • The team was currently looking at licensing for audit software and was due to trial that shortly. The Executive Director of People and Culture (EDPC) stated that the H&S Culture Plan would be circulated to Clinical Boards before it would be taken to Management Executive.	

	The Committee Chair (CC) queried if Members of the Committee could provide any help or assistance for the World Safety Day. The HHS responded that Members should communicate the event to others. There were a series of MS Teams calls already planned. **The Health & Safety Committee resolved that:** a) The Health and Safety Overview, which included the Lone Worker Device update, was noted.	
HS 19/04/008	**Fire Safety Report** Fire Enforcement • It was noted that the HHS and the Head of Estates and Facilities (HEF) had met with South Wales Fire and Rescue Service (SWFRS) enforcement team on 8 February 2022 regarding Enforcement Notice EN59/21 against the A4 ward in UHW. • The HHS and HEF described the reasonably practicable work that had been done to date. • They were also, able to demonstrate the mitigations in place to extend the compliance date. • They had agreed to extend the compliance date until 31 March 2023. • It was difficult work to complete as the ward needed to be taken out of service. • The HHS requested that the ward was brought out of service this year in order to get the remaining actions from the Enforcement Notice completed. The Director of Corporate Governance (DCG) queried if there would be any “touch points” from the SWFRS that the work would be completed by that date. The HHS responded there was no formal agreed progress required against the completion date. The DCG stated that the Committee would need to keep the matter under review to make sure that the timescales for completion of the work did not slip.	

The EDPC stated that the Fire Enforcement matter was discussed at Management Executive. Informal regular conversations with SWFRS were important to give them confidence.

Hafan Y Coed

- Another fire had taken place at Hafan Y Coed on 23 January 2022.
- The fire was traced to a garden lift on Beech ward.
- The HHS, EDPC and the Chief Executive Officer met with the Chief Fire Officer of SWFRS on 23 March 2022 to discuss the Enforcement Notice issued last year.
- No prosecution decision was made in that meeting but both parties were willing to work closely together.
- The attendees of that meeting had also fed back to the senior managers in the Mental Health Clinical Board on 25 March 2022 in order to reaffirm the actions that had been put in place to control ignition sources.

Fire Safety and Mental Health

- It was noted that the HHS was currently completing a benchmarking exercise against similar Health Boards.
- A designated Fire Safety Officer had been assigned to Mental Health. It was hoped that this role would be located in Hafan Y Coed.
- The role would also provide support to other Mental Health facilities such as Barry, Pendine House.
- They would report into H&S and would remain independent of Mental Health.
- A specific Mental Health Fire Safety training course had also been developed.
- Mental Health was also looking to implement full body scanners.

The Health & Safety Committee resolved that:

a) The on-going efforts to meet the requirements of enforcement action and the Health Board's

	statutory and mandatory fire safety obligations were considered and noted.	
HS 19/04/009	**Environmental Health Food Hygiene Report** The EDPC advised that the Executive Director of Finance (EDF) was the Executive sponsor. The HEF presented the Environmental Health Food Hygiene Report and highlighted the following: • During February 2022 both the ward-based catering service and Aroma Coffee units at UHW had been inspected. • Both achieved a food hygiene score of 5 and 4 respectively. • That was an improved score since both food businesses were last inspected, most markedly ward-based catering whose food hygiene rating score had increased from 3 (satisfactory) to 5 (very good). The Executive Director of Public Health (EDPH) commented that it was really good to see that the ratings of the ward-based catering had increased a lot of patients relied on it. **The Health & Safety Committee resolved that:** a) The achievement of the food businesses with a 5 and 4 food hygiene rating and the associated action plans were noted.	
HS 19/04/010	**Enforcement Agencies Report** The HHS presented the Enforcement Agencies Report and highlighted the following: T2 UHW Animal House Ventilation • T2 UHW animal house ventilation were shared assets between the Health Board and Cardiff University. • There was a request for information from the Health and Safety Executive (HSE) regarding maintenance and agreements. • A response had been sent and they were currently awaiting a reply from HSE.	

	• Health and Safety and Estates were working closely with Cardiff University to address any potential gaps. UHW Theatre Trolleys • The Health Board had received a short notice request (3 Days) from the HSE to visit theatres at UHW to review the manual handling systems. • 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 had been postponed. However, information and documents were forwarded to the HSE Inspector for review. • The Health Board was currently awaiting a reply. The DCG queried how the HSE operated and what made them visit. The HHS responded that it could be based on a complaint that they had received. The CC queried what could be done with regards to communication to bring such matters to the attention of the Committee before they escalated. It would be preferred that issues went to the H&S Safety Representative first. The Safety Representative RCN (SR) responded that she was not aware of the trolley issue and she wished to be kept informed. However, the trolley issue had been ongoing for years. The CC stated it would be useful to encourage staff to communicate with the Staff Representative. **The Health & Safety Committee resolved that:** a) The contents of the report were noted.	
HS 19/04/011	**Regulatory and Review Body Tracking Report** The Assistant Head of Health and Safety (AHHS) presented the Regulatory and Review Body Tracking Report and highlighted the following:	

	• It was a standard report that came to the Committee twice a year. • It was noted that the AHHS would add the EHO report so it was a complete document. **The Health & Safety Committee resolved that:** a) The contents of the report were noted.	
HS 19/04/012	**Risk Register for Health and Safety** The HHS presented the H&S Risk Register and highlighted the following: • The Risk Register had been significantly reviewed and updated. • The highest current risk rating was 16 and included 3 elements: (i) Failure to implement a Health Board wide H&S management system - They were currently on track to deliver that. (ii) Failure to implement a system to safely manage bariatric patients - They were currently working with other Clinical Boards. (iii) Failure to implement a change management process - That needed to be looked at and put into place. - It had also been captured in the draft H&S Culture Plan. **The Health & Safety Committee resolved that:** a) The findings of the new identified risks and the actions in place to reduce the risk rating, were noted.	
HS 19/04/013	**Standards for Health Services in Wales relevant to Health and Safety (Verbal)**	

	The HHS advised the Committee that the Standards had been considered by the team and no relevant changes were required. **The Health & Safety Committee resolved that:** a) The Standards for Health Services in Wales relevant to Health and Safety Verbal Update was noted.	
HS 19/04/014	**Mental Health Update (Verbal)** The Director of Operations for Mental Health Clinical Board (DOMH) advised the Committee on the following: • The deliberate fire settings had made the incidents difficult to predict and control. • The metal detectors had been trailed. They were sensitive and would pick up the lighters. • The costing regarding the panelling work to prevent items being passed through the fences had been raised with the Capital and Estates team. • There had been a meeting regarding how to target non-smoking areas. • It was noted that research regarding non-smoking policies in England was also being completed. • A review of the search policy and ignition control source policy around Wales had been completed. • The inpatient deaths had flagged many issues. The team was looking at clearer risk assessment and observation policies. • The Health & Safety Adviser was involved in national work regarding the anti-ligature estate developments that could be applied. • It was noted that of the 6 inpatient deaths, only 2 of those had used ligaturing items within the environment • PAMOVA training had been requested which would help the team to apply standards to the strategies and interventions in managing violence and aggression. • There were estate issues which were on the Corporate Risk Register. That included large amounts of staff returning to work after Covid. The HHS stated that the Health and Safety team were also mirroring the training that the CEMA team was	

	delivering. That was important as it showed the same message being put across the Health Board. The HEF queried whether the estate issues referred to just estate issues or physical issues too. The DOMH responded that it related to both. Since winter had passed there had been considerable estate issues in Pendine House. The HEF responded that he would pick that up with the Estates and Facilities team and speak to the DOMH outside of the meeting. The UHB VC congratulated the DOMH and the Estates team in the way they have learnt from previous incidents and events. **The Health & Safety Committee resolved that:** a) The Mental Health Update was discussed and noted.	
	Items for Approval/Ratification	
HS 19/04/015	**Latex Allergy Policy** It was noted that this was part of the Latex Allergy Policy review. The policy was well embedded within the Health Board. **The Health & Safety Committee resolved that:** a) The Latex Allergy Policy was approved.	
	Items for Noting and Information	
HS 19/04/016	**Draft Health and Safety Culture Plan** The HHS stated that the Plan was in draft form and any feedback would be welcomed. The EDCPC commented that the H&S Culture Plan also aligned with the People and Culture Plan. The Safety Representative (SR) stated that the Plan amalgamated health and safety together very well and had set out an appropriate structure.	

	The EDPH queried if strategic leadership should be strengthened across the organisation within the Plan. That would put ownership with the leadership and not the H&S team. The HHS responded that he would consider including that in the plan. The EDPC stated she had spoken to the Executive Nurse Director (END) to ensure that Quality and Safety were included in the Plan. **The Health & Safety Committee resolved that:** a) The findings of the Plan and the objectives identified to improve H&S were noted; and b) It was noted that the H&S Committee would receive regular progress updates.	
HS 19/04/017	**Sub Committee Minutes:** *i. Operational Health and Safety Group* The Operational Health and Safety Group minutes were received. The HHS stated the Fire Safety Group had not met for some time. They were looking to put the meeting into place soon. The EDPC added that the flash boards needed to be strengthened to see how each of the Clinical Boards were implementing health and safety. **The Health & Safety Committee resolved that** a) The Operational Health and Safety Group minutes were approved.	
HS 19/04/018	**Items to bring to the attention of the Board/Committee** The CC suggested that the Fire Enforcement report and the Health and Safety Culture Plan should be taken to the Board meeting. **The Health & Safety Committee resolved that:**	**Action Log**

	a) The Fire Enforcement report and the Health and Safety Culture Plan would be taken to the Board meeting.	
HS 19/04/019	**Review of the Meeting** The Chair stated that the past two meetings had finished at 11am. The Chair queried if the timing of the next Committee meeting could be reduced from 9 am – 11am. The DCG responded that the timing would be changed for the next Committee meeting. **The Health & Safety Committee resolved that:** a) Timing of the agenda for the next meeting would be changed.	**DCG**
HS 19/04/020	**Any Other Business** Any Other Business was not discussed.	
	Date & time of next Meeting 19 July 2022 at 09:00am via MS Teams	

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

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Actions Completed					
HS 25/01/007	Health & Safety Strategy	To bring the H&S Culture Strategy to the April meeting.	R Warren	19.04.22	**Complete** Draft H&S Culture Plan was discussed at the Committee on 19 April and is due to be presented to Board in July.
HS 25/01/008	Priority Improvement Plan	Matter discussed at January meeting and is to be brought back for a more detailed review in the next few months.	R Warren	19.07.22	**Complete** The H&S Culture Plan will replace the Priority Improvement Plan.
HS 19/04/019	Review of the Meeting	Timing of the meeting to change to 9am – 11am.	N Foreman	19.07.22	**Complete** Timing has been amended for future meetings.
Actions in Progress					
Actions referred to other Committees/Board					
HS 19/04/018	Fire enforcement report	To be discussed at Board.	R Warren	28.07.22	To be presented at Board in July.
HS 19/04/018	H&S Culture Plan	To be discussed at Board.	R Warren	28.07.22	To be presented at Board in July.

Report Title:	Health & Safety Culture Plan Update				Agenda Item no.	7.2	
Meeting:	H&S Committee		Public	x	Meeting Date:	19/07/2022	
			Private				
Status *(please tick one only):*	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:

The 2022-2025 Health & Safety Culture Plan is a three-year project with specific objectives that will drive the necessary improvements in H&S across the UHB. The plan also incorporates the recommendations from the external RLB Health and Safety Review conducted in 2021 and the objectives of this paper is to provide assurance to the H&S committee of its ongoing progress.

As an action from the NWSSP audit conducted in March 2022, there was a recommendation to the Health and Safety Committee from the Head of Health and Safety that an update of the Health and Safety Culture Plan should be added as an ongoing agenda item for the quarterly meetings.

This formal submission outlines the progress of the plan against the proposed time frame and maintains the necessary assurance and transparency.

This plan has superseded the Health & Safety Priority Improvement Plan.

The plan is made up of 6 themes that cover 111 actions and has previously been agreed at the H&S Committee.

Tracker sets							
Title	Total Group	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6
Count of Not Started	81	18	17	7	9	6	24
Count of In Progress	25	6	4	5	4	1	5
Count of Complete	5	5	0	0	0	0	0

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

Work has commenced in closing out the actions and implementing the recommendations of the H&S Culture plan. This is a transparent process and the H&S team are currently on target.

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	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	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:
H&S Committee	19/07/2022

Mohamed,Sarah
11/07/2022 12:56:12

Report Title:	Fire Safety Compliance Report			Agenda Item no.	7.3
Meeting:	Health & Safety Committee	Public	✓	Meeting Date:	19/07/2022
		Private			
Status *(please tick one only):*	Assurance	✓	Approval		Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Senior Fire Safety Officer				

Main Report

Background and current situation:

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

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

Once a fire safety audit is completed SWFRS will either confirm that all relevant fire safety matters are satisfactory or if they are not satisfied they are empowered to issue a range of written notices detailing all fire safety contraventions and/or deficiencies identified during the physical audit procedure. The notice of contraventions and/or deficiencies will take the form of a Prohibition Notice (this notice prohibits the use of an area or premises), an Enforcement Notice (identifies serious fire safety contraventions and/or deficiencies), a time bound Informal Notice i.e. IN01 (fire safety contraventions and/or deficiencies that are deemed not to warrant enforcement action) or they may issue an alternative Informal Notice IN02 (advisory fire safety deficiencies - not time bound). An FSA04 notice is also 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.

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 Essential Supporting Documentation)

Recommendation:

The Health and Safety Committee is requested to:

- Consider and note the 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	19/07/2022

Essential Supporting Documentation

1.0 Significant Incidents

There have been no fire incidents recorded during this reporting period.

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 79 fire alarm activations PAN Estate, 18 activations were not attended by the fire service due to the speed of attendance and reaction by fire response personnel (See Table 1 and 2 below). Table 3 shows there were 343 activations for the previous rolling 12 months giving a mean average 28.5 per month. There were 260 unwanted fire signals attended by SWFRS giving a mean average of 21.6 per month. This figure remains a reflection of the size and age of our fire alarm and detection system and the complexity of our largest sites. This reporting period has seen a slight reduction in false alarms attended by the fire service due to a reduced workforce, reduced numbers of contractors on site and fewer visitors attending our premises PAN estate as a continuing consequence of the pandemic. (See Table 1 below and tables 2 and 3 on page 5)

Table 1

Unwanted Fire Signals (UwFS's) **attended by the fire service** between 01/04/2022 and 30/06/2022

Hospital	UwFS only	Actuation devices	Grade
Barry Hospital	**1**	**562**	**Performance level 1**
Hafan Y Coed	**3**	**1274**	**Performance level 1**
Llandough Hospital	**12**	**6500**	**Performance level 1**
Rookwood Hospital	**3**	**425**	**Performance level 1**
University Hospital of Wales	**41**	**20000**	**Performance level 1**
Whitchurch Hospital	**1**	**2059**	**Performance level 1**
Total	**61**	**29920**	

Performance level 1 – Performance should be maintained

Table 2

False Fire Alarm Activations (FFAA's) **not attended by the fire service** between 01/04/2022 and 30/06/2022

Hospital	False alarms including UwFS	Actuation devices	Grade
Barry Hospital	**0**	**562**	**A - performance should be maintained**

Cardiff Royal Infirmary	0	2000	no incidents
Hafan Y Coed	2	1274	A - performance should be maintained
Llandough Hospital	4	6500	A - performance should be maintained
Rookwood Hospital	1	425	A - performance should be maintained
St David's Hospital (Cardiff)	0	600	no incidents
University Hospital of Wales	11	20000	A - performance should be maintained
Whitchurch Hospital	0	2059	A - performance should be maintained
Total	18	32420	

Table 3

Unwanted Fire Signals (UwFS's) and False Fire Alarm Activations (FFAA's) between 01/07/2021 and 30/06/2022

Hospital	False alarms including UwFS	Actuation devices	Grade
Barry Hospital	4	562	A - performance should be maintained
Cardiff Royal Infirmary	3	2000	A - performance should be maintained
Hafan Y Coed	24	1274	B - 10% reduction in UwFS
Llandough Hospital	71	6500	B - 10% reduction in UwFS
Rookwood Hospital	7	425	B - 10% reduction in UwFS
St David's Hospital (Cardiff)	2	600	A - performance should be maintained
University Hospital of Wales	231	20000	B - 10% reduction in UwFS
Whitchurch Hospital	1	2059	A - performance should be maintained
Total	343	32420	
Total UwFS's Attended by SWFRS	260		
Not attended by FRS	66		

3.0 Fire Risk Assessment

A fire risk assessment is an organised and methodical look at our premises, the activities carried on there and the likelihood that a fire could start and cause harm to those in and around the premises.

Good management of fire safety is essential to ensure that fires are unlikely to occur; that if they do occur they are likely to be controlled or contained quickly, effectively and safely; or that, if a fire does occur and grow, everyone in our premises is able to escape to a place of relative or ultimate safety easily and quickly.

The risk assessment process confirms that our fire safety procedures, fire prevention measures, and fire precautions (plans, systems and equipment) are all in place and working properly, the assessment should identify any issues that need attention.

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 management team either annually, bi or tri-annually or if there is a significant change to the assessable area in terms of physical alterations to the layout, a change of use, or a

significant increase in occupant numbers that may affect the emergency evacuation strategy.

The findings of the risk assessments are divided into three areas of responsibility: Estates and Compliance findings are managed and resolved by managers of the Capital, Estates and Facilities Service Board. Management findings are monitored and predominantly resolved by the responsible person (RP), generally the most senior manager for the assessment area in which the assessment was carried out.

4.0 Fire Safety Training

Table 4

Data supplied by Workforce Information for 1st June 2021 – 30th May 2022

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	292	231	79.11%
All Wales Genomics Service Total		**292**	**231**	**79.11%**
Capital, Estates & Facilities Total		**1327**	**904**	**68.12%**
Children & Women Total		**2219**	**1491**	**67.19%**
Clinical Diagnostics & Therapeutics Total		**2491**	**1861**	**74.71%**
Corporate Executives Total		**1008**	**654**	**64.88%**
Medicine Total		**1887**	**996**	**52.78%**
Mental Health Total		**1488**	**993**	**66.73%**
Primary, Community Intermediate Care Total		**1233**	**849**	**68.86%**
Specialist Services Total		**1969**	**1206**	**61.25%**
Surge Hospitals	Lakeside Wing	10	4	40.00%
Surge Hospitals Total		**10**	**4**	**40.00%**
Surgical Services Total		**2398**	**1405**	**58.59%**
Grand Total		**16322**	**10594**	**64.91%**

The compliance figures outlined in Table 4 relates to a rolling 12-month period for the fire safety e-learning package, classroom, locality based and fire warden training. Table 4 shows that 64.91% of staff received some form of fire safety training in the previous 12-month period ending 30th May 2022. A total of 691 individuals have received tutor led fire safety training delivered by the fire safety management team during this reporting period.

Due to recent organisational changes the fire safety team now sits within the health and safety team. As a consequence of this move the majority of tutor led fire safety training are now being accessed by staff using the ESR system to self-enroll on sessions.

Requests to carry out other on-site fire safety training will be accommodated by the fire safety management team where ever possible.

Report Title:	Environmental Health Food Hygiene Inspection Reports			Agenda Item no.	7.4
Meeting:	Health & Safety Committee	Public	X	Meeting Date:	19th July 2022
		Private			
Status *(please tick one only):*	Assurance ✓	Approval		Information	
Lead Executive:	Director of Planning				
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.

During June 2022 the ward-based catering service at Barry Hospital was inspected. The service achieved a food hygiene score of 5, maintaining its "very good" food hygiene score. Details are outlined below:

Unit	Inspection Date	Previous Rating	New Rating	Description of Rating
Barry Hospital Ward Based Catering	14th June 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 plan is attached to this Report as Appendix 1.

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 4 and 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:

The Health and Safety Committee is requested to **NOTE:**

- The achievement of the food business in maintaining its food hygiene rating of 5 and the associated action plan.

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
11/07/2022 12:56:12

Appendix 1

Action Plan from Food Safety Inspection for Barry Hospital
Undertaken on 14th June 2022 at 11.00am. Report received on 17th June 2022.

Schedule A – Legal Requirements

Food Hygiene and Safety Procedures High standard of compliance with statutory obligations, and industry codes of recommended practice, with only minor contraventions.	**Response / Action**	**Time Scale**	**Lead Responsibility**	**Update**
1. The designated raw cling film had been removed from the raw area and was on the countertop used by the Aroma Café. You must ensure the raw cling film is stored in the designated raw preparation area and only used for wrapping raw foods. You may consider labelling the label as raw only to **Regulation (EC) No 852/2004 Annex II Chapter IX Para 3**	New one orders	Asap	PJ has ordered	
2. Plastic pill pots were being stored on the handwash basin in St Barracs (unit 1) This subjects the pill pots to possible contamination from water splashing onto them when washing hands. You must cease the practice of placing the pill pots in this area. **Regulation (EC) No 852/2004 Annex II Chapter IX Para 3**	They were removed on the day. We have emailed the ward manager and also spoken to ward manager on the day.	Completed 14/06/22		

Structural / Cleaning Issues High standard of compliance with statutory obligations, and industry codes of recommended practice, with only minor contraventions.	Response / Action	Time Scale	Lead Responsibility	Update
3. The joints to the rinser tap in the pot wash of the main kitchen were becoming dirty. Thoroughly clean and maintain in a clean condition. **Regulation (EC) No 852/2004 Annex II Chapter I Para 1**	Completed	Completed 18/06/22		All issues on this sheet are complete
4. The plastic socket cover to the right of the dishwasher in the pot wash of the main kitchen was damaged. Replace the plastic socket cover. **Regulation (EC) No 852/2004 Annex II Chapter I Para 1**	Completed	Completed 15/06/22		
5. The tip of the green handled knife in the kitchen had broken off, do not use the damaged knife and replace with new. **Regulation (EC) No 852/2004 Annex II Chapter V Para 1(c)**	Disposed of on the day of visit	Completed 14/06/22		
6. There was a build up of ice under the condensing unit in the walk-in freezer, remove the accumulated ice and ensure ice is not left to build up on the future. **Regulation (EC) No 852/2004 Annex II Chapter I Para 1**	Completed	Completed 27/06/22		

Confidence in Management / Control Procedures Satisfactory record of compliance.	Response / Action	Time Scale	Lead Responsibility	Update
7. The process of regenerating meals on the Moffat trolley needs to be included as a work instruction within your food safety management system. As each of the 3 shelves heats to a different temperature, staff must ensure that the trolley is loaded in the correct order to ensure that all food is re-heated to a core temperature of at least 80˚ C for 6 seconds. Regulation (EC) 852/2004 Article 5	Will contact S.Swanton	ASAP	JJ and SS	
8. You have put in place a documented Food Safety Management Procedure based on HACCP principles. However, I would make the following observations: • The fridge monitoring sheets from St Barracs unit 1 weren't always being dated; • There were occasions when cooking temperatures hadn't been recorded for evening service (20/5 and 27/5); • There were a number of occasions when opening and closing checks hadn't been ticked as completed (10/5, 25/5, 26/5, 27/5, 4/6 and 13/6) ensure staff are carrying out the relevant checks and recording that these checks have been competed; • The Sam Davies Ward evening temperature check was missed on the 09/06. Regulation (EC) 852/2004 Article 5 SCHEDULE B – FOOD STANDARDS INSPECTIO Mohamed,Sarah 11/07/2022 12:56:12	All Staff have had retraining,	Completed 20/6/22		Complete

Schedule B – Recommendations and Advice

Recommendations	Response / Action	Time Scale	Lead Responsibility	Update
There were no contraventions found during the inspection.				

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

Report Title:	Enforcement Agencies Report				Agenda Item no.	7.5
Meeting:	H&S Committee		Public	x	Meeting Date:	19/07/2022
			Private			
Status *(please tick one only):*	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:

Health and Safety Executive (HSE)
Concern raised from the HSE following an Environmental Health Officer inspection of the Food Central Production unit in May 2022. During the visit the EHO had concerns over the safety and integrity of the ceiling in the central stores location due to water leaks of the CPU drainage system above. Correspondence from the HSE initially went to Cardiff University, as such arrived at the UHB a week after a response was due. An acknowledgement email was sent immediately on 27th June 2022 followed by a more detailed response on 28th June. Reply received from the HSE on 29th June formally closing the concern.

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) Enforcement

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

During the period there were no new notices raised and 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 to discuss our current situation was held at SWFRS headquarters on 23rd March 31 2022 involving the CEO for CAVUHB, the Executive Director for People and Culture, the Head of Health and Safety, Chief Fire Officer SWFRS and several officers from his healthcare enforcement and compliance teams. No prosecution decision was made during the meeting however, there was a keen willingness for both parties to work closely together to resolve.

The letter under caution remains open.
The head of Health and Safety has assigned a Fire Safety Officer to mental health. He is based out of Hafan Y Coed but covers all Mental Health installations.

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 Head of Health and Safety has received confirmation from SWFRS that they have agreed to extend the compliance date from 6th April 2022 to 31st March 2023 for the outstanding actions of the enforcement notice.

A4 has been brought forward on the CEF ward improvement programme and is due for a refit this year. All outstanding fire enforcement actions will be completed at this time.

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	19/07/2022

Report Title:	Waste Management Compliance Report				Agenda Item no.	7.6	
Meeting:	Health & Safety Committee		Public	X	Meeting Date:	19.07.2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		X
Lead Executive:	Director of Finance						
Report Author (Title):	Interim Head of Estates Operations & Waste						

Main Report
Background and current situation:

The current University Health Board Wide Waste Department continues to operate at higher volumes of waste than expected. These are contributed by ongoing disposal of additional PPE and the affects of the implementation of The Healthcare Environment Standards.

Following this implementation, the Waste Team have seen significant increases in the disposal of office furniture, tables, chairs, racking, damaged beds and other items not required by the user to improve the overall Healthcare Environment and ability to clean areas affectively.

Waste Stream	Unit	2019/20	2020/21	2021/22	% Change
High Temperature Disposal Waste Weight	T	388.14	258.63	336.16	30%
High Temperature Disposal Waste Cost	£	£181,478.87	£129,063.61	£ 160,794.19	25%
Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	T	855.24	1583.43	1157.84	-27%
Non Burn Treatment (Alternative Treatment Plant) Disposal Waste	£	£288,001.36	£519,685.61	£ 375,673.40	-28%
Non-infectious Offensive Waste Weight	T	600.79	323.78	508.57	57%
Non-infectious Offensive Waste Cost	£	£120,870.02	£ 76,667.04	£ 111,023.30	45%
General/Domestic Waste - Energy Recovery Weight	T	1271.16	1104.32	1457.26	32%
General/Domestic Waste - Energy Recovery cost	£	£151,175.56	£166,051.75	£ 249,426.49	50%
Recycling Weight	T	563.96	447.38	543.62	22%
Recycling Cost	£	£ 76,003.92	£ 56,142.23	£ 112,278.32	100%
Food Waste Weight	T	0	48.74	61.99	27%
Food Waste Costs	£			£ 17,907.86	
Total Waste Weight	**T**	**3679.29**	**3766.28**	**4065.44**	**8%**
Total Waste Cost	**£**	**£817,529.73**	**£947,610.24**	**£ 1,027,103.56**	**8%**

Clinical Waste:

Volumes of Clinical Waste continue to remain high, however following the Compliance Report – July 2021, NHS Wales' sole contractor (Stericycle Ltd) has been able to achieve the reduction in backlog waste within the Health Board and sustain current operation al requirements. However, collections from all Health Board Testing and Vaccination Centre remains the responsibility of the All Wales Agreement with Natural UK Ltd.

Non-Hazardous Waste Services:

In collaboration with our Procurement Partners, the Waste & Compliance Manager has successfully tendered and awarded a number of service contracts to support both waste collections and support services for the disposal of waste from Health Board Sites.

Shared Services Partnership – Internal Audit Report:

Shared Services Partnership has recently concluded an internal audit of waste management activities throughout the Health Board, inline with the Welsh Health Technical Memorandum (WHTM) 07-01: 'Safe Management of Healthcare Waste', which provides a framework for the best practice of waste management, to help healthcare organisations meet legislative requirements as well as identify opportunities to improve waste minimisation and reduce the associated environmental and carbon impacts of managing waste.

Purpose:

The audit was undertaken to assess the UHB's compliance with relevant waste management legislation and guidance, and progress towards agreed national and local waste reduction targets.

Overview:

Reasonable assurance has been issued in this area.

A number of areas of good practice were evidenced during the audit, noting particularly the development and implementation of an internal audit management system for the planning, delivering, and monitoring of a range of estates compliance audits, including waste.

The significant challenges faced by Estates & Facilities in the last two years in responding to the Covid pandemic are recognised (e.g., increased volumes of clinical waste from testing centres).

The matters requiring management attention included:

• the need to review and update the existing waste management policy and associated procedural guidance;
• the preparation of a training needs assessments;
• the need to address operational issues identified at site testing, particularly the adequacy of bin signage and cleanliness of site compounds; and
• Other recommendations are within the detail of the report.

Positive action in addressing the matters arising was being demonstrated at the time of the issue of the final report.

Assurance Summary:

Assurance objectives	Assurance
1 Policy & Procedures	Reasonable
2 Governance & Management	Reasonable
3 Contractual Arrangements	Reasonable
4 Operational Practice	Reasonable
5 Monitoring & Reporting	Substantial

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

A detailed action plan has been attached to this report, showing the areas of concern, responsibilities and an agreed target date for completion.

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

Clinical Waste:

With the continued increased use of PPE, consideration must be given to the volumes of waste not segregated from the clinical waste stream and potential affect this may have on the ongoing processing of clinical waste.

Healthcare Environment Standards:

As staff consider their respective areas, and the disposal of unwanted goods. the improper disposal of items is of concern as items are being left and disposed of in corridors resulting in an increased fire hazard.

Recommendation:

The Committee is requested to:-

a) **NOTE** the current position of the attached Waste Management Audit Action Plan and ensure progress is being made in line with the agreed target dates set; and

b) **SUPPORT** the ongoing segregation of waste through the Clinical Boards, and the correct Procedure for Waste Disposal is adhered to when disposing of waste within areas.

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
Safety: ~~Yes/~~No
Financial: ~~Yes~~/No
Workforce: ~~Yes/~~No
Legal: ~~Yes/~~No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes/~~No
Equality and Health: ~~Yes/~~No
Decarbonisation: ~~Yes/~~No

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

Action Number	Site	Status
1	HB wide	
2	HB wide	
3	HB wide	
4	HB wide	
5	HB wide	
	HB wide	
6	HB wide	
7	HB wide	
8	HB wide	
9	HB wide	
10	HB wide	
11	HB wide	

Issue
Policy and Proecdures
Policy and Proecdures
Finance
Policy and Proecdures
Policy and Proecdures
Policy and Proecdures
Policy and Proecdures
Contractual Arrangements
Operational Practise
Monitoring and Reporting
Monitoring and Reporting
Waste Minimisation

NWSSP Audit Actiion Plan - Waste Man
Action
Update waste policy and procedures (ref MA1) to also include waste minimisation (ref MA7)
Update management structure for the above (ref MA1)
Process map finance - budget allocation, issues, errors (ref MA2)
Process maps required for Risk Management (ref MA3) and particularly escalation arrangements to Environmental Management Steering Group
Include training needs assessment within Waste Management Policy (ref MA1)
Undertake a training needs assessment to inform tailored training programmes encompassing all relevant UHB staff groups
Training needs assessment required (ref MA4)
KPIs to be set for external contractors (ref MA5)
Review of all bin signage/labelling (ref MA6)
Confirm appropriate coding of incidents on Datix (ref MA8)
Environmental Management Steering Grroups Terms of Reference to be updated to appropriately refelct its waste governance responsibilities and linkage to H&S Committee
A critical review of waste volumes and types across the UHB should be considered to identify potential for waste minimisation

nagement

Comments	Person responsible	Date raised
Review drafted, to be ratified at relevent board	Gareth Simpson	01/06/2022
Drafted - to be included	Jennifer Williams	01/06/2022
Some already mapped out	Jennifer Williams/Gareth Simpson	01/06/2022
-	Jennifer Williams/Gareth Simpson	01/06/2022
Drafted - to be included	Jennifer Williams	01/06/2022
Corporate comms made available May 2022. Wider support needed from L&D to roll out across HB. Waste Manager currently sitting on a number of 'Teams channels to deal with Waste queries as they arise.	Jennifer Williams	01/06/2022
Completed - to be shared with Audit	Jennifer Williams	01/06/2022
A number of contracts are currently going through procurement, there is an opportunity to now build these in	Jennifer Williams	01/06/2022
-	Jennifer Williams	01/06/2022
-	Phil Mackie	01/06/2022
-	Ed McGarrigle	01/06/2022
Currently in progress	Jennifer Williams	01/06/2022

Target Completion Date	Completion Date
01/09/2022	
01/07/2022	
01/08/2022	
01/08/2022	
01/07/2022	
01/09/2022	
01/07/2022	
01/08/2022	
01/08/2022	
01/08/2022	
30/11/2022	

Mohamed,Sarah
11/07/2022 12:56:12

Report Title:	Health and Safety Risk Register				Agenda Item no.	7.7	
Meeting:	Health and Safety Committee		Public	x	Meeting Date:	19/07/2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Executive Director People and Culture						
Report Author (Title):	Head of Health and Safety						

Main Report
Background and current situation:

Background
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.

Situation
The Health and Safety risk register had a comprehensive review in March 2022 by a team consisting of the Head and two Assistant Heads of Health and Safety and it confirmed that whilst new risks had been identified none of them were at 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 Risk and Regulation Team provided feedback on the register that detailed the following:

- Assessment of Risk Descriptions: Reasonable assurance
- Assessment of Risk Scores: Substantial assurance
- Assessment of Controls: Substantial assurance
- Assessment of Assurances: Reasonable assurance

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:
The risk register was reviewed by the senior leadership team within the Health and Safety department. This approach utilised both long standing knowledge and experience within CAVUHB and a 'New pair of eyes' methodology. 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.

Recommendation:

The Committee is requested to: Note the findings of the new identified risks and the actions in place to reduce the risk rating.

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	19/07/2022

Mohamed,Sarah
11/07/2022 12:56:12

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

Report Title:	Committee Self Effectiveness Survey Results 2021- 2022			Agenda Item no.	7.8
Meeting:	Health and Safety Committee	Public	x	Meeting Date:	19 July 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				

Main Report
Background and current situation:

Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health's Board's governance structure. Under its Standing Orders (SO 10.2.1), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.

The Health Board undertook an annual review of the effectiveness of its Board and its Committees in April 2022 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:

- the need for Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives;
- the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions;
- maximising the value of the input from non-executive directors, given their limited time commitment; and
- supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda.

For the 2021-2022 self-assessment, a survey was disseminated via Survey Monkey to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.

The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2021-2022, which relate to the Health and Safety Committee (attached as **Appendix 1**). There was one area identified for improvement and this related to the agenda setting process for the Committee.

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

- The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2021-2022 were issued in early April 2021 and attained a positive response rate overall.

- The overall findings are positive which provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committees are effectively supporting the Board in fulfilling its role.

To ensure effective governance the Board Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March/April 2023 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2022-2023.

Recommendation:

The Committee is requested to:

a) **NOTE** the results of the Annual Board Effectiveness Survey 2021-2022, relating to the Health and Safety Committee.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

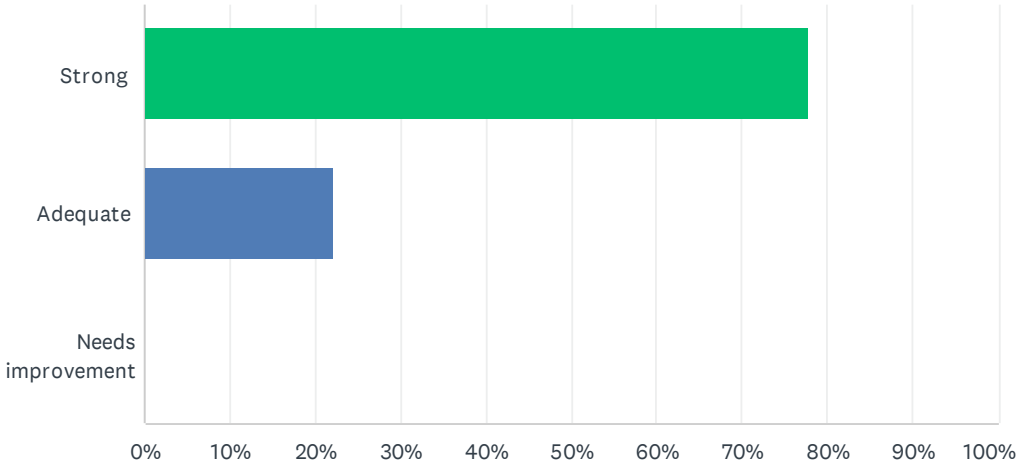
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Audit Committee	12th May 2022

Appendix 1

Q1 The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the committee and the full Board. NHS Handbook status: 1 - must do

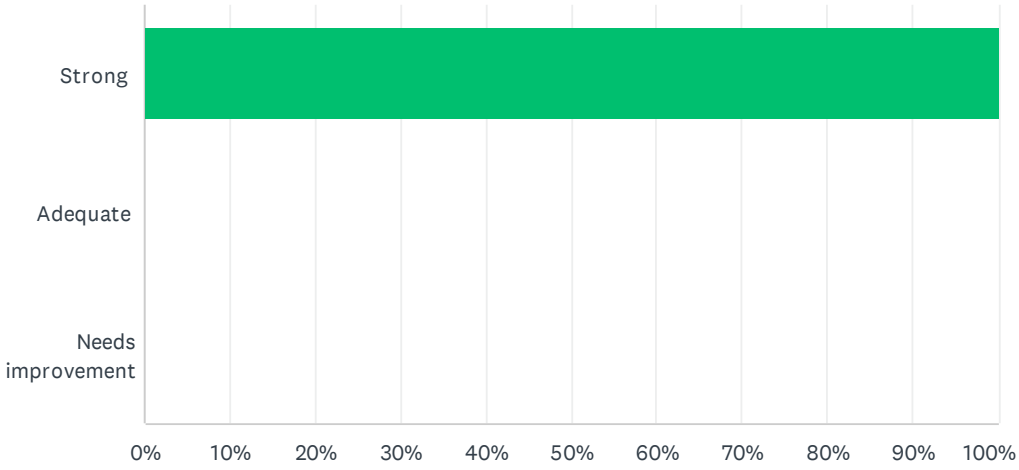
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	77.78%	7
Adequate	22.22%	2
Needs improvement	0.00%	0
TOTAL		9

Q2 The Board was active in its consideration of Committee composition.NHS Handbook status: 2 - should do

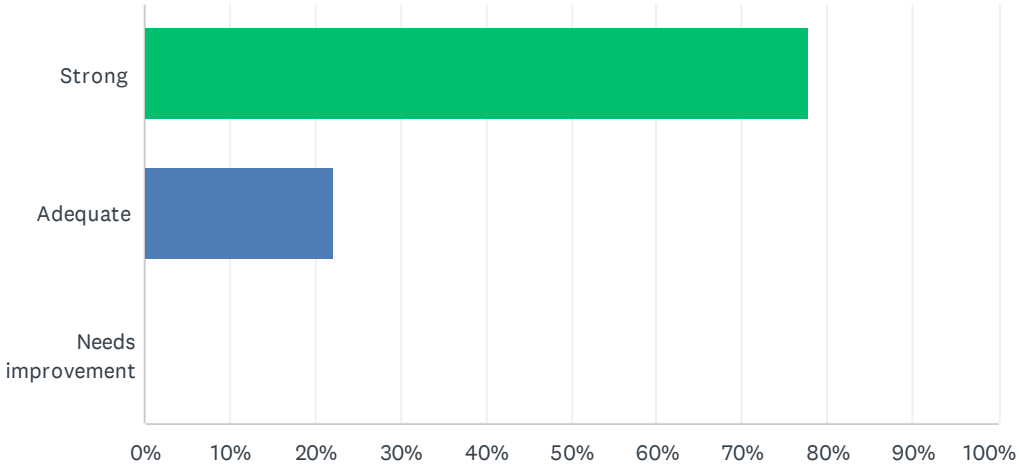
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	100.00%	9
Adequate	0.00%	0
Needs improvement	0.00%	0
TOTAL		9

Q3 The Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

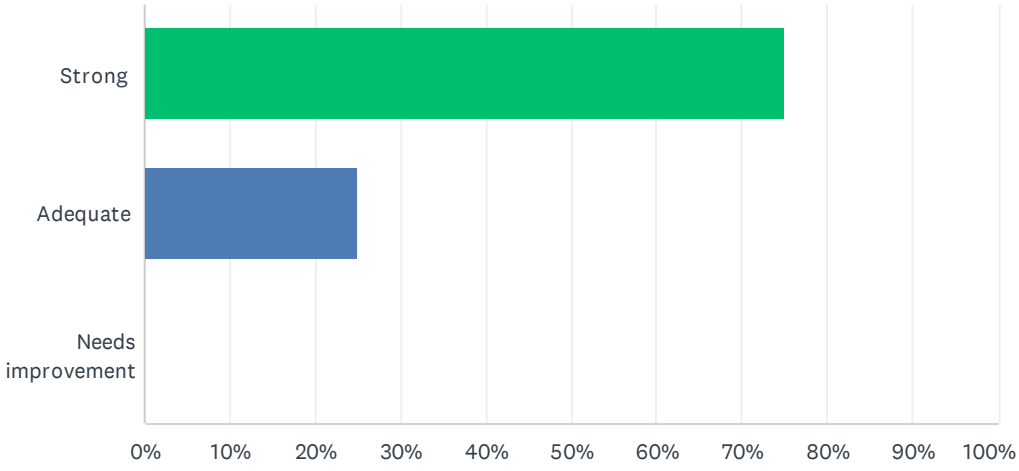
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	77.78%	7
Adequate	22.22%	2
Needs improvement	0.00%	0
TOTAL		9

Q4 The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.NHS Handbook status: 2 - should do

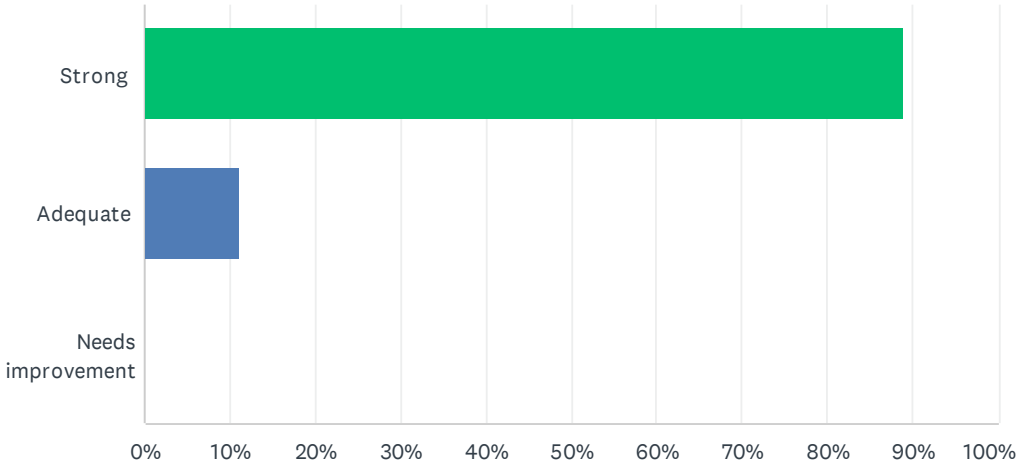
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strong	75.00%	6
Adequate	25.00%	2
Needs improvement	0.00%	0
TOTAL		8

Q5 Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the committee's responsibilities.NHS Handbook status: 2 - should do

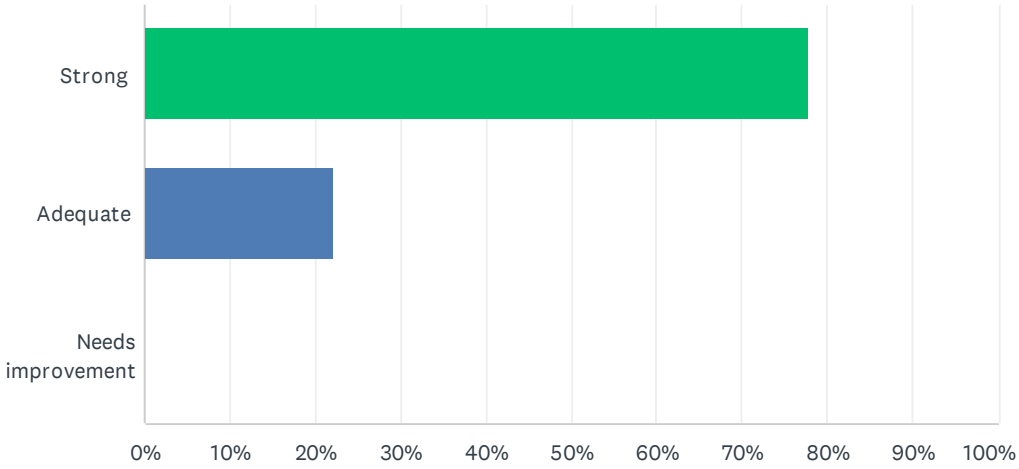
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	88.89%	8
Adequate	11.11%	1
Needs improvement	0.00%	0
TOTAL		9

Q6 Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.NHS Handbook status: 1 - must do

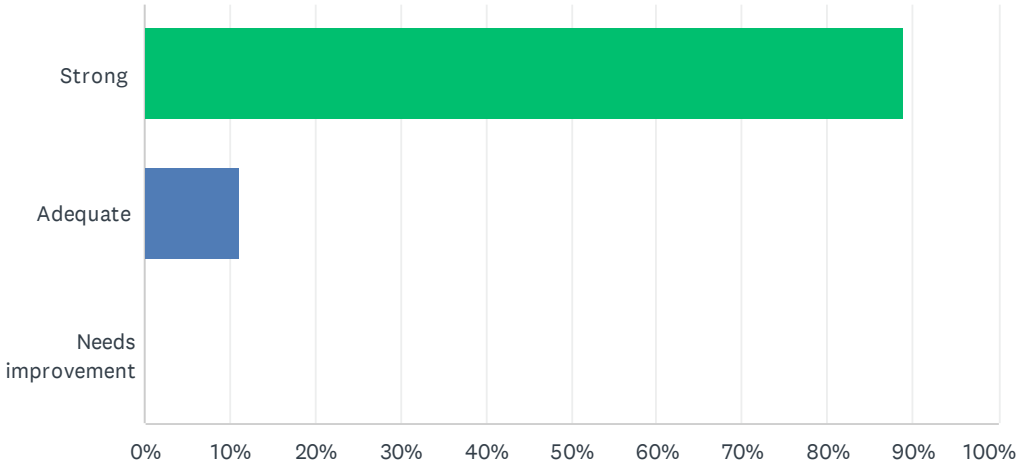
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	77.78%	7
Adequate	22.22%	2
Needs improvement	0.00%	0
TOTAL		9

Q7 The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.NHS Handbook status: 2 - should do

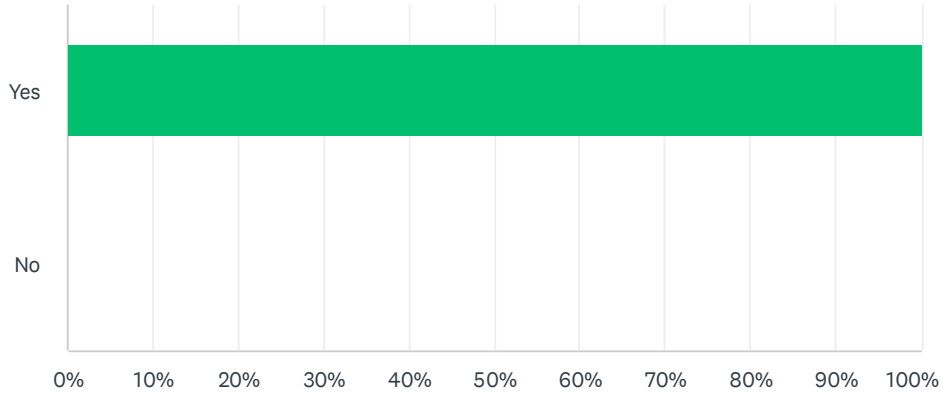
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	88.89%	8
Adequate	11.11%	1
Needs improvement	0.00%	0
TOTAL		9

Q8 Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?NHS Handbook status: 2 - should do

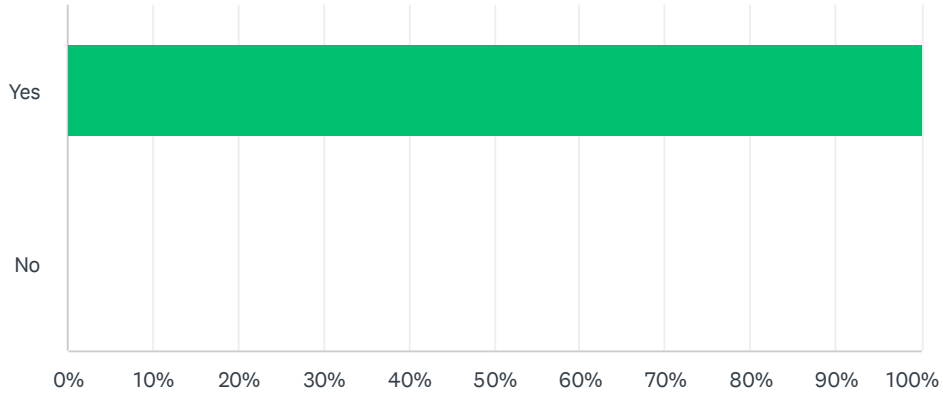
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	9
No	0.00%	0
TOTAL		9

Q9 Are changes to the committee's current and future workload discussed and approved at Board level?NHS Handbook status: 2 - should do

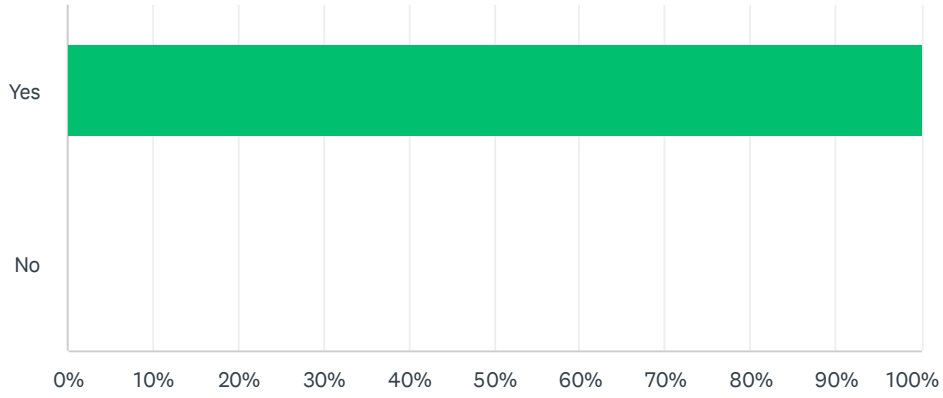
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	9
No	0.00%	0
TOTAL		9

Q10 Are committee members independent of the management team?NHS Handbook status: 1 - must do

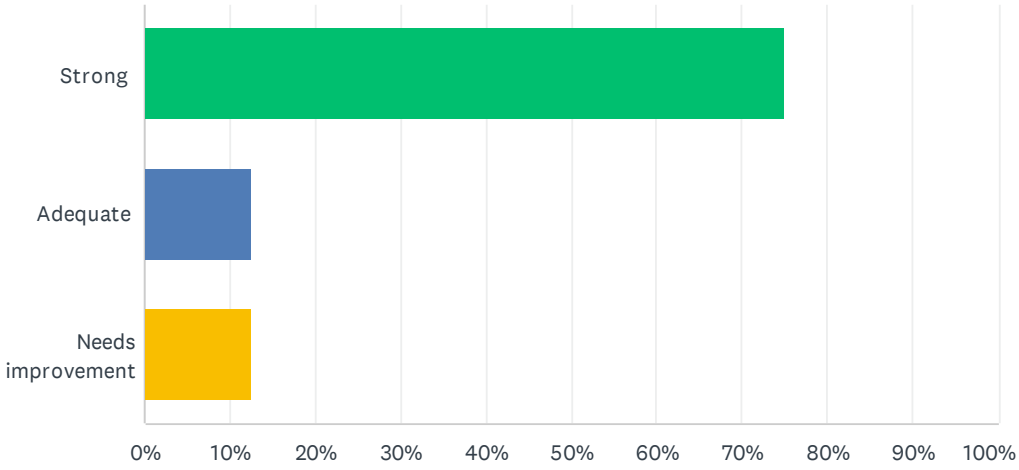
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Q11 The Committee agenda-setting process is thorough and led by the Committee Chair.NHS Handbook status: 2 - should do

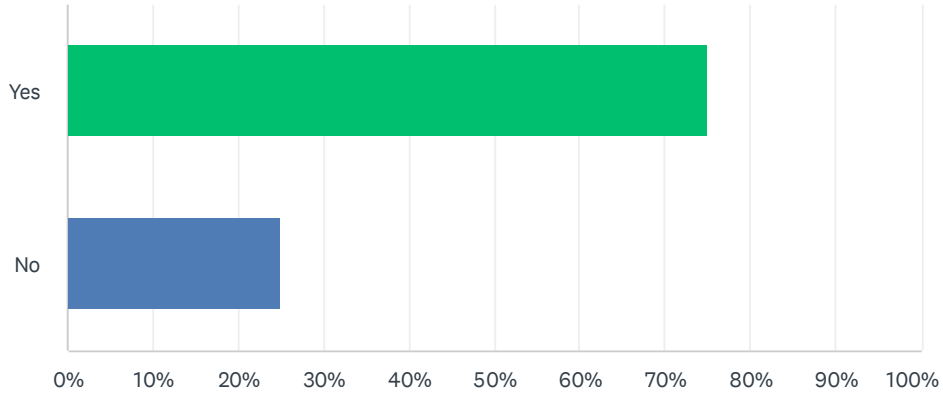
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strong	75.00%	6
Adequate	12.50%	1
Needs improvement	12.50%	1
TOTAL		8

Q12 Has the Committee established a plan for the conduct of its work across the year?NHS Handbook status: 2 - should do

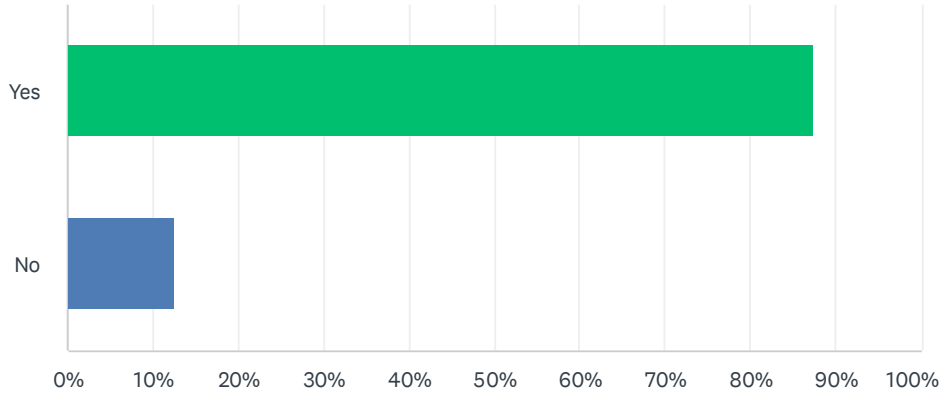
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	75.00%	6
No	25.00%	2
TOTAL		8

Q13 Has the Committee formally considered how its work integrates with wider performance management and standards compliance?NHS Handbook status: 2 - should do

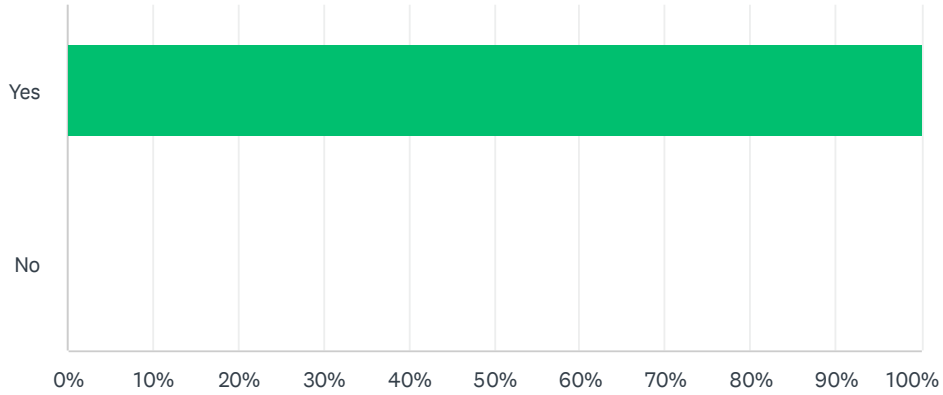
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	87.50%	7
No	12.50%	1
TOTAL		8

Q14 Has the Committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?NHS Handbook status: 2 - should do

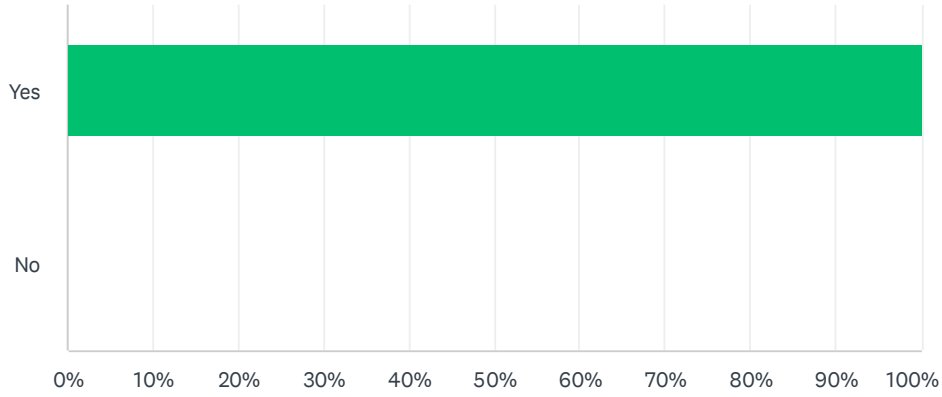
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Q15 Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?NHS Handbook status: 2 - should do

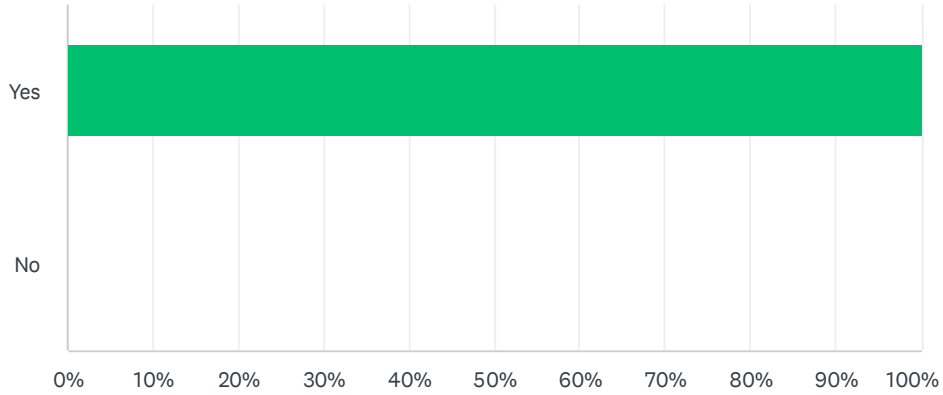
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Q16 Is the Committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?NHS Handbook status: 2 - should do

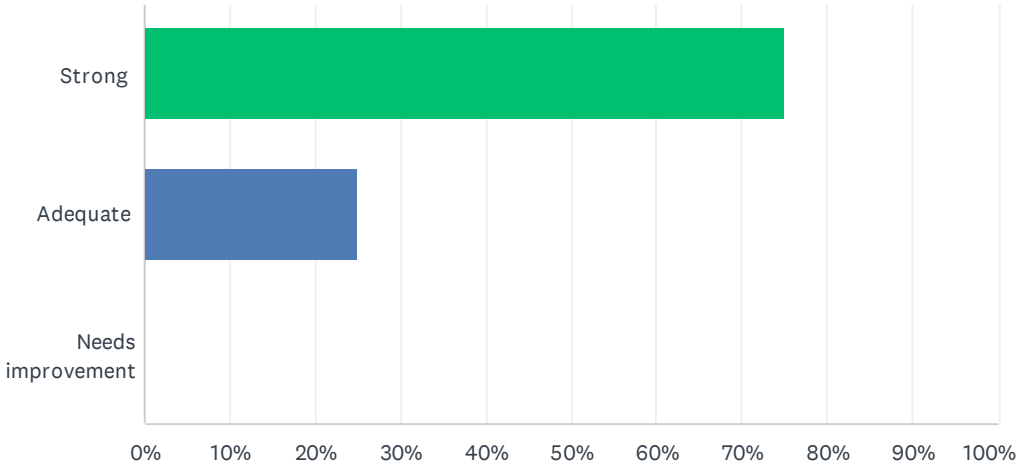
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	8
No	0.00%	0
TOTAL		8

Q17 The Committee's self-evaluation process is in place and effective. NHS Handbook status: 2 - should do

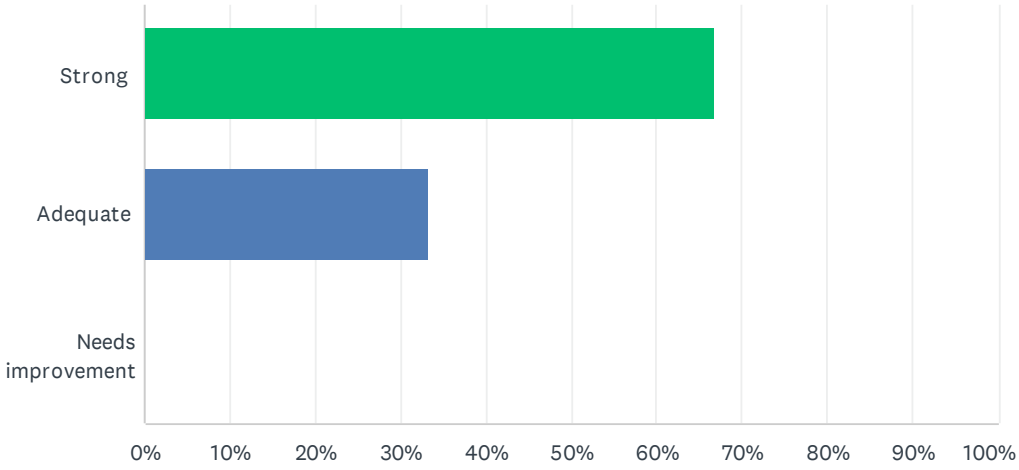
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strong	75.00%	6
Adequate	25.00%	2
Needs improvement	0.00%	0
TOTAL		8

Q18 What is your overall assessment of the performance of the Committee?

Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strong	66.67%	6
Adequate	33.33%	3
Needs improvement	0.00%	0
TOTAL		9

Q19 Additional Comments

Answered: 2 Skipped: 7

Q20 Name

Answered: 7 Skipped: 2

Q21 Position

Answered: 7 Skipped: 2

Report Title:	Health and Safety Annual Report				Agenda Item no.	8.1	
Meeting:	H&S Committee		Public	X	Meeting Date:	19/07/2022	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		X
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Head of Health and Safety						

Main Report
Background and current situation:

Health and Safety Annual Report 2021/2022

OVERVIEW

A Health and Safety annual report has been produced to provide an overview of the breadth of work undertaken by the health and safety team. It offers assurance that areas of high priority were identified and managed during a particularly challenging time for all UK Health Boards given the COVID-19 global pandemic. Risk assessed operational changes were introduced, maintained or where appropriate removed in order to best support the organisation throughout this period, such as varied specific COVID-19 operational controls and compliance extensions for policies and training. Further support was provided in the field of PPE, particularly respiratory. As with other functions, a large degree of flexibility was demonstrated by the health and safety team to ensure safe, day to day operations continued.

SIGNIFICANT CHANGES

- New lead Executive for Health and Safety and Fire Safety
- Restructure of Fire Safety Management
- Health and Safety Department restructure
- Change of incident reporting system from E-DATIX to DATIXCYMRU

Executive Summary

2021-2022 continued to be a challenging year for the department, in large partly due to the COVID-19 pandemic. Modest increases in departmental hours have been made and further increases are anticipated in 2022-2023.

An external review was conducted during the reporting period which has reaffirmed the strategy of the Head of Health and Safety and has provided Management Executives with an informed datum point with regards to health and safety at CAVUHB. The recommendations have been captured in the 2022-2025 Health and Safety Culture Plan and will form the foundation for change and improvement over the next three years.

The Executive Director of People and Culture has been appointed as the lead executive for health and safety. This is a good fit in terms of health and safety which was reaffirmed by the external review carried out in 2021.

As part of the review recommendations the Fire Safety Team have now transitioned to the health and safety department. This has created the necessary independence between fire regulatory requirements and the clinical/service boards, along with unambiguous responsibilities and accountability with clear reporting lines for fire safety management. The Head of Health and Safety is the Fire Safety Manager for the UHB and the Executive Director for People and Culture is the lead executive.

Two Assistant Heads of Health and Safety have been appointed from within the department which has provided a more tiered structure in line with the review recommendations. Two members of staff left the department during the reporting period and this has presented the Head of Health and Safety with an opportunity to restructure the team further with slight changes in the roles that have been vacated. It is anticipated that these new positions will be filled in 2022/23.

The E-Datix incident reporting system changed in March 2022 for a new cloud-based system and the department continue to assist patient safety supporting the clinical/service boards.

ASSESSMENT

The 2021-22 Annual Report considers trends in incidents, training and management processes and progress in 6 strategic areas. It concludes that the trends of incidents and management processes continue to show progress in improving staff health and safety risks. The Health and Safety Team continued to flex in their roles and working practices in order to best serve the UHB operations.

Table of Content

1. Health and Safety Management

1.1 Health and Safety Management Structure

The management of health and safety has taken significant steps forward in 2021/2022. A new departmental management system is in place which will be rolled out across the UHB in 2022/2023. It contains 22 elements and provides the necessary assurance that a robust process is in place to ensure all health and safety elements have been identified and systems are in place to manage them.

The Operational Health and Safety Group continued to meet quarterly and provided the platform to cascade relevant information to and from the Health and Safety Committee and to ensure the necessary assurance that health and safety is being suitably and sufficiently managed.

Table 1.1.1 H&S Clinical Board Meetings

Health & Safety Group	Agreed Frequency	Meeting per year	Actual	Deficiency
All Wales Medical Genetics	2 monthly	6	3	-3
Capital, Estates & Facilities	3 monthly	4	4	0
Medicine	3 monthly	4	0	-4
Specialists	3 monthly	4	2*	-2
Surgery	3 monthly	4	3	-1
C&W	3 monthly	4	4	0
PCIC	3 monthly	4	2	-2
CD&T	3 monthly	4	5*	0
Mental Health	3 monthly	4	4	0

*As part of their Q&S meetings

Most clinical/service boards have continued to conduct health and safety meetings, for the coming year. Updated terms of reference, structured templates and more accountability into the Operational Health and Safety Group will be introduced during the next reporting period.

Table 1.1.2 H&S WTE Posts

Position	WTE In-post
Head of Health and Safety	1
Assistant Head of Health and Safety	2
Health & Safety Advisors	1.7
Manual Handling Advisors	1
Personal Safety/Case Management	2.2
Health & Safety Trainers	5.1
Fire Safety Officers	4
Total	17

*In real terms throughout the reporting period there has been an increase of 1.82 WTE across health and safety, manual handling, training and case management however, two positions are currently vacant so the benefit has yet to be fully realised.

1.2 Health and Safety Culture Plan

The department has formulated a three-year Health and Safety Culture Plan which is set to supersede the Priority Improvement Plan from 2022 through to 2025. The external health and safety review conducted in May 2021 provided verification on a number of opportunities which, if adopted would provide the foundation for leading health and safety culture and performance within the organisation.

The Health and Safety Culture Plan 2022-2025 incorporates these recommendations and has been developed to provide a structured, prioritised approach to underpin the Health Board's health and safety aims and objectives. It commits the UHB to continually improve the health and safety of its staff and other persons affected by its activities.

The document sets out the actions to be taken over the next three years, with a clear focus on improving the health and safety culture within the organisation and is built around 6 themes which were agreed at the departmental workshop:

- Achieving Training and Competence Excellence
- Achieving Health and Safety Risk & Incident Management Excellence
- Achieving Communication Excellence
- Measuring Performance
- Audit and Review
- Achieving Fire Safety Excellence

The department were audited against the recommendations in the external health and safety review by NWSSP in March 2022 and the actions recorded in the Culture Plan provided the Audit Team with substantial assurance.

1.3 Health and Safety Related Policies

The policies that have passed review date have been moved to the time bound corporate action plan. These policies will be actively pursued during the coming year to ensure they are reviewed and subsequently approved.

Table 1.3.1 Health and Safety Related Policies

POLICY	UHB REF NO	LEAD RESPONSIBLE OFFICER	APPROVAL DATE	REVIEW DATE
Safe Working with Electricity	UHB 208	Director of Capital, Estates and Facilities	September 2019 (Version 2)	April 2021
Waste Management Policy	UHB 038	Waste and Compliance Manager	April 2017 (Version 3)	April 2021

Water Safety Policy	UHB 369	Estate Asset Manager	April 2017 (Version 1)	April 2021
First Aid at Work Policy	UHB 093	Head of Health and Safety	July 2017 (Version 3)	July 2021
Incident, Hazard and Near Miss Reporting	UHB 138	Head of Health & Safety/Head of Patient Safety	September 2018 (Version 3)	July 2021
Management of Asbestos Policy	UHB 072	Director of Capital, Estates and Facilities	July 2018 (Version 3)	July 2021
Fire Safety Policy	UHB 022	Director of Capital, Estates and Facilities	July 2018 (Version 4)	July 2021
Environmental Policy	UHB 143	Director of Capital, Estates and Facilities	January 2019 (Version 3)	January 2022
Closed Circuit Television (CCTV) Policy	UHB 303	Director of Capital, Estates and Facilities	January 2019 (version 2)	January 2022

1.4 Enforcement Agencies actioned during the period

The Health Board was contacted by the Health and Safety Executive and South Wales Fire and Rescue Service throughout the reporting period as detailed in Table 1.4.1.

Table 1.4.1

Date	Description	Type	Status
Health and Safety Executive			
24th of May 2021	Ventilation in Clinics	HSE contacted the Health Board in regard to a raised concern: specifically, the ventilation for clinical areas and theatres being provided by air conditioning and the suitability of air filtration with regards to COVID, including inspection and maintenance. The HSE were provided with a response by Capital, Estates and Facilities detailing the inspection, maintenance and validation process used. The HSE informed the Health Board they would be taking no further action	Closed
2nd Sept 2021	RIDDOR Reporting of COVID Cases	HSE contacted the Health Board over a concern it received from an employee relating to non-reporting of Covid-19 under RIDDOR by Cardiff & Vale University Health Board (C&VUHB). The HSE were provided with a response by the Head of Health and Safety detailing the process in place to facilitate this work. The HSE duly informed the Health Board that they were satisfied that a system to was in place.	Closed
18th Nov 2021	Employee Workplace Concerns	HSE contacted the Health Board over a concern it received from an employee relating an on-site tug that had been repaired with a hard hat and other concerns that included apparent incorrect disposal of vials of blood, loose wires, lack of first aid kit and eyewash station. The HSE were provided with a response by the Head of Health and Safety with input from Capital Estates and Facilities and following receipt of this the HSE informed that Health Board that enough information had been provided to close out the concern.	Closed
27th Jan 2022	Local Exhaust Ventilation	Request for information from the HSE in relation to the maintenance and testing of local exhaust ventilation systems in tower block 2, floors 2 and 3 at University Hospital Wales. Detailed response sent to the HSE in February and as yet the health board have not received a reply to formally close.	Open
21st Mar 2022	Manual handling of theatre trolleys	Request from the HSE to review the manual handling systems in place for pushing and pulling theatre trolleys at UHW. Response sent to the HSE from the head of health and safety which included relevant risk assessments, operating procedures and training documents. As yet the health board have not received a reply to formally close.	Open
South Wales Fire and Rescue Service			
21st Mar 2021	EN03/21	Enforcement notice issued for failing to adequately control ignition sources in Hafan Y Coed (HYC). This has been raised to the SWFRS compliance team and both the fire safety manager and lead executive for of fire are working closely with SWFRS to provide them with the necessary assurance on this matter.	Open

21st Mar 2021	EN04/21	Enforcement notice issued for HYC against; Article 8 Duty to take fire precautions Article 14 Emergency routes and exits Article 17 Maintenance Control measures in place at the time were reviewed, updated, improved where necessary and reaffirmed with both staff and patients. Notice has been formally closed by SWFRS.	Closed
6th Oct 2021	EN56/21	Enforcement notice issued for HYC as a result of a deliberate fire setting: Failure to control ignition sources. On site meeting held with SWFRS and demonstration of control measures in place provided. Notice formally closed by SWFRS.	Closed
8th Oct 2021	EN59/21	Issued against Ward A4 at UHW in relation to physical fire controls such as fire dampers, fire and smoke resisting doors and staff training requirements. All reasonably practicable work in the timeframe provided by SWFRS has been completed and agreed. To complete all required enforcement actions, it is necessary to remove the ward from service. A compliance extension has been formally agreed with SWFRS to complete remaining work and a demonstration of the mitigation currently in place has allowed this. The ward is due to be removed from service in the summer of 2022 Compliance is due 31st March 2023.	Open

1.5 Incident Reporting

1.5.1 Incident data

On 1st March 2022 the Health Boards incident reporting system, eDatix, was replaced by the Once for Wales Concerns Management System, Datix Cymru, and operates using a cloud-based platform that is accessible throughout NHS Wales - it has been rolled out in all Health Boards across Wales. The health and safety team have supported the Datix administration team, within the Patient Safety department, with the implementation of this system. Incident data for 2021/2022 has been extracted from the eDatix system with March 2022 being taken from Datix Cymru. The coding of incidents differs between the systems so it is difficult to compare some data, for example some of the categories for violence and aggression towards staff can be coded under patient incidents rather than staff so may not accurately reflect who the incident has affected.

Table 1.5.1.1 shows the total number of incidents reported over the last 3 years.

Table 1.5.1.1 Total Incidents

Incidents reported by date reported, excluding rejected	19/20	20/21	01/04/2021 – 28/02/2022	(Datix Cymru) 01/03/2022 – 31/03/2022
Patient	19171	18671	16751	1295
Staff	3525	3361	3551	234
Organisation	2013	1513	1912	124
Public/Visitor	121	81	63	5
Totals:	**24830**	**23626**	**22277**	**1568**
			23845	

Tables 1.5.1.2 and 1.5.1.3 show staff health and safety incidents reported by incident type. Violence and aggression incidents are the highest reported staff incident.

eDatix 01.04.21 to 28.02.22

Table 1.5.1.2 eDatix incident Tier 1 codes

Staff incidents, reported date, Tier 1	Total
Behaviour (Including Violence and Aggression)	1931
Accidents/Falls	871
Property	28
Exposure to Environmental Hazards	721
Total	**3551**

Datix Cymru 01.03.2022 to 31.03.2022

Table 1.5.1.3 Datix Cymru Incident Types

Staff incidents, reported date, Incident type	Total
Behaviour (including violence and aggression)	112
Accident, Injury	52
Infrastructure (including staffing, facilities, environment)	53
Communication	6
Equipment, Devices	5
Monitoring, Observations	2
Ill health (work related)	1
Infection Prevention and Control	1
Information Governance, Confidentiality	1
Treatment, Procedure	1
Total	**234**

1.5.2 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

During 2021/2022 there were 102 incidents reported to the Health and Safety Executive under RIDDOR, an increase on the previous 2-year period but similar to 2018/2019 when 100 incidents were reported. Table 1.5.2.1 shows the number of staff RIDDORs reported by type – in 2018/19 there was one patient incident reported as RIDDOR.

Table 1.5.2.1 RIDDOR Incidents by Tier 1 code/Type

Staff RIDDOR incidents by date of incident, Tier 1	2018/19	2019/20	2020/21	01/04/2021 – 28/02/2022	(Datix Cymru) 01/03/2022 – 31/03/2022
Accidents/Falls	67	68	60	68	7
Behaviour (Including Violence and Aggression)	30	16	22	22	4
Exposure to Environmental Hazards	2	0	0	1	0
Total	**99**	**84**	**82**	**91**	**11**
				102	

Chart 1.5.2.1 RIDDOR 4-year Trend

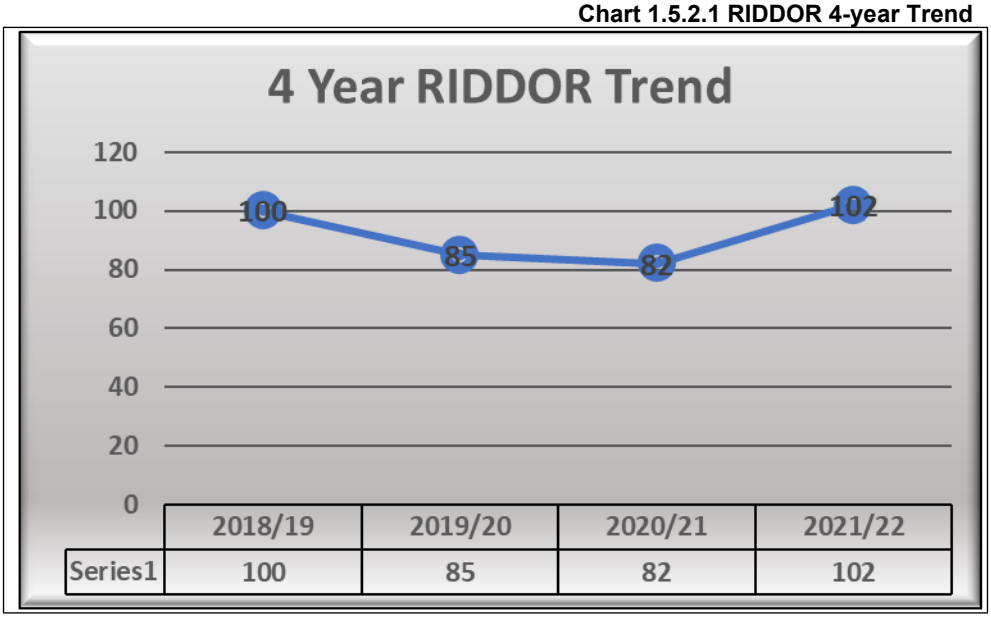


Table 1.5.2.2 provides further detail of the type of staff incident that was reported.

Table 1.5.2.2 Staff RIDDORs By Subtype

Staff RIDDOR Incidents 2021/2022	Accidents/Falls	Behaviour (Including V&A)	Exposure to Environmental Hazards	Total
Contact with Sharps	2	0	0	**2**
Contact/Collision with Objects/Animals (not sharps)	12	0	0	**12**
Exposure to Unsafe Environmental Conditions / Lack of PPE	0	0	1	**1**
Inappropriate/Aggressive Behaviour towards Staff by a Patient	0	24	0	**24**
Lifting/Manual handling	28	0	0	**28**
Injured during restraint	6	0	0	**6**
Slip/Trip or Fall	29	0	0	**29**
Total	**77**	**24**	**1**	**102**

1.6 Health and Safety Training

Table 1.6.1 Health and Safety Training Compliance 31st March 2022

Org L4	Manual Handling E learning	Manual Handling Inanimate	Manual handling Patient	V&A Module A - E Learning	V&A Module B - E Learning	V&A Module C - Breakaway techniques	Fire Safety Training
All Wales Genomics Service	94.16%	66.67%		90.38%	88.71%	9.09%	83.51%
Capital, Estates & Facilities	89.06%	19.15%		86.52%	78.48%	20.00%	70.80%
Central & Reserves	100.00%			100.00%			100.00%
Children & Women Clinical Board	89.84%	39.59%	11.33%	87.47%	77.01%	11.79%	66.31%
CD&T Clinical Board	91.11%	19.13%	33.73%	90.46%	77.16%	21.12%	73.66%
Corporate Executives	83.70%	26.09%	29.82%	80.34%	76.01%	16.11%	63.14%
Medicine Clinical Board	80.27%	0.00%	27.89%	74.07%	58.64%	11.24%	52.24%
Mental Health Clinical Board	86.85%	0.00%	16.51%	90.71%	66.54%	20.41%	65.63%
PCIC Clinical Board	86.81%	15.00%	17.91%	81.32%	76.74%	17.16%	69.15%
Specialist Services Clinical Board	84.25%	12.50%	22.15%	78.96%	64.91%	13.43%	60.42%
Surge Hospitals	20.00%			10.00%			40.00%
Surgical Services Clinical Board	76.96%	15.97%	24.77%	71.75%	64.11%	9.44%	57.10%
Trust	83.33%		0.00%	33.33%	33.33%		66.67%

Table 1.6.1 shows total compliance percentage against currently identified training needs for each Clinical/Service Board @ 31st March 2022 with grey cells indicating no training of that type being identified by LED.

The health and safety department aim to have a workforce that are informed, suitably trained and competent to improve the health and safety culture across the UHB. The Health and Safety Culture Plan 2022 - 2025 includes a training theme with 8 specific objectives. The overall aim of this theme is to ensure we provide a programme of health and safety courses and interventions to improve the health and safety for all staff working within the UHB and that this training is accessible, relevant and appropriate. Achieving this aim will provide assurance that the UHB are fulfilling its legal responsibilities in relation to health and safety legislation, ensure we have a skilled workforce and result in a reduction of health and safety incidents across the UHB.

1.6.1 Training Compliance

The health and safety team have continued to build on the training compliance work detailed in the last annual report. Improved methods of communication have been implemented such as information on rolling screen savers, detailed course descriptions on ESR and instructions for staff on how to book and withdraw places directly on ESR.
It has been agreed that the frequency of manual handling and violence and aggression refresher/update training is extended from 2 years to 3 years - work is progressing on ESR to implement these changes and update staff records so that an accurate compliance status is recorded. These changes do not apply to the SIMA training delivered by the Mental Health Clinical Board who continue with an annual refresher.This will help towards easing the burden on staffing levels.

In addition, a Manual Handling Workplace Competency Assessor (MHWCA) training course has been implemented and the first course was delivered in June 2021. This will enable staff to complete a manual handling competency assessment in the workplace with their local MHWCA 3 years after their last foundation or update training negating the need for them to return to the classroom for face to face update training if it is not necessary. During 2021/2022, 47 patient handling workplace assessors were trained with a further 18 patient handling assessors and 2 inanimate object handling assessors trained in Quarter 1 2022. During 2021/2022 there were 119 workplace competency assessments successfully undertaken, potentially negating the need for 119 staff to attend a 1 day update people handler course. The programme continues to be positively evaluated.

Tables 1.6.1.1 and 1.6.1.2 demonstrate the number of training places that were available on health and safety courses during 2021/2022, the number of staff that attended and the number of unfilled places. Unfilled places were mainly due to staff not attending and not withdrawing their place or staff withdrawing and the place not being refilled. On occasion, places were not booked at all.

<u>Manual Handling and Violence & Aggression Training</u>

Table 1.6.1.1

Training course offered	No. of places offered on courses delivered	No. of places filled/staff trained	No. of unfilled/unused places
Inanimate Object Handling	666	455	211
Patient Handling foundation	1061	769	292
Patient Handling Update	1011	741	270
Manual Handling Workplace Competency Assessors	70	47	23
V&A Module C	1236	934	302
V&A Care Control Foundation	131	89	42
V&A Care Control Update	156	79	77
V&A Paediatric Care Control Foundation	64	41	23
V&A Paediatric Care Control Update	5	5	0
TOTAL	4400	3160	1240

Other Health and Safety Training

Table 1.6.1.2

Training course offered	No. of places offered on courses delivered	No. of places filled/staff trained	No. of unfilled/unused places
Managing Safely	36	28	8
Working Safely/Risk Assessment	49	31	18
First Aid at Work	21	12	9
First Aid at Work Requalification	18	13	5
Fit Tester training*	104	74	30

*the figure for Fit tester training includes 4 staff from dental practices and care homes

Fire Safety Training

Table 1.6.1.3

Training course offered	Internal Delegates	All Delegates
Fire Safety – Cascade trainers	15	28
Classroom Based	5065	5130
Fire Warden	20	20
Fire Warden	19	19
MH ALBAC Awareness	20	20

2. Personal Safety/Violence and Aggression/Case management

The Case Management Team have continued to focus on reducing violence and aggression within the Health Board, providing practical support and sign posting to formal support services; with a

target of meeting with members of staff within 48 hours of an incident report. The team has continued to assist individuals investigating violence and aggression incidents.

Case management has continued to improve ties with Occupational Health and the Wellbeing Services leading to uptake of counselling by colleagues; and Occupational Health has continued assisting in the support given to colleagues involved in violent incidents. The feedback from staff supported by the case management team has been positive, with increased feelings of support being specifically noted. The case management team have also noted a positive reaction from staff who have been involved in domestic abuse with the support provided by the case management team.

2.1 Datix

The case management team continue to respond to all incidents of violence and aggression reported offering support and advice to Managers. The new section for case management within Datix Cymru has assisted with the reporting mechanism and will further enhance reporting going forward.

Table 2.5.1 External Sanctions

Year	No. referred to Police- verbal warnings or no further action	Number of Convictions	Other Sanction ASBO (Police National Computer)
2018/19	150	81	2
2019/20	183	58	16
2020/21	213	77	65
2021/22	152	47	27

2.2 Escalations

The case management team continue to progress the Assault against Emergency Workers Act 2019 with the Crown Prosecution Service to ensure it is applied when staff are physically assaulted. During this reporting period there have been 14 custodial sentences with 8 of these suspended, and details of these are shared via the health and safety monthly dashboard.

2.3 Promoting the Obligatory Responses to Violence in Healthcare (ORV)

The 2018 Obligatory Responses to Violence are at the core of the Welsh Governments approach to reducing violence across healthcare services. The case management team continue to promote the ORV by delivering presentations across the health board which are positively received by staff and collaborating with the Communications Team to increase awareness through social media, posters and the press.

2.4 Welsh Health Circular

The Welsh Health Circular was issued in April 2021 and provides direction on the agreed approach to preventing violence and aggression towards NHS staff in Wales.

The purpose of the circular is to set out plans and a timeline to fully embed the requirements to implement and report upon violent incidents as set out in the NHS Anti Violence Collaborative's Obligatory Responses to Violence in Healthcare within all NHS organisations. It acknowledges and respects the commitment to the initiative made by the Police, CPS and Partner agencies by elevating its status.

2.5 Criminal/External Sanctions

The changes adopted by the courts over the course of the pandemic led to fewer cases being heard and many postponed. This has directly impacted the cases that remain open to the case management team.

2.6 Crown Prosecution Service

The case management team continues its strong working links with the Crown Prosecution Service through open communication and regular dialog on cases.

2.7 Police

The case management team continue to strengthen links with the local single points of contact within the police sectors who provide a positive on-site presence at the University Hospital of Wales and University Hospital Llandough.

2.8 Internal Sanctions – Violent Warning Markers

The case management team continues to administer the violent warning marker system reviewing alerts, placing and removing violent markers. These markers warn staff of potential violent risk and covers both intentional and unintentional violence, they do not imply criminal responsibility.

2.9 All Wales Case Managers Forum

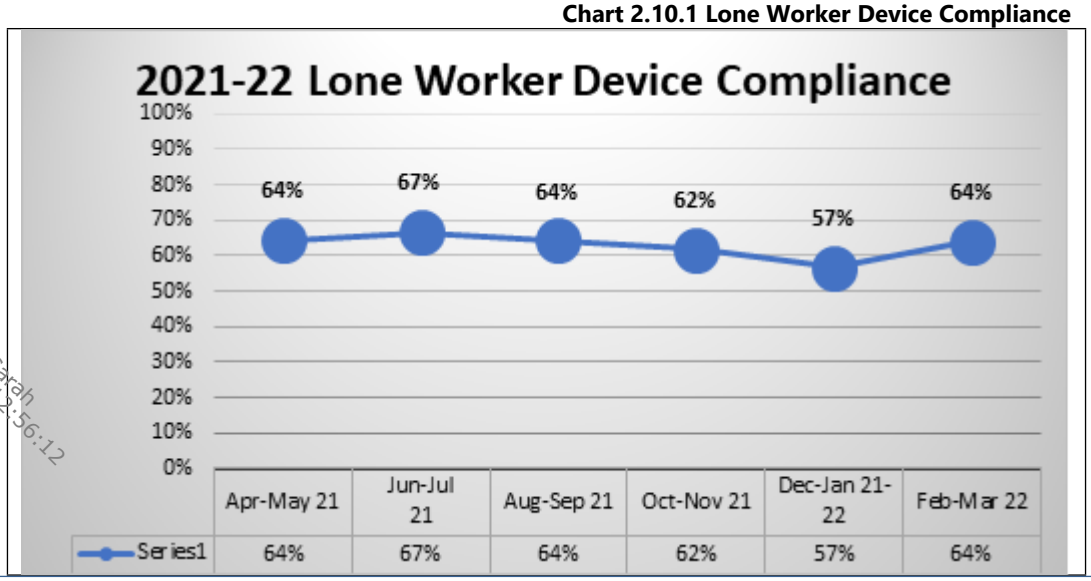
The above meeting has relaunched after Covid 19, the group will meet quarterly to carry forward the directives set in the Welsh Health Circular and the Obligatory Responses to Violence in Health Care. The C&V Health Board Case Manager has been asked to chair the group for a year.

2.10 Lone Worker Devices

Table 2.8.1 Internal Sanctions

Year	Alerts	No Marker	Violent Marker Placed	Safe Haven Markers	Violent Markers Removed
2018/19	126	74	52	6	84
2019/20	112	88	24	10	77
2020/21	157	91	66	7	115
2021/22	242	141	101	7	77

Chart 2.10.1 Lone Worker Device Compliance



Compliance dropped by 21% over the course of the pandemic however, device usage has returned to pre-pandemic levels and remained consistent during the period averaging at 63%, this is measured against device activity and movement. The case management team have worked alongside managers to promote compliance as an element to the violence and aggression risk management and control process. A number of factors have contributed to the usage improvement including:

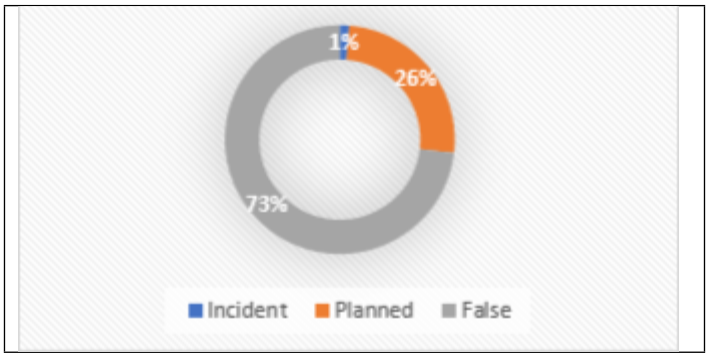
- The introduction of an online bespoke training package with scheduled monitoring of compliance and user competency.
- Increased engagement with managers and circulation of bi-monthly usage reports by named user.
- Departmental usage compliance reported on the health and safety dashboard.
- Portal training for managers which enables them to administer their devices in real-time.
- Renewed commitment from users.

As previously reported the 10 devices acquired through the Health Charity are available for colleagues suffering from stalking or domestic violence risks and have seen consistent usage throughout 2021-22, with at least 5 units being utilised at any time.

During the period 3 genuine incidents were raised. The users found comfort in having the device at hand and incidents were de-escalated without summoning the emergency services within five minutes of alarm activation.

2.10.1 Lone Worker Device Activations:

Chart 2.10.1 Lone Worker Device Activations



3. Manual Handling

3.1 Advisors Report

Despite a depleted manual handling team, the department have continued to support all aspects of the wider UHB throughout the reporting period. A strategic plan is in place to strengthen this speciality within the department, which will ensure the UHB is provided with a robust, sustainable manual handling support mechanism for 2022/23 and beyond.

In addition to the specialist support and advice, notable points during the reporting period are;

- Implementation of the Manual Handling Workplace Competency Assessors programme. This was a collaborative project with the training team.
- Identified the need to replace 40 patient transfer devices (Stedy's) that were found to be obsolete or beyond the manufacturers recommended working life. Successful capital funded project implemented to replace.

- ProAct equipment audit undertaken in June 2021, this audit provides a necessary update to the UHB asset list of patient handling lifting equipment. It ensures statutory compliance and enables planning for future replacement. The Audit also provides a breakdown of patient mobility levels across the UHB, thus ensuring the UHB plans to have the right equipment, techniques and staff numbers to address the patients handling needs.
- Expansion of pilot project on a spinal ward at UHL in the use of patient specific slings for bathing. Work is underway to roll out to other wards and sites across the UHB.
- Continued project work with procurement to look at ease of accessibility for manual handling equipment for ward staff in particular patient specific slings and slide sheets

3.2 Manual Handling Incidents

The data for lifting and manual handling incidents covers only April 2021-February 2022 due to the switch over to Datix Cymru and the incompatibility of data.

Chart 3.2.1

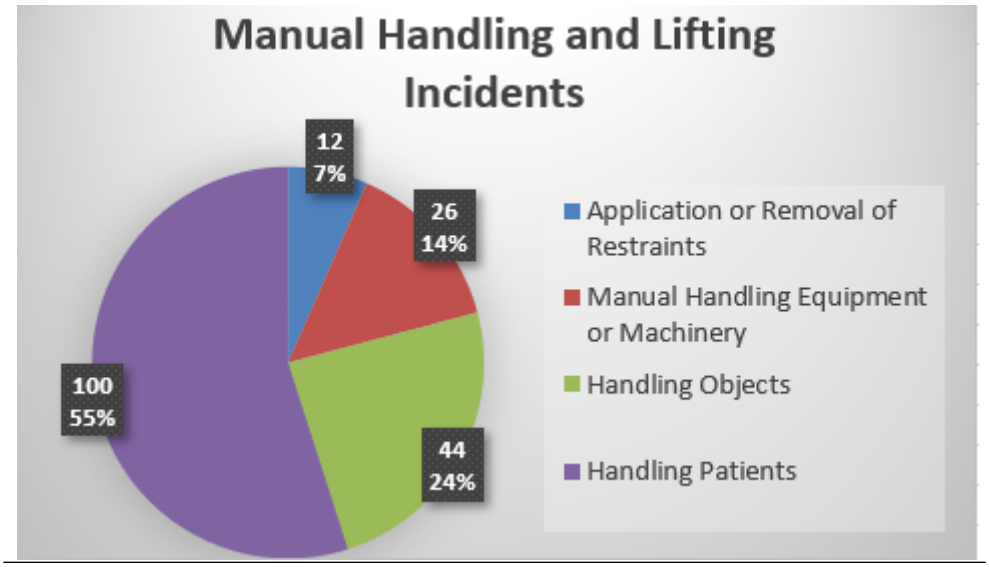
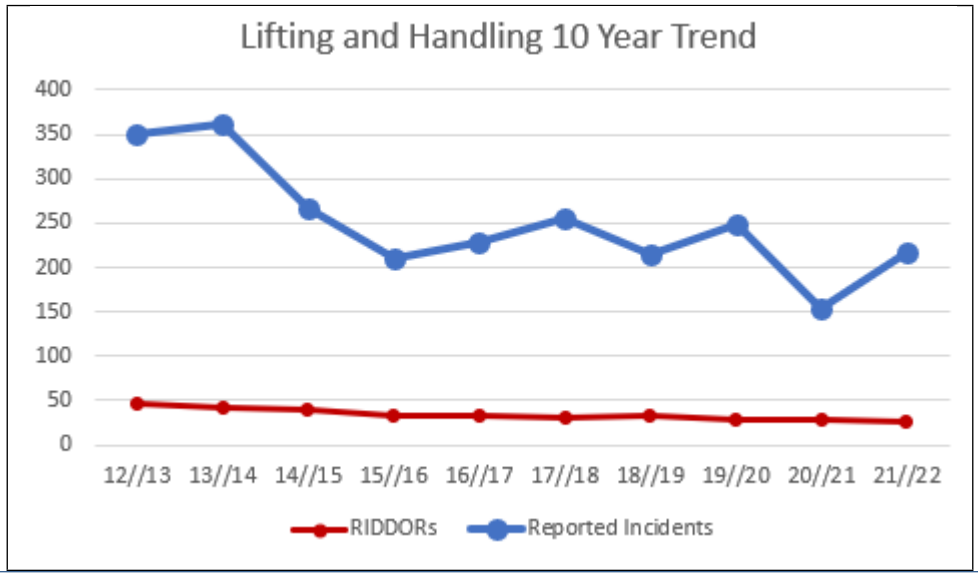


Chart 3.2.2



Incident data shows a downward trend in reported lifting and handling incidents. The sharp reduction in 2020/2021 is attributed to the COVID pandemic and a corresponding reduction in the number of manual handling events across the UHB.

4.0 Environmental

4.1 Control of Substances Hazardous to Health (COSHH)

The Health Board is required to complete risk assessments for all hazardous substances in use to ensure reasonable precautions are taken to prevent ill health. Progress has been made in meeting this requirement; there are currently 3716 materials with 10241 COSHH assessments on the SYPOL database.

There are approximately 259 work areas identified within the UHB and 251 COSHH coordinators in place. As you can see in Table 4.1.1 86 % compliance has been maintained in 2021/22 despite a very challenging year for all with the COVID pandemic.

Safety Advisors will continue to take this information to the clinical/service board health and safety meetings to monitor compliance levels.

Table 4.1.1 Substance Compliance

Clinical Board	No. COSHH Co-ordinators	Approx No. Identified Areas	No. of Areas Compliant/ in date	Compliance 17/18	Compliance 18/19	Compliance 19/20	Compliance 20/21	Compliance 21/22	Change since last year
Children and Women	36	37	31	89%	92%	92%	92%	84%	↓
Clinical Diagnostics & Therapies	43	43	32	55%	67%	83%	87%	74%	↓
Medicine	35	39	31	60%	76%	81%	83%	79%	↓
Mental Health	48	48	46	81%	92%	94%	96%	96%	↔
PCIC	10	10	6	29%	88%	91%	82%	60%	↓
Specialist Services	28	28	23	59%	91%	88%	86%	82%	↓
Surgical Services	38	40	34	33%	83%	88%	83%	85%	↑
Other (Exec, CEF)	13	14	7	40%	50%	58%	60%	50%	↓
Total	251	259	210	62%	82%	86%	86%	81%	↓

4.2 Environmental Monitoring

4.2.1 Monitoring and Occupational Hygiene

The department continues to respond to the needs of the organisation in providing suitable and sufficient monitoring to cover a varied spectrum of environmental and occupational health related risks.

4.2.2 Face Fitting and RPE

The department have continued to fit test staff in the wider UHB and its associated partners both in using RPE and also training them to fit test other staff. This has provided a robust and efficient model to ensure staff have the correct RPE competence on the frontline.

The department continued to support and play an active role in the PPE Cell;

- Sourced and trialed alternative respiratory protective equipment, driven by supply and obsolescence
- Worked with clinical engineering to set up ongoing maintenance regime for PAPR units
- Updated SOP's and training information

5.0 Patient Environment

5.1 Ligature Assessments in Mental Health

Annual ligature reviews were completed for all mental health inpatient settings during the period. The terminology has been changed from ligature audits to ligature reviews as audits measure current practice against a defined standard and the purpose of these reviews are to identify environmental ligature points and assess the risk of them being used.

The UHB Health and Safety lead for ligature reviews continues to work with an All Wales task and finish group, being facilitated by the Delivery Unit in Welsh Government, in developing key principles and a consistent approach for ligature risk assessments in line with guidance and best practice.

6.0 Fire Safety

Fire Safety Management is a key priority for C&V UHB both in terms of achieving statutory compliance and also ensuring the safety of staff patients and all other stakeholders. It is widely recognised that fire safety management in healthcare is a complex and challenging discipline with risks being identified, prioritised and mitigated.

6.1 Welsh Assembly Government Annual Fire Safety Audits

The annual fire safety audit carried out by the Senior Fire Safety Officer on behalf of the Welsh Government (WG) has been completed and submitted in September 2021 using the on-line web-based reporting system administered by NHS Wales Shared Services Partnership - Specialist Estates Services who prepare an All Wales UHB report submitted to the WG.

6.2 Fire Risk Assessments

The principle fire safety legislation applicable to all Health Board premises is the Regulatory Reform (Fire Safety) Order 2005 (FSO) enforced by the Local Fire Authority. To be compliant with this legislation a fire risk assessment must be completed for every building or ward or department, currently there are 450 risk assessment reports that are being regularly assessed and reviewed by members of the fire safety management team either annually, bi or tri-annually or they may be amended whenever material alterations or significant changes in use take place in terms or service or staff.

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

The 4 most common management failings relate to:

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

The 4 most common estates failings relate to:

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

The 6 most common compliance failings relate to:

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

A meeting of the Deputy Fire Safety Managers is held quarterly to monitor and progress all managerial actions. However due to the retirement of the Head of Health and Safety in September 2020 no further meetings were held in year 2021-22. However, it is the intention to relaunch this group in year 2022/2023.

6.3 Enforcing Authority Audits and Notices

Regular fire safety audits are carried out under current legislation by South Wales Fire and Rescue Service (SWFRS). However due to the COVID-19 pandemic SWFRS suspended all audits in April 2020 and were not re-instated until April 2021. During this reporting period three Enforcement Notices (EN) were served.

EN 3/21 issued on 21st April 2021

EN 4/21 issued on 21st April 2021

EN 56/21 issued on 6th October 2021

EN 59/21 issued on 8th October 2021

6.4 Fires and Unwanted Fire Signals

Fire Incidents for the period – 1st April 2021 to 31st March 2022

Table 6.4.1

No.	Date	Fire Incident Location	Cause	How Extinguished
1	29/04/2021	UHW – Facilities external laundry room	Fluff overheated	CO2 by staff member
2	01/07/2021	UHW – Plant room	Electrical motor	45 mm water jet by South Wales Fire Service
3	20/08/2021	UHW – Clinical photography	Electrical camera bulb overheated	Self-extinguished
4	29/09/2022	UHL - HYC	Malicious ignition	Water extinguisher by staff and 45 mm water jet by South Wales Fire Service

5	03/12/2021	UHW – A&E Department	Malicious ignition	Self-extinguished
6	08/12/2021	UHL – Out Patients Department	Ceiling mounted electrical light overheated	Self-extinguished
7	23/01/2022	UHL - HYC	Malicious ignition	Water extinguisher by staff

Performance Indicators for Cardiff & Vale UHB for UwFS's between 1st April 2021 to 31st March 2022 (attendance by Fire Brigade)

Table 6.4.2

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

The occurrence of unwanted fire signal's (UwFS's) is detrimental to the operation of any healthcare establishment. Such instances lead to disruption of service and patient care, increased costs and unnecessary risk to those required to respond to the alarm raised. The fire safety management team (FSMT) work closely with SWFRS to implement best practice to enable further reductions in UwFS's wherever possible. WG has tasked SWFRS with reducing false alarms, in turn SWFRS monitor the number of alarms generated by all UHB's in their service area.

Due to limited resources and other demands placed on SWFRS they have reduced the pre-determined attendance (PDA) to all fire alarm activations PAN estate between the hours of 08.00 and 18.00 from three fire emergency appliances to one for investigation purposes only, unless it is confirmed there is a fire. On receipt of this message SWFRS will mobilise the full PDA which is three emergency appliances. The FSMT investigates every false alarm in order to prevent similar occurrences being repeated. Across the healthcare sector it is a statistical fact that the majority of false fire alarms and unwanted fire signals are caused as the result of human activity. It is widely recognised that false fire alarm activations are extremely challenging to prevent at UHW and UHL due to the size and complexity of the fire alarm and detection system, the presence of large numbers of visitors who are unfamiliar with our premises and many patients and visitors who are mobility-impaired, vulnerable with a wide range of abilities.

Fires and UwFS's by site from 1st April 2020 to 31st March 2021

Table 6.4.3

Site	UwFS's	Fires
Barry Hospital	11	
Cardiff Royal Infirmary	8	
Hafan Y Coed	22	2
Llandough Hospital	71	1
Rookwood Hospital	6	
St David's Hospital	2	
University Hospital of Wales	165	4
Total	**285**	**7**

6.5 Tutor Led Fire Safety Training

Data supplied by Workforce Information for 1st April 2021 to 31st March 2022

Table 6.5.1

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	294	243	82.65%
All Wales Genomics Service Total		**294**	**243**	**82.65%**
Capital, Estates & Facilities Total		**1295**	**919**	**70.97%**
Children & Women Total		**2303**	**1516**	**65.83%**
Clinical Diagnostics & Therapeutics Total		**2501**	**1812**	**72.45%**
Corporate Executives Total		**1032**	**650**	**62.98%**
Medicine Total		**1933**	**1001**	**51.78%**
Mental Health Total		**1512**	**991**	**65.54%**
Primary, Community Intermediate Care Total		**1323**	**908**	**68.63%**
Specialist Services Total		**1983**	**1196**	**60.31%**
Surge Hospitals	Lakeside Wing	7	3	42.86%
Surge Hospitals Total		**7**	**3**	**42.86%**
Surgical Services Total		**2510**	**1435**	**57.17%**
Grand Total		**16693**	**10674**	**63.94%**

The compliance figures achieved in table 6.5.1 relate to a rolling 12-month period for the fire safety e-learning package, classroom, locality based and fire warden training. It can be seen that 63.94% of staff received some form of fire safety training in the previous 12-month period ending 31st March 2022.

Whilst it is acknowledged that the training figures declined due to covid, further initiatives to try to increase numbers were introduced. To meet the demand a Fire Safety Training Week was held from the 27th September to the 1st October 2021. Seven tutor led drop in sessions were held each day at UHW and UHL and open to all staff groups. This initiative was very successful and saw 2995 staff attend during the week. Plans to run a similar event in the near future are being considered.

6.6 Emergency Evacuation Exercises

Fire evacuation exercises were suspended on 1st April 2020 due to the National Emergency and continued throughout this reporting period. However due to enforcement action a successful covid safe ward evacuation exercise witnessed by inspecting officers of SWFRS was carried out on 23rd March 2022 at UHW. The learning from this exercise has been cascaded to other similar areas.

6.7 Vertical Evacuation

To ensure the competence of staff conducting vertical evacuations, it was agreed by the Director of Capital Estates and Facilities and the Head of Health and Safety that evacuations of this type would be led by the helideck firefighter porter team with assistance from the clinical teams. Outsourced training was provided for this team in 2021.

6.8 Compartmentation and Fire Stopping

The fundamental fire strategy in all healthcare premises involves restricting the growth of fire within the compartment of origin by the use of materials that achieve a minimum fire resisting standard. This enables patients and clinical staff to move progressively horizontally to a place of relative safety inside the building to allow care and treatment to continue. Over many years the structural fire compartmentation of our buildings has been compromised by the installation and removal of redundant services that include cables, pipes, ducting work that breach compartment walls, ceilings and floors. This has led to omission of essential fire stopping installations that are required to resist the passage of smoke and flame from fire.

As a consequence, the health board now have a rolling program of remedial work which is being carried out on a risk priority basis. Works have been completed at Barry Community Hospital, St David's Hospital and Woodland House. Currently the appointed 3rd party accredited fire stopping company is carrying out extensive intrusive works at UHW and UHL. It is estimated that this work will take two to three years to complete.

6.9 Fire Policy, Procedures and Permits

C&V UHB Fire Safety Policy and Procedures have been updated, approved in July 2018 and are available to view on the health board's intranet.

There are a number of safe systems of work in place to reduce the risk of fire including:

- Fire Safety Authorisation to Proceed Permit
- Fire Compartmentation Integrity Assurance Permit
- Hot Works Permit
- Fire Alarm System Isolation and Re-instatement Permit

6.10 Provision of Fire Safety Advice on Capital Projects

During the preceding 12 months the fire safety management team have completed technical reviews and reports for all major capitals and minor discretionary capital projects undertaken PAN Estate. These include:

- Major Trauma and Vascular Hybrid Theatres
- 350 Bed Nightingale Design
- 50 Bed Code Compliant Lakeside Wing and major ward refurbishments at UHW
- Rookwood development
- CAVOC and Cystic Fibrosis at UHL
- Radio pharmacy at Llanishen
- Genomics Partnership Wales at Coryton
- Maelfa Wellbeing Centre at Llanedeyrn
- Ongoing refurbishments at Cardiff Royal Infirmary.

6.11 Capital Investment in Fire Safety Precautions and Services

The UHB continues to invest in its fire safety infrastructure including the following:

- Fire stopping project PAN Estate
- Surveying, validation and swop out of mechanical fire dampers that are being replaced by electronic fire and smoke dampers PAN Estate
- Fire alarm and detection system upgrade project at UHW, UHL and Barry Community Hospital (BCH)
- Swop out end of life detectors and carryout a whole site cause and effect review at UHL
- Fire risk assessment actins using the IPR 3.5 MICAD helpdesk system

6.12 Fire Safety Management Restructuring

Following an external review of health and safety and fire safety conducted in 2021 a recommendation to restructure fire safety management was agreed by the management executives and as from 1st November 2021 the fire safety team moved from the Capital, Estates and Facilities Service Board to the Executive Health and Safety Team. The fire safety team now reports directly to the Head of Health and Safety.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:
Assurance is provided by: Health and Safety aspects continue to be monitored and progressed as detailed within the report. The Head of Health and Safety works closely with the Executive Director of People and Culture in order to successfully implement improvements.

Recommendation:
The Health and Safety Committee is requested to: • Note the contents of this 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	
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		Long term		Integration		Collaboration		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:
Health and Safety Committee	19th July 2022

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MINUTES OF THE OPERATIONAL HEALTH AND SAFETY GROUP 09:30 on the 1st March 2022 via MS TEAMS

Attendance

Present:

Rachel Gidman	Director of People and Culture (Chair)
Robert Warren	Head of Health and Safety
Rachael Sykes	Assistant Head of Health and Safety
Jonathan Davies	Health and Safety Adviser
Rachael Daniel	Assistant Head of Health and Safety
Stephen Gardiner	Head of Estates and Facilities
Philip Mackie	Interim Head of Assurance, Safety and Compliance – CEF Service Board
Mal Perrett	Senior Fire Safety Adviser
Rachel Thomas	Assistant Director of Operations – Planning and Delivery – PCIC Clinical Board
Sue Bailey	Clinical Board Director for Quality, Safety & Patient Experience - CD&T Clinical Board
Carolyn Alport	Quality and Safety Clinical Nurse Lead – Surgery Clinical Board
Suzanne Rees	Lead Nurse - CD&T Clinical Board
Kirsty Hook	Risk, Governance & Patient Experience Facilitator - Children and Women Clinical Board
Janice Aspinall	Lead Staff Safety Representative
Karen Lewis	Head of Personal Injury Claims
Richard Parry	Quality & Safety Facilitator - Specialist Services Clinical Board
Daniel Crossland	Head of Operations – Mental Health Clinical Board
Melanie Wilson	Senior Lecturer and Honorary Consultant in Oral Microbiology – Dental Hospital

Apologies:

Rhys Davies	Locality Manager – PCIC Clinical Board
Jon McGarrigle	Head of Energy and Performance
Caroline Murch	Health and Safety Adviser
Clare Wade	Director of Nursing – Surgery Clinical Board
Lisa Griffiths	Medical Genetics Quality Manager
Rhodri john	Directorate Manager - Obstetrics
Nicola Bevan	Head of Employee Health and Wellbeing

In Attendance:

Thomas Bott	PA to Head of Health and Safety

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OHSG/01/03/22 /001	**Welcome and Introductions** The Director of People and Culture welcomed all to the meeting and apologies for absence were received and noted.
OHSG/01/03/22 /002	**Minutes from Previous Meeting** The minutes of the meeting held on the 7th December 2021 were received and accepted as a true record.
OHSG/01/03/22 /003	**Action Log** The action log was received and noted by the group.
OHSG/01/03/22 /004	**Health and Safety Update** The Head of Health and Safety provided an update to the Group. Mr Warren informed the Group there had been a 1st stage restructuring within the Team and two Assistant Heads of Health and Safety had been appointed; these being Rachael Daniel and Rachael Sykes. He advised there would be further restructuring going forward to ensure the department functioned to its optimum. He advised the role of the Operational Health and Safety Group would be reviewed including its terms of reference, structure and working arrangements. Mr Warren informed the group there had been an increase in the number of sharps being inappropriately disposed of and causing injury to both housekeeping and waste management staff. It was emphasised this was unacceptable and requested Clinical/Service Boards reinforced the correct procedure for disposing of sharps. Mr Warren reminded the group that the new Datix incident reporting system had gone live today. Mr Warren informed the group the current contract for the lone worker devices was expiring in July 2022, however work was on-going to ensure there was no break in service to staff who use these devices. Mrs Gidman requested an update on the contract position at the next meeting. **<u>Action – Mr R Warren</u>** Mr Warren advised training compliance was still low but improvements were being made. He stated the Manual Handling Workplace Competency Assessor programme had commenced and that would hopefully increase compliance further. He also added the department were working closely with housekeeping staff to improve manual handling compliance in response to housekeeping incidents.

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	Mr Warren raised concerns that offices/areas were being used inappropriately as kitchens which was resulting in unsafe practices and requested Clinical/Service Boards ensure this was not occurring in their areas. **Action - All**
OHSG/01/03/22/005	**Feedback from Health and Safety Committee** The Head of Health and Safety informed the Group there was no specific feedback from the Committee but advised that a commitment had been made that the health and safety risk register would be taken to the next meeting. **Action – Mr R Warren**
OHSG/01/03/22/006	**Enforcement Agency Report** The Head of Health and Safety advised a request for information had been received from the Health and Safety Executive regarding maintenance and agreements between the Health Board and Cardiff University in relation to the different types of local exhaust and extract ventilation systems associated with T2 animal house. Information has been forwarded and currently awaiting a reply from HSE. In respect of the fire enforcement notice for Ward A4, South Wales Fire and Rescue Service (SWFRS) attended a meeting on the 8th February 2022 to discuss the identified non-conformances in the notice. An explanation was provided as to the 'Reasonably Practicable' remedial work that has or would be completed by compliance date of 6th April 2022 however, other actions remained that would necessitate the removal of the ward from operational service. Work of this nature is covered in the UHB ward improvement programme and A4 was next due for a refit in financial year 2024/2025. The Capital, Estates and Facilities (CEF) Service Board have reviewed the ward improvement plan and have secured funding to bring ward A4 forward in the programme to 2022/2023. The Head of Health and Safety has written to SWFRS to formally request an extension to the compliance date from 6th April 2022 to 31st March 2023.
OHSG/01/03/22/007	**RIDDOR Incidents** The Clinical Board RIDDOR incidents were discussed and it was noted that the majority of RIDDORS reported were due to over 7-day absence. The Quality and Safety Clinical Nurse Lead – Surgery Clinical Board stated the self-certification process limits what can be addressed. Mr Warren encouraged managing sickness as best as possible but agreed it was challenging to change culture. Mrs Alport stressed it was difficult to manage when staff are given an opportunity to self-certify.

	The Director of People and Culture added the Health Board must equip managers with the right tools and guidance in relation to managing patterns of sickness.
OHSG/01/03/22/008	**Fire Safety Report** The Senior Fire Safety Adviser presented the report to the Group. Mr Perret advised there had been a reduction in unwanted fire signals since the last meeting. He informed the group staff could now self-enrol for fire training on ESR however since it has been introduced there had been an over 50% of DNAs, as a result a DNA charge was being introduced in line with other health and safety courses. The Director of People and Culture was concerned with this approach during the current climate, this was supported by the Quality and Safety Clinical Nurse Lead – Surgery Clinical Board who advised staff are sometimes called in at the last minute to cover staff shortages along with other organisational difficulties. The Assistant Head of Health and Safety (RS) stated one of the reasons DNA charges were introduced was that staff were booking themselves on to multiple courses which resulted in vacant spaces on the day. She stressed staff can cancel their space up to and including the day of training. Mrs Gidman requested further monitoring before charges were introduced. Mr Perret raised his concern that not everyone trained during fire safety week had been updated on ESR, Mrs Gidman agreed to follow this up with LED. **<u>Action – R-Gidman</u>** Mr Perret informed the group here had been 3 actual fires since the last meeting.
OHSG/01/03/22/009	**Health and Safety Training Update** The Assistant Head of Health and Safety (RS) presented the report to the group. Mrs Sykes highlighted the requirement for manual handling and violence and aggression update training had increased from 2 to 3 years although this was not currently updated on ESR and was being addressed by LED. There's the potential for staff being recorded as non-compliant on ESR when they are not so requested this information was widely circulated within the Clinical/Service Boards. As previously discussed the training team are working closely with housekeeping including providing out of hours sessions and one issue that had been raised was the overfilling of waste bags and again could this be taken back through the Clinical/Service Boards.

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OHSG/01/03/22/010	**PPE Cell Update** The Health and Safety Adviser (JD) informed the Group the Health Board were currently in a strong position in respect of supply. Mr Davies advised the department were still undertaking 2 days of fit testing per week however bookings were now reducing and this facility would be reviewed. The department was still undertaking Fit Tester Training and encouraged Clinical/Service Boards to take up this training.
OHSG/01/03/22/011	**Clinical Boards Health and Safety Group Feedback** The Director of People and Culture requested feedback from the Clinical Boards. The Assistant Director of Operations – Planning and Delivery, PCIC Clinical Board advised similar themes across the 3 localities were being raised in relation to estate issues, CCTV, car parking and the general condition of community premises and queried if there was a way to adjust how estates safety risks were addressed and managed. The Head of Estates and Facilities advised guidance had been provided with regards to submitting bids for CCTV. Mrs Thomas stated these are organisational issues and the localities are struggling to raise bids as they are not experts in this area. Mr Gardiner advised the security management team provides support during the bids process but they don't prioritise the bids. The Clinical Board Director for Quality, Safety & Patient Experience – CD&T noted this would align with the Medical Equipment Group which helps prioritise bids for medical equipment and suggested a similar approach might be appropriate. Mrs Thomas advised she was aware of the Clinical Board's training compliance and would work with Miss Daniel to improve the position. The Head of Operations – Mental Health Clinical Board advised they were addressing the actions from the recent fire in Hafan y Coed. Mrs Gidman asked whether it would be possible to share the letter of caution with the Clinical/Service Boards Head of Operations. Mr Crossland advised discussions had taken place but there are different control measures for mental health facilities, there is some work that can be shared but unclear how relevant the outcomes will be outside of mental health. Factors in incidents include reduction in individual freedoms placed on mental health patients. Mr Crossland informed the group he was working with Mrs Sykes in respect of ligature points mitigation and controls.

	The Health and Safety Meeting for CD&T had recently taken place and one issue raised was that the public toilets in CRI had been closed for the last 2 years. This had resulted in the public requesting to use toilets in the clinical areas and an incident occurred where a member of the public was drug taking in the podiatry toilets which led to a violence & aggression incident. They are currently seeking support to install UV lighting in the toilets. The Assistant Head of Health and Safety (RD) advised the toilets were closed following two concurrent overdoses whereby the deceased were found by housekeepers. Subsequently a decision was taken at executive level to close the toilets, there had recently been a discussion on how to appropriately reopen the toilets and Miss Daniel will provide an update at the next meeting. **Action – R Daniel** Mrs Gidman noted drug taking issues raised the need for CCTV within CRI. Mrs Bailey informed the group training compliance was raised regularly and monitoring was undertaken through support and challenging the directorates. The Quality and Safety Clinical Nurse Lead – Surgery Clinical Board advised the current challenge for the Clinical Board was releasing staff to attend training but this was being addressed. The Risk, Governance & Patient Experience Facilitator – Children and Women Clinical Board advised no issues were specifically raised at the last Clinical Board meeting but the team were regularly looking at training and also acknowledged operational pressures to release staff. Mrs Gidman emphasised the importance of training being part of staff's safety set. There was no representative present from the Medicine Clinical Board, Miss Daniel reported they were receiving on-going support from the Case Management Team due to the number of violent and aggressive incidents they were currently experiencing. The Senior Lecturer and Honorary Consultant in Oral Microbiology – Dental Hospital advised there were no specific issues to raise. Training statistics are discussed at their meeting and staff are encouraged to attend. Mrs Wilson added she found the health and safety dashboard useful for monitoring compliance. The Interim Head of Assurance, Safety and Compliance – CEF Service Board advised they were working hard to improve training compliance, focusing on manual handling for housekeeping staff due to number of incidents. They were working closely with the waste team in relation to sharps and tug driving, new tugs have been

	purchased and are awaiting delivery, with training courses planned. Management system was being implemented with a view to audit. The Quality & Safety Facilitator – Specialist Services Clinical Board reported there was no specific feedback from their meeting. Managers are aware of the training obligations but any innovations around training delivery would be welcome. He added post pandemic there were many priorities and training is a high priority. Staff wellbeing is a concern as people start to reflect over last 2 years and we need to be mindful of this going forward and ensure support is offered and available. Mr Parry reported incident managers were struggling to resolve some issues especially where issues are inherent in the building structure or infrastructure. The format of their health and safety meeting was also currently under review. Mrs Gidman noted the importance of quality & safety and health & safety being closely aligned. With regard to wellbeing, investment is on-going and looking at many different processes and tools.
OHSG/01/03/22/012	**Staff Covid Cases and Issues** The Assistant Head of Health and Safety (RD) informed the Group of the on-going work to verify whether staff absence as a result of covid was work related and acknowledged the co-operation of the Clinical Boards in returning the forms in a timely manner. A query was raised as to whether vaccination status could be included in the form and the Director of People and Culture advised she would follow this up. **Action – Mrs R Gidman**
OHSG/01/03/22/013	**Health Issues** The Director of People and Culture reported there had been a 47% increase in management referrals and the team had been working with managers in respect of triaging and education, and also added they were now seeing a reduction in waiting list times. Mrs Gidman advised investment had been received in respect of digitising occupational health notes.
OHSG/01/03/22/014	**Staff Side Issues** The Lead Safety Representative raised an issue that disabled parking had been moved to the ground floor in the multi-storey in UHW and the doors do not open for wheelchair users. The Head of Estates and Facilities confirmed he was aware of this and quotes were being obtained to upgrade the doors. Mrs Aspinall also advised cars were parking on the pavement outside the Childrens Hospital in early morning and was unaware of any enforcement on site early mornings. The Director of People and

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	Culture advised fines were being enforced for this type of infringement. Mrs Aspinall advised she hadn't received many requests for workplace inspections and the union team were available to undertake these.
OHSG/01/03/22/015	**Policy and Procedure – Approvals and Reviews** The Assistant Head of Health and Safety (RD) requested any comments in relation to the Latex Policy to be forwarded to herself by 9th March 2022. **Action - All**
OHSG/01/03/23/016	**Any Other Business** (a) The Head of Personal Injury Claims advised that NWSSP Legal and Risk were previously invited to the meeting and queried whether the group would benefit of having an All Wales perspective in relation to claims. The Director of People and Culture confirmed it would be useful to have a bigger picture and suggested Legal and Risk were invited to attend twice a year. **Action – K Lewis** Mrs Lewis added that she can also provide the group with reports but it was more difficult to do at present due to the migration to the new Datix system. Mrs Lewis advised there is a consistent flow of claims and she will link in with the area so that there are shared learning outcomes.
OHSG/01/03/22/017	**Date and Time of Next Meeting** The next meeting will be held at 9.00am on Monday 6th June 2022 via Teams.